HRT Treatment Selector

Charts reviewed December 2023. Full information available at www.hiv-druginteractions.org

	ATV/c	ATV/r	DRV/c	DRV/r	LPV/r	DOR	EFV	ETV	NVP	RPV oral	FTR	LEN	MVC	BIC/ F/TAF	CAB oral	CAB/ RPV	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	FTC/ TAF	FTC/ TDF
Estrogens																						
Conjugated estrogens	↑a	↓b	↑a	↓b	↓b	↔	↓b	↓b	↓b	↔	↑a	↑a	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Estradiol	↑a	↓b	↑a	↓b	↓b	↔	↓b	↓b	↓b	↔	↑a	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Progestins (HRT)																						
Drospirenone	↑a,c	↑ a,d	↑a,d	↑a,d	↑ a,d	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a,d	↑a,d	↔	↔	↔
Dydrogesterone	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Levonorgestrel	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Medroxy-progesterone (oral)	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Norethisterone (Norethindrone)	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Norgestimate	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Norgestrel	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Progesterone	↑a	↑a	↑a	↑a	↑a	↔	↓b	↓b	↓b	↔	↔e	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Other																						
Bazedoxifene	↑a	↓b	↑a	↓b	↓b	↔	↓b	↓b	↓b	↔	↑a	↑	↔	↔	↔	↔	↔	↑a	↑a	↔	↔	↔
Tibolone	↔	?↓	↔	?↓	↔	↔	?↓	?↓	?↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

Interactions with CAB/RPV long acting injections
Pharmacokinetic interactions shown are mostly with RPV.
QT interactions shown are with RPV.

Interactions with Lenacapavir
Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.

Interactions with Ibalizumab
None

Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)
ABC: No clinically relevant interactions expected.
3TC: No clinically relevant interactions expected.
TDF: No clinically relevant interactions expected.
ZDV: No clinically relevant interactions expected.

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dose 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 hormone
↓ Potential decreased exposure of the hormone
↔ No significant effect

Notes

a The clinical significance of increased exposure in terms of overall risk of deep vein thrombosis, pulmonary embolism, stroke and myocardial infarction in postmenopausal women receiving substitution hormones is unknown. HRT should be used at the lowest effective dose and for the shortest duration consistent with treatment goals and risks for individual women. Postmenopausal women should be re-evaluated periodically as clinically appropriate to determine if treatment is still necessary.

b Monitor for signs of hormone deficiency.

c Coadministration is contraindicated in the US product label due to the potential for hyperkalaemia. The European product label recommends clinical monitoring for hyperkalaemia.

d Clinical monitoring is recommended due to the potential risk for hyperkalaemia.

e No effect on progestin, but potential increase in exposure of conjugated estrogens or estradiol.

Abbreviations ATV atazanavir, DRV darunavir, LPV lopinavir, /c cobicistat, /r ritonavir, DOR doravirine, EFV efavirenz, ETV etravirine, NVP nevirapine, RPV rilpivirine, FTR fostemsavir, LEN lenacapavir, MVC maraviroc, BIC bictegravir, CAB cabotegravir, DTG dolutegravir, EVG elvitegravir, RAL raltegravir, F or FTC emtricitabine, TAF tenofovir alafenamide, TDF tenofovir-DF