

Gender Affirmation Therapies

Charts produced November 2024. Full information available at www.hiv-druginteractions.org

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	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
Feminizing Hormones																						
Conjugated estrogens	↑	↓	↑	↓	↓	↔	↓	↓	↓	↔	↑	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Estradiol	↑	↓	↑	↓	↓	↔	↓28%	↓	↓	↔	↑	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Ethinylestradiol	↔	↓	↓	↓	↓	↔	↔	↑	↓	↑	↑	↑	↔	↔	↔	↔	↔	↓	↓	↔	↔	↔
Medroxyprogesterone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Progesterone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Androgen Blockers																						
Bicalutamide	↑ a	↑ a	↑	↑	↑ a	↔	↓ a	↓	↓	↔ a	↔ a	↔	↔	↔	↔	↔ a	↔	↑	↑	↔	↔	↔
Cyproterone acetate	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Dutasteride	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↑	↑	↔	↔	↔
Finasteride	↑ b	↑ b	↑ b	↑ b	↑ b	↔	↓	↓	↓	↔	↔	↑ b	↔	↔	↔	↔	↔	↑ b	↑ b	↔	↔	↔
Goserelin	↔ a	↔ a	↔	↔	↔ a	↔	↔ a	↔	↔	↔ a	↔ a	↔	↔	↔	↔	↔ a	↔	↔	↔	↔	↔	↔
Leuporelin acetate	↔ a	↔ a	↔	↔	↔ a	↔	↔ a	↔	↔	↔ a	↔ a	↔	↔	↔	↔	↔ a	↔	↔	↔	↔	↔	↔
Spirolactone	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Triptorelin	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Androgens																						
Testosterone	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↑	↔	↔	↔	↔	↔	↓ c	↔	↑	↑	↔
Other																						
Minoxidil (topical)	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔

<p>Interactions with CAB/RPV long acting injections Pharmacokinetic interactions shown are mostly with RPV. QT interactions shown are with RPV.</p> <p>Interactions with Lenacapavir Residual LEN may affect exposure of sensitive CYP3A4 substrates initiated within 9 months after stopping subcutaneous LEN.</p> <p>Interactions with Ibalizumab None</p>	<p>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.</p>
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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
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir. Rilpivirine and fostemsavir were shown to prolong the QT interval at supratherapeutic doses. Caution is advised with rilpivirine. ECG monitoring is advised with fostemsavir and drugs with a known QT prolongation risk.
- ♣ Efavirenz has a potential risk of QT prolongation relating specifically to homozygous carriers of CYP2B6*6/*6.

- ↑ Potential increased exposure of HIV drug
- ↓ Potential decreased exposure of HIV drug

Notes

Use of conjugated estrogens or ethinylestradiol as part of gender affirming treatment should be avoided as they are associated with high thromboembolic risk.

- a** Androgen deprivation treatment may prolong the QT interval. Caution should be taken when using with antiretroviral drugs that can potentially prolong the QT interval.
- b** Any increase is unlikely to be of clinical significance due to finasteride's wide margin of safety and no *a priori* dose alteration is recommended.
- c** High testosterone doses combined with training may enhance muscle growth and enhance the blood flow in muscles, thereby increasing the release of long-acting CAB/RPV from the depot injection and subsequently increasing the elimination of CAB/RPV which may result in suboptimal levels at the end of the dosing interval. Use with caution and consider therapeutic drug monitoring of cabotegravir and rilpivirine and/or intensified viral load monitoring.