Anticoagulant & Antiplatelet Treatment Selector

Charts revised December 2023. Full information available at www.hiv-druginteractions.org

	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	LEN	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF
Anticoagulants																						
Acenocoumarol	↔	↓	↔	↓	↓	↔	↑↓	↑	↓	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔
Apixaban	↑a	↑a	↑a	↑a	↑a	↔	↓	↓	↓	↔	↑?	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Argatroban	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Betrixaban	↑♥	↑♥	↑	↑	↑♥	↔	↔♥	↑	↔	↔♥	↔♥	↑b	↔	↔	↔	↔♥	↔	↑	↑	↔	↔	↔
Dabigatran	↑c	↔ or ↓	↑c	↔ or ↓	↔ or ↓	↔	↔	↑	↔	↑?	↔	↑b	↔	↔	↔	↔	↔	↑c	↑c	↔	↔	↔
Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Edoxaban	↑	↑	↑	↑	↑	↔	↔	↔	↔	↔	↔	↑b	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Phenprocoumon	↑	↓↑d	↑	↓↑	↓↑	↔	↓	↓↑	↓	↔	↔	↑	↔	↔	↔	↔	↔	↓↑	↓↑	↔	↔	↔
Rivaroxaban	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↑?	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Warfarin	↑	↓↑d	↑	↓21%	↓	↔	↓↑	↑	↓↑	↔	↔	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔
Antiplatelet Agents																						
Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Clopidogrel	↓e	↓e	↓e	↓e	↓e	↔	↓e⇑	↓e	↑f⇑	↔	↔	↓e	↔	↔	↔	↔	↔	↓e	↓e	↔	↔	↔
Dipyridamole	↑	↓g	↔	↓	↓	↔	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Prasugrel	↓h	↓h	↓h	↓h	↓h	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓h	↓h	↔	↔	↔
Ticagrelor	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔

Interactions with CAB/RPV long acting injections

Pharmacokinetic interactions shown are mostly with RPV.
QT interactions shown are with RPV.

Interactions with Lenacapavir

Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

Interactions with Ibalizumab

None

Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)

ABC: ABC may potentially reduce the pharmacodynamic effect of clopidogrel.
An alternative NRTI or antiplatelet agent should be considered.
3TC: No clinically relevant interactions expected.
TDF: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

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.
Efavirenz has a potential risk of QT prolongation relating specifically to homozygous carriers of CYP2B6*6/*6.
Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.

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 No a priori dose adjustment of the anticoagulant is needed, but monitoring for increased anticoagulant side effects is recommended.
c 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.
d Unboosted ATV predicted to increase the anticoagulant. Monitor INR and adjust the anticoagulant dosage accordingly.
e Decreased conversion to active metabolite leading to non-responsiveness to clopidogrel. An alternative to clopidogrel should be considered.
f Increase in amount of active metabolite via induction of CYP3A4 and CYP2B6.
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; FTR fostemsavir; LEN lenacapavir; MVC maraviroc; BIC bictegravir; CAB cabotegravir; DTG dolutegravir; EVG elvitegravir; RAL raltegravir; F or FTC emtricitabine; TAF tenofovir alafenamide; TDF tenofovir-DF