

Anti-malarial Treatment Selector

Charts revised February 2018. Full information available at www.hiv-druginteractions.org

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	ATV/r	DRV/r	LPV/r	EFV	ETV	NVP	RPV	MVC	DTG	RAL	ABC	FTC	3TC	TDF	ZDV	E/C/F/TAF	E/C/F/TDF	
First Line and Second Line Drugs	Amodiaquine	↑	↑	↑	↑ ^a	↓?	↓29% ^a	↔	↔	↔	↔	↔	↔	↔	↔ ^b	↔	↔	
	Artemisinin	↑	↑	↑	↓~50%	↓↓	↓↓	↓	↓	↔	↔	↔	↔	↔	↔	↑	↑	
	Atovaquone	↓46% ^c	↓ ^c	↓74% ^c	↓75% ^c	↓↑55% ^c	↓ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b	↔	↔
	Chloroquine	↔ ^d	↔	↔ ^d	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Clindamycin	↑	↑	↑	↓	↓	↓	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Doxycycline	↔	↔	↔	↓?	↓?	↓?	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Lumefantrine	↑ ^d	↑	↑ ^d	↓~40%	↓	↓↓46%	↔ ^e	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Mefloquine	↑ ^d	↑	↑ ^d	↓	↓	↓	↔ ^e	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑
	Primaquine	↔	↔	↔	↔ ^f	↔ ^f	↔ ^f	↔	↔	↔	↔	↔	↔	↔	↔	↔ ^b	↔	↔
	Proguanil	↓41% ^c	↓ ^c	↓38% ^c	↓44% ^c	↓↑ ^c	↓ ^c	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
	Pyrimethamine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑	↑	↔	↔ ^b	↑ ^g	↑ ^g
	Quinine	↑ ^d	↑	↑ ^d	↓	↓	↓	↔ ^e	↑	↔	↔	↔	↔	↔	↔	↔	↑	↑
Sulfadoxine	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔	↑ ^h	↑ ⁱ	↔	↔ ^b	↑ ^h	↑ ^h	

Colour Legend

- No clinically significant interaction expected.
- These drugs should not be coadministered.
- Potential interaction which may require a dosage 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
- ↔ No significant effect
- ↑ Potential increased exposure of HIV drug
- ↓ Potential decreased exposure of HIV drug

Numbers refer to increased or decreased AUC of the HIV drug or anti-malarial drug as observed in drug-drug interaction studies.

- a Liver toxicity
- b Additive haematotoxicity
- c Take with a high fat meal. Consider dose increase.
- d ECG monitoring is recommended.
- e Both drugs can induce QT interval prolongation (only at supratherapeutic RPV doses).
- f Increase of haemotoxic metabolites
- g FTC exposure may increase; no *a priori* dosage adjustment is recommended in patients with normal renal function.
- h 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.
- i Sulfadoxine is rarely used alone, but is usually given in combination with pyrimethamine. Pyrimethamine may increase 3TC exposure, but no *a priori* dosage adjustment is recommended in patients with normal renal function.