### Notes

- Liver toxicity
- Additive haematotoxicity
- No effect on FTC or TAF is expected, but bictegravir concentrations may decrease.
- Take with a high fat meal. Consider dose increase.
- Chloroquine may increase (inhibition of CYP2C8) or decrease (induction of CYP3A4). No dosage adjustment is recommended but monitor toxicity and efficacy.
- Chloroquine may decrease, but to a moderate extent due to the multiple elimination pathways. No dosage adjustment is recommended but monitor efficacy.
- Chloroquine may increase, but to a moderate extent due to the multiple elimination pathways. No dosage adjustment is recommended but monitor toxicity.
- No significant effect
- ECG monitoring should be considered.
- Increase of haemotoxic metabolites
- FTC exposure may increase; no a priori dosage adjustment is recommended in patients with normal renal function.
- FTC or TCF exposure may increase; no a priori dosage adjustment is recommended in patients with normal renal function.
- 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.
- 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.

### Colour Legend

- No clinically significant interaction expected. (Not included in table)
- 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 a priori dosage adjustment is recommended.

### Text Legend

- ↑ Potential increased exposure of the anti-malarial drug
- ↓ Potential decreased exposure of the anti-malarial 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.

### Abbreviations

- ATV: atazanavir
- DRV: darunavir
- LPV: lopinavir
- MVC: maraviroc
- BIC: bictegravir
- DOR: doravirine
- ETV: etravirine
- NVP: nevirapine
- RPV: rilpivirine
- FTC: emtricitabine
- TAF: tenofovir alafenamide
- TDF: tenofovir disoproxil fumarate
- DTG: dolutegravir
- EVG: elvitegravir
- MVC: maraviroc
- ZDV: zidovudine
- ZDV: zidovudine
- LPV/r: lopinavir/ritonavir
- DRV/r: darunavir/ritonavir
- ATV/r: atazanavir/ritonavir
- EFV: efavirenz
- NVP: nevirapine
- MVC: maraviroc
- BIC: bictegravir
- DOR: doravirine
- ETV: etravirine
- NVP: nevirapine
- RPV: rilpivirine
- FTC or 3TC: emtricitabine or tenofovir alafenamide
- TDF: tenofovir disoproxil fumarate
- DTG: dolutegravir
- EVG: elvitegravir
- MVC: maraviroc
- ZDV: zidovudine

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