

## Anticoagulant &amp; Antiplatelet Treatment

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

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	DCV	EBR/GZR	GLP/PIB	LED/SOF	OBV/PTV/r	OBV/PTV/r +DSV	SMV	SOF	SOF/VEL	SOF/VEL/VOX
Anticoagulants	Acenocoumarol	↔	↔	↔ <sup>a</sup>	↔ <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>
Antiplatelets	Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Clopidogrel	↔	↔	↔	↔	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>f</sup>	↔	↔
	Dipyridamole	↔	↔	↔	↔	↑	↑	↔	↔	↔
	Prasugrel	↔	↔	↔	↔	↓ <sup>g</sup>	↓ <sup>g</sup>	↑ or ↔	↔	↔
	Ticagrelor	↑↓↑	↑	↑	↑	↑	↑	↑	↔	↑

## Colour Legend

<span style="background-color: #d9ead3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	No clinically significant interaction expected.
<span style="background-color: #f2dede; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	These drugs should not be coadministered.
<span style="background-color: #fcf8e3; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Potential interaction which may require a dosage adjustment or close monitoring.
<span style="background-color: #fff2cc; border: 1px solid black; display: inline-block; width: 15px; height: 10px;"></span>	Potential interaction predicted to be of weak intensity.

## Text Legend

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

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 ELB/GZR Elbasvir/Grazoprevir G/P Glecaprevir/Pibrentasvir LED Ledipasvir OBV/PTV/r +DSV Ombitasvir/Paritaprevir/Ritonavir +Dasabuvir  
SMV Simeprevir SOF Sofosbuvir VEL Velpatasvir VOX Voxilaprevir

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