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### Anti-malarial Treatment Selector

**Charts revised October 2019. Full information available at www.hiv-druginteractions.org**

<table>
<thead>
<tr>
<th>First and Second line Drugs</th>
<th>ATV/r</th>
<th>DRV/r</th>
<th>LPV/r</th>
<th>DOR</th>
<th>EFV</th>
<th>ETV</th>
<th>NVP</th>
<th>RPV</th>
<th>MVC</th>
<th>BIC/FTAF</th>
<th>ETV</th>
<th>ETV</th>
<th>EVG/FTAF</th>
<th>EVG/FTDF</th>
<th>RAL</th>
<th>ABC</th>
<th>FTC or 3TC</th>
<th>F/TAF</th>
<th>TDF</th>
<th>ZDV</th>
</tr>
</thead>
</table>

**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 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 increased exposure of HIV drug
- ↓♥ Potential decreased exposure of HIV drug
- ♥♥ One or both drugs may cause QT and/or PR prolongation.

**Notes**
- a Liver toxicity
- b Additive haematoxotoxicity
- c No effect on FTC or TAF is expected, but bictegravir 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.

**Abbreviations**
- ATV stavudine
- DRV darunavir
- LPV lopinavir
- EFV efavirenz
- ETV etravirine
- NVP nevirapine
- RPV rilpivirine
- MVC maraviroc
- ABC abacavir
- DF dual nucleoside reverse transcriptase inhibitor
- ZDV zidovudine
- FTC/emtricitabine
- DF or FTC/emtricitabine
- TDF tenofovir disoproxil fumarate
- FTC/3TC tenofovir alafenamide
- TAF tenofovir alafenamide
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