

Table 40: Alpha-Adrenergic Antagonists for Benign Prostatic Hyperplasia (also see prescribing information)

Class or Drug	Mechanism of Action	Clinical Comments
• NRTIs • Bictegravir (BIC) • Cabotegravir (CAB) • Dolutegravir (DTG) • Raltegravir (RAL) • Doravirine (DOR) • Rilpivirine (RPV) • Efavirenz (EFV) • Etravirine (ETR) • Fostemsavir (FTR) • Maraviroc (MVC)	No significant interactions reported.	No dose adjustments are necessary.
PIs	Boosted or unboosted atazanavir (i.e., with or without COBI or RTV) and darunavir boosted with COBI or RTV inhibit CYP3A4 and other transporters.	• Alfuzosin, silodosin: Concomitant use is contraindicated. • Doxazosin, terazosin: PIs may be used concurrently; potential increases in doxazosin and terazosin levels are possible. Dose reduction may be necessary. • Tamsulosin: Avoid unless benefits outweigh risk. If used together, monitor for tamsulosin-associated adverse effects, such as hypotension.
Elvitegravir (EVG), boosted	COBI-boosted EVG inhibits CYP3A4 and other transporters and is likely to increase levels of select drugs in this class.	• Alfuzosin, silodosin: Concomitant use is contraindicated. • Doxazosin, terazosin: May be used; increased levels are possible. • Tamsulosin: Avoid unless benefits outweigh risk. If used together, monitor for tamsulosin-associated adverse effects, such as hypotension.
Abbreviations: COBI, cobicistat; CYP, cytochrome P450; PI, protease inhibitor; RTV, ritonavir.		