### Interactions with Lenacapavir

Interactions initiated within 9 months after stopping subcutaneous LEN.

- QT interactions shown are with RPV.

### Sulfadoxine

- Rarely used alone, but is usually given in combination with pyrimethamine. Pyrimethamine may increase FTC exposure, but no a priori dosage adjustment is recommended.

### Quinine

- Usually given in combination with pyrimethamine. Pyrimethamine may increase FTC exposure, but no a priori dosage adjustment is recommended.

### Pyrimethamine

- No clinically significant interaction expected.

### Primaquine

- No significant effect.

### Piperaquine

- No clinically significant interaction expected.

### Chloroquine

- No clinically significant interaction expected.

### Clindamycin

- No clinically significant interaction expected.

### Artemisinin

- QT interactions shown are with RPV.

### Ato伐queone

- QT interactions shown are with RPV.

### Mefloquine

- QT interactions shown are with RPV.

### Lumefantrine

- QT interactions shown are with RPV.

### Halofantrine

- QT interactions shown are with RPV.

### Hydroxychloroquine

- QT interactions shown are with RPV.

### Proguanil

- QT interactions shown are with RPV.

### Pyrimethamine

- QT interactions shown are with RPV.

### Quinine

- QT interactions shown are with RPV.

### Sulfadoxine

- QT interactions shown are with RPV.

---

### Interactions with Abacavir (ABC), Lamivudine (3TC), Tenofovir-DF (TDF) or Zidovudine (ZDV)

- ABC: No clinically relevant interactions expected.
- 3TC: Increased 3TC exposure with pyrimethamine, sulfadoxine.
- TDF: No clinically relevant interactions expected.
- ZDV: Potential additive haematological toxicity with amodiaquine, atovaquone, primaquine, pyrimethamine, sulfadoxine.

---

### 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 prior dosage adjustment is recommended.

### Text Legend

- ↑ Potential increased exposure of the anti-malarial drug
- ➔ Potential increased exposure of HIV drug
- ↓ Potential decreased exposure of the anti-malarial drug
- ➠ Potential decreased exposure of HIV drug
- ↔ No significant effect
- ▲ One or both drugs may cause QT and/or PR prolongation.

---

### Notes

- Liver toxicity
- 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, but to a moderate extent due to the multiple elimination pathways. No dosage adjustment is recommended but monitor toxicity.
- Chloroquine/hydroxychloroquine 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.
- ECG monitoring should be considered.
- Increase of haematoxic metabolites
- FTC 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 exposure, but no a priori dosage adjustment is recommended in patients with normal renal function.