

# Anticoagulant & Antiplatelet Treatment

Charts revised December 2017. Full information available at [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)

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	ATV/r	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	RAL	ABC	FTC	3TC	TDF	ZDV	E/C/F/TAF	E/C/F/TDF	
<b>Anticoagulants</b>	Acenocoumarol	↓	↓	↓	↓	↑	↓	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓	
	Apixaban	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	
	Dabigatran	↑	↑	↑?	↔	↑	↔	↑?	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Dalteparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Edoxaban	↑	↑	↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Enoxaparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Fondaparinux	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Heparin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Phenprocoumon	↓↑ <sup>a</sup>	↓↑	↓↑	↓	↓↑	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓↑	↓↑
	Rivaroxaban	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Warfarin	↓↑ <sup>a</sup>	↓	↓	↓↑	↑	↓↑	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓
<b>Antiplatelet Agents</b>	Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
	Clopidogrel	↓ <sup>b</sup>	↓ <sup>b</sup>	↓ <sup>b</sup>	↑ <sup>c</sup>	↓ <sup>b</sup>	↑ <sup>c</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ <sup>b</sup>	↓ <sup>b</sup>
	Dipyridamole	↓ <sup>d</sup>	↓	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Prasugrel	↓ <sup>e</sup>	↓ <sup>e</sup>	↓ <sup>e</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ <sup>e</sup>	↓ <sup>e</sup>
	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. No *a priori* dosage adjustment is recommended.

### Text Legend

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

- 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. An alternative to clopidogrel should be considered.
- 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.