

Anticoagulant & Antiplatelet Treatment Selector

Charts revised June 2019. Full information available at www.hiv-druginteractions.org

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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	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔
Argatroban	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
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

	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 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.