HORMONAL AGENTS:

CONTRACEPTIVES AND HORMONE REPLACEMENT THERAPY

	INSTIs		NNRTIS		PIs		
	 BICTEGRAVIR (Biktarvy) DOLUTEGRAVIR (Tivicay, Triumeq, Juluca) RALTEGRAVIR (Isentress) 	• ELVITEGRAVIR/ COBICISTAT (Stribild, Genvoya)	 DORAVIRINE (Pifeltro, Delstrigo) RILPIVIRINE (Edurant, Complera, Odefsey, Juluca) 	 EFAVIRENZ (Sustiva, Atripla) ETRAVIRINE (Intelence) NEVIRAPINE (Viramune) 	Boosted with ritonavir (Norvir) or cobicistat • ATAZANAVIR (Reyataz, Evotaz) • DARUNAVIR (Prezista, Prezcobix, Symtuza) • LOPINAVIR (Kaletra)		
CONTRACEPTIVES							
 Combined oral contraceptives Transdermal contraceptives Plan B Nuva-Ring 		Potential for ↓ ethinyl estradiol and ↑ progestin (combined oral, transdermal, vaginal ring)		Potential for ↓ ethinyl estradiol and ↓ progestin (combined oral, transdermal, vaginal ring)	Atazanavir/ritonavir: Use OC with minimum 30 mcg ethinyl estradiol Darunavir, lopinavir/r: potential for ↓ ethinyl estradiol and ↑/↓ norethindrone		
• DMPA (Depo- Provera)							
HORMONE REPLACEMENT THERAPY							
 Estrogens, 17-beta estradiol, conjugated estrogens 		Potential for ↑ estradiol		Potential for ↓ estradiol	Cobicistat-boosted PIs: potential for ↑ estradiol Ritonavir-boosted PIs: potential for ↓ estradiol		
 Progestins, medroxy- progesterone 		Potential for ↑ progestin		Potential for ↓ progestin	Potential for ↑ progestin, especially with cobicistat		

Mechanism of Drug Interactions, Management and Monitoring

Contraceptive/HRT	Mechanism of Interaction	Main Interacting ARVs	Management	Monitoring
Combined Oral	Induction/inhibition of	Ritonavir-boosted protease	Use alternate non-hormonal	Monitor for loss of
Contraceptives, Plan B,	CYP3A4, induction of UGT	inhibitors,	methods of contraception	contraceptive efficacy
Nuva-ring		elvitegravir/cobicistat,		
		efavirenz	Plan B and efavirenz: may	
			need to increase	
			progesterone dose.	
Hormone Replacement	Inhibition of CYP3A4.	Cobicistat-boosted protease	Risks of potentially elevated	Monitor for progesterone-
Therapy		inhibitors and elvitegravir/cobicistat	hormone levels may carry thromboembolic risk in long term. Consider in post menopausal females when benefits outweigh the risk.	related side effects and estrogen risk
	Induction of CYP3A4, 1A2, UGT	Efavirenz, etravirine, nevirapine, ritonavir boosted Pl's	May lower levels of estradiol and medroxyprogesterone	Dose adjustment not studied, determine risk vs benefits when using in post menopausal females

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.



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