Anticoagulant & Antiplatelet Treatment Selector

Charts revised March 2021. Full information available at www.hiv-druginteractions.org

	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	↑[b]	↔ or ↓	↑[b]	↔ or ↓	↔ or ↓	↔	↔	↑	↔	↑?	↔	↔	↔	↑[b]	↑[b]	↔	↔	↔	↔	↔	↔
Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Edoxaban	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenprocoumon	↑	↓↑[c]	↑	↓↑	↓↑	↔	↓	↓↑	↓	↔	↔	↔	↔	↓↑	↓↑	↔	↔	↔	↔	↔	↔
Rivaroxaban	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Warfarin	↑	↓↑[c]	↑	↓21%	↓	↔	↓↑	↑	↓↑	↔	↔	↔	↔	↓	↓	↔	↔	↔	↔	↔	↔
Antiplatelet Agents																					
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clopidogrel	↓[d]	↓[d]	↓[d]	↓[d]	↓[d]	↔	↑[e]	↓[d]	↑[e]⇑	↔	↔	↔	↔	↓[d]	↓[d]	↔	f	↔	↔	↔	↔
Dipyridamole	↑	↓[g]	↔	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prasugrel	↓[h]	↓[h]	↓[h]	↓[h]	↓[h]	↔	↔	↔	↔	↔	↔	↔	↔	↓[h]	↓[h]	↔	↔	↔	↔	↔	↔
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 *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
⇑ Potential increased exposure of HIV drug

♥ 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 A population/PBPK/PD analysis indicates that in presence of cobicistat, the dabigatran dose should be reduced to 110 mg twice daily in individuals with normal renal function and to 75 mg twice daily in individuals with moderate renal impairment, and that coadministration should be avoided in case of severe renal impairment.

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

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

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

f 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.

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

h 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-DF ZDV zidovudine