

# Hormone Therapy for Gender Affirmation

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Full information available at [www.hep-druginteractions.org](http://www.hep-druginteractions.org)

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	DCV	ELB/GZR	G/P	LED/SOF	OBV/PTV/r	OBV/PTV/r +DSV	SMV	SOF	SOF/VEL	SOF/VEL/VOX
<b>Feminizing hormones</b>										
<b>Conjugated estrogens</b> <i>Premarin</i>	↔	↔	↔	↔	↑ <sup>a</sup>	↑ <sup>a</sup>	↔	↔	↔	↔
<b>Estradiol</b> <i>Multiple brand names</i>	↔	↔	↔	↔	↑ <sup>a</sup>	↑ <sup>a</sup>	↔	↔	↔	↔
<b>Ethinylestradiol</b> <i>Multiple brand names</i>	↔	↔	↑ <sup>b</sup>	↔	↔ <sup>b</sup>	↔ <sup>b</sup>	↔	↔	↔	↔ <sup>b</sup>
<b>Medroxyprogesterone</b> <i>Provera</i>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
<b>Micronized Progesterone</b> <i>Prometrium, Utrogestan</i>	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔
<b>Androgen blockers</b>										
<b>Cyproterone acetate</b> <i>Androcur, Cyprostat</i>	↑↑	↑↑	↑↑	↑	↑	↑	↑↑	↔	↔	↔
<b>Dutasteride</b> <i>Avodart</i>	↔	↔	↔	↔	↑ <sup>c</sup>	↑ <sup>c</sup>	↔	↔	↔	↔
<b>Finasteride</b> <i>Propecia, Proscar</i>	↔	↔	↔	↔	↑	↑	↑	↔	↔	↔
<b>Goserelin acetate</b> <i>Zoladex</i>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
<b>Leuprorelin acetate</b> <i>Leuprolide, Lupron, Eligard, Prostap</i>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
<b>Spirolactone</b> <i>Aldactone, CaroSpir</i>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
<b>Triptorelin</b> <i>Decapeptyl, Triptodur</i>	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
<b>Androgens</b>										
<b>Testosterone</b> <i>Multiple brand names</i>	↔	↔	↔	↔	↑ <sup>d</sup>	↑ <sup>d</sup>	↔	↔	↔	↔
<b>Misc.</b>										
<b>Minoxidil</b> <i>Regaine</i>	↔	↔	↔	↔	↑ <sup>e</sup>	↑ <sup>e</sup>	↔	↔	↔	↔

**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.

**Text Legend**

- ↑ Potential increased exposure of the hormone therapy
- ↓ Potential decreased exposure of the hormone therapy
- ↔ No significant effect
- ↑↑ Potential increased exposure of HCV DAA
- ↓↓ Potential decreased exposure of HCV DAA

Numbers refer to increased or decreased AUC as observed in drug-drug interaction studies.

- a Close monitoring is recommended, as the overall effect and clinical significance is difficult to predict.
- b Coadministration is contraindicated due to increased ALT levels.
- c A reduction of the dutasteride dosing frequency can be considered if side effects are noted.
- d Monitoring or dose adjustment may be required.
- e Monitoring may be required of cardiac parameters and for increased side effects.

**References**

- Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. UCSF Transgender Care, June 2016. <https://transcare.ucsf.edu/guidelines>.
- Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, E Coleman, AE Radix, WP Bouman et al. 2022, International Journal of Transgender Health, 23: S1-253. <https://doi.org/10.1080/26895269.2022.2100644>
- Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. WC Hembree, PT Cohen-Kettenis, L Gooren et al. 2017, J Clin Endocrinol Metab, 102(11):3869-3903.

Abbreviations: DCV Daclatasvir, SMV Simeprevir, ELB/GZR Elbasvir/Grazoprevir, SOF Sofosbuvir, G/P Glecaprevir/Pibrentasvir, VEL Velpatasvir, LED Ledipasvir, VOX Voxilaprevir, OBV/PTV/r +DSV Ombitasvir/Paritaprevir/Ritonavir +Dasabuvir