

HRT Treatment Selector

Charts revised November 2017. Full information available at www.hiv-druginteractions.org

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		ATV/r	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	RAL	ABC	FTC	3TC	TDF	ZDV	E/C/F/TAF	E/C/F/TDF
	Estradiol	↓ª	↓ª	↓ª	↓ª	↓ª	↓ª	\leftrightarrow	1	1								
	Drospirenone	↑b	↑b	↑b	↓ª	↓ª	↓ª	\leftrightarrow	↑ ^b	↑b								
E	Dydrogesterone	↑ ^b	↑ ^b	↑b	↓ª	↓ª	↓ª	\leftrightarrow	↑ ^b	↑b								
H) St	Levonorgestrel	↑b	↑b	↑b	↓ª	↓a	↓a	\leftrightarrow	\leftrightarrow	\leftrightarrow	\leftrightarrow	\leftrightarrow	\leftrightarrow		\leftrightarrow	\leftrightarrow	↑b	↑b
lestin	Medroxy- progesterone (oral)	↑b	↑b	↑b	↓ª	↓a	↓a	\leftrightarrow	↑b	↑b								
Proc	Norethisterone	↑b	↑b	↑b	↓ª	↓ª	↓ª	\leftrightarrow	↑b	↑b								
	Norgestrel	↑b	↑b	↑b	↓ª	↓ª	↓ª	\leftrightarrow	↑ ^b	↑b								

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. No a priori dosage adjustment is recommended.

Text Legend

- Potential increased exposure of the hormone
- Potential decreased exposure of the hormone
- No significant effect
- Monitor for signs of estrogen deficiency.
- The clinical significance of increased progestin exposure in terms of overall risk of deep vein thrombosis, pulmonary embolism, stroke and myocardial infarction in postmenopausal women receiving substitution hormones is unknown.