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## Guidance for the Use of Non-oral Steroids with Strong CYP3A4 Inhibitors

Revised October 2022

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## Recommendations for non-oral steroids with strong CYP3A4 inhibitors

		Preferred	Not Recommended	Do Not Coadminister	Follow Up
Drugs for HIV					
Any combination containing any of the following:  • Atazanavir  • Cobicistat  • Darunavir  • Lopinavir  • Ritonavir	Inhaled	Beclometasone		Budesonide Fluticasone Mometasone	Periodic control of morning cortisol
	Nasal	Beclometasone		Budesonide Fluticasone Mometasone	
	Intra-articular or epidural	Prednisolone (30% dose reduction required)  Methylprednisolone (at least 50% dose reduction required)		Triamcinolone	
	Topical	Hydrocortisone	Clobetasol Betamethasone		
Any other HIV drug combinations		Check with	Check with	Check with	Check with
		pharmacist	pharmacist	pharmacist	pharmacist
Drugs for Hepatitis C					
Any DAA combination containing the following:  • Paritaprevir/ritonavir	Inhaled Nasal Intra-articular or epidural Topical	Same recommendations as for HIV protease inhibitors and pharmacokinetic boosters	Same recommendations as for HIV protease inhibitors and pharmacokinetic boosters	Same recommendations as for HIV protease inhibitors and pharmacokinetic boosters	Periodic control of morning cortisol
Others					
Any potent CYP3A4 inhibitor (particularly in case of long term treatment) including:  Clarithromycin Erythromycin Itraconazole Ketoconazole Posaconazole Voriconazole	Inhaled Nasal Intra-articular or epidural Topical	Same recommendations as for HIV protease inhibitors and pharmacokinetic boosters	Same recommendations as for HIV protease inhibitors and pharmacokinetic boosters	Same recommendations as for HIV protease inhibitors and pharmacokinetic boosters	Periodic control of morning cortisol

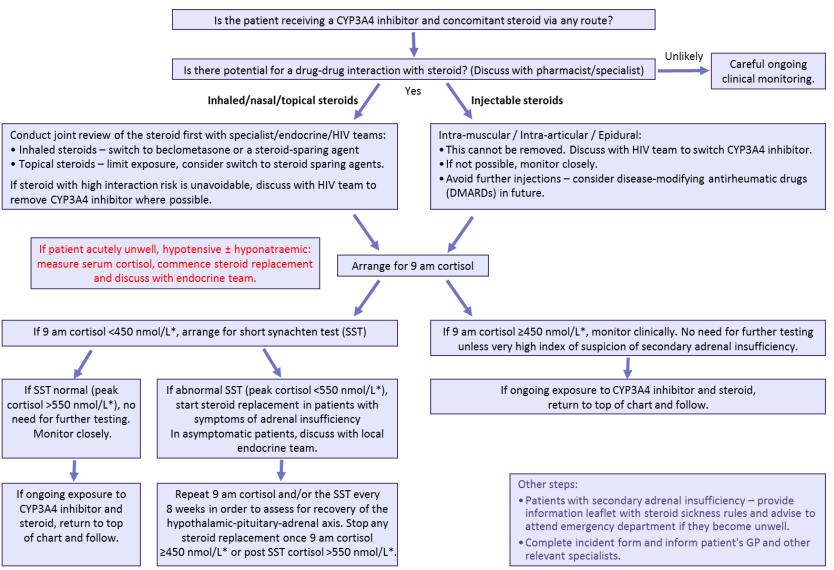


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## Management of patients with a suspected steroid-CYP3A4 inhibitor interaction



\* Depending on local assay