UNIVERSITY OF LIVERPOOL

Anticoagulant & Antiplatelet Treatment Selector

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	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV	MVC	BIC/ F/TAF	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC or 3TC	F/TAF	TDF	ZDV
Anticoagulants																				
Acenocoumarol	↔	↓	↔	↓	↓	↔	↓	↑	↓	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔
Apixaban	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Betrixaban	↑ ♥	↑ ♥	↑	↑	↑ ♥	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Dabigatran	↑	↔ or ↓	↑	↔ or ↓	↔ or ↓	↔	↔	↑	↔	↑?	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Edoxaban	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenprocoumon	↑	↓↑ [a]	↑	↓↑	↓↑	↔	↓	↓↑	↓	↔	↔	↔	↔	↓↑	↓↑	↔	↔	↔	↔	↔
Rivaroxaban	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Warfarin	↑	↓↑ [a]	↑	↓21%	↓	↔	↓↑	↑	↓↑	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔
Antiplatelet Agents																				
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clopidogrel	↓ [b]	↓ [b]	↓ [b]	↓ [b]	↓ [b]	↔	↑ [c]	↓ [b]	↑ [c]	↔	↔	↔	↔	↓ [b]	↓ [b]	↔	↔	↔	↔	↔
Dipyridamole	↑	↓ [d]	↔	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prasugrel	↓ [e]	↓ [e]	↓ [e]	↓ [e]	↓ [e]	↔	↔	↔	↔	↔	↔	↔	↔	↓ [e]	↓ [e]	↔	↔	↔	↔	↔
Ticagrelor	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔

Colour Legend

- (green) No clinically significant interaction expected.
- (red) These drugs should not be coadministered.
- (orange) Potential interaction which may require a dose adjustment or close monitoring.
- (yellow) Potential interaction predicted to be of weak intensity. No *a priori* dosage adjustment is recommended.

Text Legend

↑ Potential increased exposure of the anticoagulant/antiplatelet
↓ Potential decreased exposure of the anticoagulant/antiplatelet
↔ No significant effect

♥ One or both drugs may cause QT and/or PR prolongation.
ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.

Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

a Unboosted ATV predicted to increase the anticoagulant. Monitor INR and adjust the anticoagulant dosage accordingly.

b Decreased conversion to active metabolite leading to non-responsiveness to clopidogrel. Prasugrel should be preferred to clopidogrel with ritonavir- or cobicistat-boosted regimens.

c Increase in amount of active metabolite via induction of CYP3A4 and CYP2B6.

d Unboosted ATV predicted to increase dipyridamole exposure due to UGT1A1 inhibition.

e Reduced active metabolite but without a significant reduction in prasugrel activity.

Abbreviations ATV atazanavir, BIC bictegravir, DRV darunavir, DTG dolutegravir, LPV lopinavir, EVG elvitegravir, /c cobicistat, RAL raltegravir, /r ritonavir, F or FTC emtricitabine, DOR doravirine, EFV efavirenz, TAF tenofovir alafenamide, ETV etravirine, 3TC lamivudine, NVP nevirapine, TDF tenofovir disoproxil fumarate, RPV rilpivirine, MVC maraviroc, ZDV zidovudine

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