### Anti-malarial Treatment Selector

**Charts revised March 2021. Full information available at [www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)**

<table>
<thead>
<tr>
<th>First line and Second line Drugs</th>
<th>ATV/c</th>
<th>ATV/r</th>
<th>DRV/c</th>
<th>DRV/r</th>
<th>LPV/r</th>
<th>DOR</th>
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<th>BIC/ P/TAF</th>
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**Text 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.

- ↑ Potential increased exposure of the anti-malarial drug
- ↓ Potential decreased exposure of the anti-malarial drug
- ↔ No significant effect
- ♥ 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 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 3CT 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 c/CT: Atazanavir/cyclovir
- DRV c/CT: Darunavir/cyclovir
- LPV/r: Lopinavir/ritonavir
- EFV: Efavirenz
- ETV: Etravirine
- NVP: Nevirapine
- RPV: Rilpivirine
- MVC: Maraviroc
- BIC: Bictegravir
- DTG: Dolutegravir
- EVG: Elvitegravir
- RAL: Raltegravir
- ABC: Abacavir
- FTC or 3TC: Emtricitabine/tenofovir
- F/TAF: Tenofovir alafenamide
- TDF: Tenofovir DF
- ZDV: Zidovudine

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