

**HORMONAL AGENTS:
GENDER AFFIRMING THERAPY**

	INSTIs		NNRTIs		PIs
	<ul style="list-style-type: none"> • BICTEGRAVIR (<i>Biktarvy</i>) • DOLUTEGRAVIR (<i>Tivicay, Triumeq, Juluca</i>) • RALTEGRAVIR (<i>Isentress</i>) 	<ul style="list-style-type: none"> • ELVITEGRAVIR/ COBICISTAT (<i>Stribild, Genvoya</i>) 	<ul style="list-style-type: none"> • DORAVIRINE (<i>Pifeltro, Delstrigo</i>) • RILPIVIRINE (<i>Edurant, Complera, Odefsey, Juluca</i>) 	<ul style="list-style-type: none"> • EFAVIRENZ (<i>Sustiva, Atripla</i>) • ETRAVIRINE (<i>Intelence</i>) • NEVIRAPINE (<i>Viramune</i>) 	Boosted with ritonavir (Norvir) or cobicistat <ul style="list-style-type: none"> • ATAZANAVIR (<i>Reyataz, Evotaz</i>) • DARUNAVIR (<i>Prezista, Prezcobix, Symtuza</i>) • LOPINAVIR (<i>Kaletra</i>)




FEMINIZING THERAPY

Estrogens <ul style="list-style-type: none"> • 17-beta estradiol (oral, <i>Estrace</i>) • Transdermal estradiol (<i>Estraderm, Estradot</i>) 		Potential for ↑ estradiol		Potential for ↓ estradiol	Cobicistat-boosted PIs: potential for ↑ estradiol Ritonavir-boosted PIs: potential for ↑/↓ estradiol
Antiandrogens <ul style="list-style-type: none"> • Spironolactone, finasteride 					
<ul style="list-style-type: none"> • cyproterone 		Potential for ↑ cyproterone		Potential for ↓ cyproterone	Potential for ↑ cyproterone
Progestins <ul style="list-style-type: none"> • Micronized progesterone (<i>Prometrium</i>) • Medroxy-progesterone (<i>Provera</i>) 		Potential for ↑ progestin		Potential for ↓ progestin	Potential for ↑ progestin

	INSTIs		NNRTIs		PIs
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MASCULINIZING THERAPY

<ul style="list-style-type: none"> • Testosterone cypionate, testosterone enanthate (IM) • Testosterone patch, gel 		Potential for ↑ testosterone		Potential for ↓ testosterone	Potential for ↑ testosterone
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Legend:		No dose adjustment required.
		Use combination with caution. Adjustment in drug dose or frequency or additional/more frequent monitoring may be required. May wish to consult with a pharmacist knowledgeable in HIV drug interactions.
		Contraindicated/avoid combination.

Mechanism of Drug Interactions, Management and Monitoring

Class	Mechanism of interaction	Main interacting ARVs	Management	Monitoring
Estradiol	Substrate of CYP3A4, 1A2, UGT and OAPT1B1	<p>Cobicistat boosted regimens may increase estradiol</p> <p>Ritonavir-boosted PIs may increase or decrease estradiol</p> <p>NNRTIs efavirenz, etravirine, nevirapine may decrease estradiol</p>	<p>If possible switch to non-interacting antiretroviral such as doravirine, rilpivirine, or an unboosted INSTI</p> <p>Otherwise, monitor for estradiol efficacy/toxicity and adjust dose of estradiol if necessary</p>	<p>Monitor estradiol concentrations and signs of excess estrogen</p> <p>Monitor estradiol concentrations and signs of estrogen deficiency</p>
Cyproterone Progestins Testosterone	Substrates of CYP3A4	<p>Ritonavir- or cobicistat boosted regimens may increase hormone levels</p> <p>NNRTIs efavirenz, etravirine, nevirapine may decrease hormone levels</p>	<p>If possible switch to non-interacting antiretroviral such as doravirine, rilpivirine, or an unboosted INSTI</p> <p>Otherwise, monitor for hormone efficacy/toxicity and adjust dose if necessary</p>	<p>Monitor for signs and symptoms of excess hormones</p> <p>Monitor for signs and symptoms of hormone deficiency</p>

A MANAGEMENT TOOL FOR **HIV** DRUG-DRUG INTERACTIONS

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