

Anti-malarial Treatment Selector

Charts revised August 2019. 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	MVC	BIC/ F/TAF	DTG	EVG/c/ F/TAF	EVG/c/ F/TDF	RAL	ABC	FTC or 3TC	F/TAF	TDF	ZDV
First line and Second line Drugs																					
Amodiaquine	↑	↑	↔	↑	↑	↔	↑ ^a	↓?	↓29% ^a	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b
Artemisinin	↑	↑	↑	↑	↑	↓	↓	↓	↓	↓	↓	↓ ^c	↔	↑	↑	↔	↔	↔	↔	↔	↔
Atovaquone	↔	↓10%	↔	↓ ^d	↓74% ^d	↔	↓75% ^d	↑55% ^d	↓ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b
Chloroquine	↔ ^e ♥	↔ ^e ♥	↔ ^e	↔ ^e	↔ ^e ♥	↔	↔ ^f	↔ ^g	↔ ^g	↔♥	↔	↔	↔	↔ ^e	↔ ^e	↔	↔	↔	↔	↔	↔
Clindamycin	↑	↑	↑	↑	↑	↔	↓	↓	↓	↔	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Doxycycline	↔	↔	↔	↔	↔	↔	↓?	↓?	↓?	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Lumefantrine	↑♥	↑♥	↑	↑175%	↑382%♥	↔	↓~40%	↓13%	↓↓46%	↔♥	↔	↔	↑10%	↑	↑	↔	↔	↔	↔	↔	↔
Mefloquine	↑♥	↑♥	↑	↑	↓28%♥ ↓22%	↔	↓	↓	↓	↔♥	↔	↔	↔	↑	↑	↔	↔	↔	↔	↔	↔
Piperaquine	↑♥	↑♥	↑ ^h	↑ ^h	↑♥	↑	↓	↓	↓	↑♥	↓	↓ ^c	↔	↑ ^h	↑ ^h	↔	↔	↔	↔	↔	↔
Primaquine	↔	↔	↔	↔	↔	↔	↔ ⁱ	↔ ⁱ	↔ ⁱ	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b
Proguanil	↔	↓41% ^d	↔	↓ ^d	↓38% ^d	↔	↓44% ^d	↓↑ ^d	↓ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Pyrimethamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^j	↔	↑ ^j	↑ ^j	↔	↔	↔	↑ ^k	↑ ^j	↔ ^b
Quinine	↑ ^l ♥	↑ ^l ♥	↑ ^l	↑ ^l	↓56%♥	↔	↓	↓	↓	↔♥	↑	↔	↔	↑ ^l	↑ ^l	↔	↔	↔	↔	↔	↔
Sulfadoxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^m	↔	↑ ^m	↑ ^m	↔	↔	↔	↑ ⁿ	↑ ^m	↔ ^b

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 <i>a priori</i> 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
- ♥ One or both drugs may cause QT and/or PR prolongation. ECG monitoring is advised if coadministered with atazanavir or lopinavir; caution is advised with rilpivirine as supratherapeutic doses of rilpivirine (75 and 300 mg once daily) were shown to prolong the QT interval.
- Numbers refer to increase or decrease in AUC as observed in drug-drug interaction studies.

Notes

- a Liver toxicity
- b Additive haematotoxicity
- c No effect on FTC or TAF is expected, but bicitegravir concentrations may decrease.
- d Take with a high fat meal. Consider dose increase.
- e Chloroquine may increase, but to a moderate extent due to the multiple elimination pathways. No dosage adjustment is recommended but monitor toxicity.
- f Chloroquine may increase (inhibition of CYP2C8) or decrease (induction of CYP3A4). No dosage adjustment is recommended but monitor toxicity and efficacy.
- g Chloroquine may decrease, but to a moderate extent due to the multiple elimination pathways. No dosage adjustment is recommended but monitor efficacy.
- h ECG monitoring should be considered.
- i Increase of haemotoxic metabolites
- j FTC exposure may increase; no *a priori* dosage adjustment is recommended in patients with normal renal function.
- k FTC or 3TC exposure may increase; no *a priori* dosage adjustment is recommended in patients with normal renal function.
- l An increase in exposure would be expected based on quinine metabolism, however, two interaction studies with LPV/r have shown a decrease in quinine exposure. It is recommended to monitor for side effects and also efficacy.
- m 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.
- n Sulfadoxine is rarely used alone, but is usually given in combination with pyrimethamine. Pyrimethamine may increase FTC or 3TC exposure, but no *a priori* dosage adjustment is recommended in patients with normal renal function.