

# Anticoagulant & Antiplatelet Treatment Selector

Charts revised May 2018.

Full information available at [www.hep-druginteractions.org](http://www.hep-druginteractions.org)

For personal use only. Not for distribution. For personal use only. Not for distribution. For personal use only. Not for distribution. For personal use only. Not for distribution.

	DCV	EBR/GZR	GLP/PIB	LED/SOF	OBV/PTV/r	OBV/PTV/r +DSV	SMV	SOF	SOF/VEL	SOF/VEL/VOX
<b>Anticoagulants</b>	Acenocoumarol	↔	↔	↔ <sup>a</sup>	↔	↔ or ↓	↔ or ↓	↔	↔	↔
	Apixaban	↑	↑	↑	↑	↑	↑	↔	↑	↑
	Dabigatran	↑	↑	↑ 138% <sup>b</sup>	↑	↑	↑	↑	↔	↑ 161%
	Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Edoxaban	↑	↑	↑	↑	↑ <sup>c</sup>	↑ <sup>c</sup>	↑	↔	↑
	Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Phenprocoumon	↔	↑	↑	↑	↑	↑	↑	↔	↔ <sup>a</sup>
	Rivaroxaban	↑	↑	↑	↑	↑	↑	↑	↔	↑
	Warfarin	↔ <sup>a</sup>	↔ <sup>a</sup>	↔ <sup>a</sup>	↔ <sup>a</sup>	↔ <sup>d</sup>	↔ <sup>d</sup>	↔ <sup>a</sup>	↔ <sup>a</sup>	↔ <sup>a</sup>
<b>Antiplatelets</b>	Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Clopidogrel	↔	↔	↔	↔	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>f</sup>	↔	↔
	Dipyridamole	↔	↔	↔	↔	↑	↑	↔	↔	↔
	Prasugrel	↔	↔	↔	↔	↓ <sup>g</sup>	↓ <sup>g</sup>	↑ or ↔	↔	↔
	Ticagrelor	↑↓ ↑↑	↑	↑	↑	↑	↑	↑↑	↔	↑

**Colour Legend**

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dosage adjustment or close monitoring.
- Potential interaction predicted to be of weak intensity.

**Text Legend**

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

Numbers refer to increased or decreased AUC as observed in drug-drug interaction studies.

- a A pharmacokinetic interaction is unlikely, but close monitoring of INR is recommended as this may change as a result of improved liver function.
- b Coadministration is contraindicated in the European SPC for glecaprevir/pibrentasvir. However, the US Prescribing Information for glecaprevir/pibrentasvir refers to the dabigatran Prescribing Information which suggests no dose adjustment is needed in subjects with normal renal function, but to reduce dabigatran to 75 mg twice daily in subjects with creatinine clearance 30-50 mL/min (or avoid use) and does not recommend coadministration in subjects with creatinine clearance <30 mL/min.
- c The European SPC for edoxaban states to consider a dose reduction of edoxaban from 60 mg to 30 mg with strong P-gp inhibitors (such as ritonavir), however, the US Prescribing Information recommends no dose modification.
- d A pharmacokinetic interaction is unlikely, but reductions in INR have been reported in two cases. Close monitoring of INR is recommended.
- e Activation of clopidogrel to its active metabolite is decreased by ritonavir leading to non-responsiveness to clopidogrel.
- f Potential decrease of active drug exposure
- g Potential decrease of active drug exposure, but inhibition of platelet aggregation may not be affected.

Abbreviations: DCV Daclatasvir, SMV Simeprevir, EBR/GZR Elbasvir/Grazoprevir, SOF Sofosbuvir, GLP/PIB Glecaprevir/Pibrentasvir, VEL Velpatasvir, LED Ledipasvir, VOX Voxilaprevir, OBV/PTV/r +DSV Ombitasvir/Paritaprevir/Ritonavir +Dasabuvir