Anti-malarial Treatment Selector

Charts reviewed October 2018. Full information available at www.hiv-druginteractions.org

		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
First Line and Second Line Drugs	**Amodiaquine**	↑	↑	↑	↑[a]	↓?	↓29%[a]	↔	↔	↔	↔	↔	↔	↔	↔	↔[b]	↔	↔
	Artemisinin	↑	↑	↑	↓~50%	↓⇓	↓⇓	⇓	⇓	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Atovaquone	↓46%[c]	↓[c]	↓74%[c]	↓75%[c]	↓⇑55%[c]	↓[c]	↔	↔	↔	↔	↔	↔	↔	↔	↔[b]	↔	↔
	Chloroquine	↔[d]	↔	↔[d]	↔	↔	↔	↔[e]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Clindamycin	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Doxycycline	↔	↔	↔	↓?	↓?	↓?	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Lumefantrine	↑[d]	↑	↑[d]	↓~40%	↓	↓⇓46%	↔[e]	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Mefloquine	↑[d]	↑	↑[d]	↓	↓	↓	↔[e]	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Primaquine	↔	↔	↔	↔[f]	↔[f]	↔[f]	↔	↔	↔	↔	↔	↔	↔	↔	↔[b]	↔	↔
	Proguanil	↓41%[c]	↓[c]	↓38%[c]	↓44%[c]	↓⇑[c]	↓[c]	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Pyrimethamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	⇑	⇑	↔	↔[b]	⇑[g]	⇑[g]
	Quinine	↑[d]	↑	↑[d]	↓	↓	↓	↔[e]	⇑	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Sulfadoxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	⇑[h]	⇑[i]	↔	↔[b]	⇑[h]	⇑[h]

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 anti-malarial drug
↓ Potential decreased exposure of the anti-malarial drug
↔ No significant effect
⇑ Potential increased exposure of HIV drug
⇓ Potential decreased exposure of HIV drug

Numbers refer to increased or decreased AUC of the HIV drug or anti-malarial drug as observed in drug-drug interaction studies.

a Liver toxicity
b Additive haematotoxicity
c Take with a high fat meal. Consider dose increase.
d ECG monitoring is recommended.
e Both drugs can induce QT interval prolongation (only at supratherapeutic RPV doses).
f Increase of haemotoxic metabolites
g FTC exposure may increase; no a priori dosage adjustment is recommended in patients with normal renal function.
h Sulfadoxine is rarely used alone, but is usually given in combination with pyrimethamine. Pyrimethamine may increase FTC exposure, but no a priori dosage adjustment is recommended in patients with normal renal function.
i Sulfadoxine is rarely used alone, but is usually given in combination with pyrimethamine. Pyrimethamine may increase 3TC exposure, but no a priori dosage adjustment is recommended in patients with normal renal function.

Abbreviations ATV atazanavir ABC abacavir DRV darunavir FTC emtricitabine LPV lopinavir 3TC lamivudine /r ritonavir TDF tenofovir disoproxil fumarate EFV efavirenz ZDV zidovudine ETV etravirine NVP nevirapine E/C/F/ Elvitegravir/Cobicistat/FTC RPV rilpivirine TAF tenofovir alafenamide MVC maraviroc DTG dolutegravir RAL raltegravir