

# Anticoagulant & Antiplatelet Treatment Selector

Charts reviewed January 2017. Full information available at [www.hiv-druginteractions.org](http://www.hiv-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.

	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>	↓ <sup>↑</sup>	↓ <sup>↑</sup>	↓	↓ <sup>↑</sup>	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ <sup>↑</sup>	↓ <sup>↑</sup>
	Rivaroxaban	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Warfarin	↓ <sup>a</sup>	↓	↓	↓ <sup>↑</sup>	↑	↓ <sup>↑</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓	↓
<b>Antiplatelet Agents</b>	Aspirin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	
	Clopidogrel	↓ <sup>c</sup>	↓ <sup>c</sup>	↓ <sup>c</sup>	↑ <sup>d</sup>	↓ <sup>c</sup>	↑ <sup>d</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ <sup>c</sup>	↓ <sup>c</sup>
	Dipyridamole	↓ <sup>e</sup>	↓	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Prasugrel	↓ <sup>f</sup>	↓ <sup>f</sup>	↓ <sup>f</sup>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↓ <sup>f</sup>	↓ <sup>f</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 (<2 fold ↑AUC or <50% ↓AUC). 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 Potential risk of nephrotoxicity. Monitoring of renal function recommended.
- c Decreased conversion to active metabolite leading to non-responsiveness to clopidogrel. An alternative to clopidogrel should be considered.
- d Increase in amount of active metabolite via induction of CYP3A4 and CYP2B6.
- e Unboosted ATV predicted to increase dipyridamole exposure due to UGT1A1 inhibition.
- f Reduced active metabolite but without a significant reduction in prasugrel activity.