

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	ABC	FTC or 3TC	F/TAF	TDF	ZDV
Anticoagulants																					
Acenocoumarol	↔	↓	↔	↓	↓	↔	↑↓	↑	↓	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Apixaban	↑ ^a	↑ ^a	↑ ^a	↑ ^a	↑ ^a	↔	↓	↓	↓	↔	↔	↔	↔	↑ ^a	↑ ^a	↔	↔	↔	↔	↔	↔
Argatroban	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betrixaban	↑♥	↑♥	↑	↑	↑♥	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dabigatran	↑	↔ or ↓	↑	↔ or ↓	↔ or ↓	↔	↔	↑	↔	↑?	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Edoxaban	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenprocoumon	↑	↓ ^b	↑	↓	↓	↔	↓	↓	↓	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Rivaroxaban	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Warfarin	↑	↓ ^b	↑	↓21%	↓	↔	↓	↑	↓	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Antiplatelet Agents																					
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clopidogrel	↓ ^c	↓ ^c	↓ ^c	↓ ^c	↓ ^c	↔	↑ ^d	↓ ^b	↑ ^d ↑	↔	↔	↔	↔	↓ ^c	↓ ^c	↔	e	↔	↔	↔	↔
Dipyridamole	↑	↑ ^f	↔	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prasugrel	↓ ^g	↓ ^g	↓ ^g	↓ ^g	↓ ^g	↔	↔	↔	↔	↔	↔	↔	↔	↓ ^g	↓ ^g	↔	↔	↔	↔	↔	↔
Ticagrelor	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔

Colour Legend

	No clinically significant interaction expected.
	These drugs should not be coadministered.
	Potential interaction which may require a dose adjustment or close monitoring.
	Potential interaction predicted to be of weak intensity. No <i>a priori</i> dosage adjustment is recommended.

Text Legend

↑	Potential increased exposure of the anticoagulant/antiplatelet	↑↑	Potential increased exposure of HIV drug
↓	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 US label suggests to use apixaban at a reduced dose (2.5 mg twice daily) if needed..
- b Unboosted ATV predicted to increase the anticoagulant. Monitor INR and adjust the anticoagulant dosage accordingly.
- c Decreased conversion to active metabolite leading to non-responsiveness to clopidogrel. Prasugrel should be preferred to clopidogrel with ritonavir- or cobicistat-boosted regimens.
- d Increase in amount of active metabolite via induction of CYP3A4 and CYP2B6.
- e No pharmacokinetic interaction is expected, however, abacavir has been shown to potentiate platelet activation in vitro and may reduce the pharmacodynamic effect of clopidogrel. An alternative NRTI or antiplatelet agent should be considered.
- f Unboosted ATV predicted to increase dipyridamole exposure due to UGT1A1 inhibition.
- g Reduced active metabolite but without a significant reduction in prasugrel activity.

Abbreviations

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

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