www.hiv-druginteractions.org

Anti-malarial Treatment Selector

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

For personal use only. Not for distribution. ATV/r DRV/r LPV/r EFV ETV NVP RPV MVC DTG RAL ABC FTC 3ТС TDF ZDV E/C/F/TAF E/C/F/TDF Amodiaquine ↔^b ∱a ↓? 129% \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow ↑ ↑ ↑ \leftrightarrow \leftrightarrow \leftrightarrow ↓↓ ∜ Jι Artemisinin ↓↓ 1 ~50% \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow 1 1 ↑ ↑ $\leftrightarrow^{\mathsf{b}}$ 46% ↓c 74% <u></u>175%⁰ 155% Τc Atovaquone \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow Chloroquine dط \leftrightarrow ↔^d \leftrightarrow \leftrightarrow \leftrightarrow ↔e \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow ↔ \leftrightarrow \leftrightarrow \leftrightarrow Clindamycin ↑ ↑ ↑ Т ↓ T \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow ↑ e ↑ Doxycycline ↓? ↓? ↓? \leftrightarrow \leftrightarrow ↓**↓**46% ~40% Lumefantrine ↑d 1 ↑d ↓ ↔e \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow 1 1 å p ∱d ↑d ↔e Mefloquine ↑ J. J. \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow 1 1 ⇔f Primaquine \leftrightarrow \leftrightarrow \leftrightarrow f ⇔f \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow ↔b \leftrightarrow \leftrightarrow 41% ∫c 38% ⊥î° lc Proguanil 44% \leftrightarrow \leftrightarrow ↔^b Pyrimethamine \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow î € \leftrightarrow ¶ g ¶ g \leftrightarrow € ↑^d ↑^d ےe Quinine J. J. \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow \leftrightarrow 1 Ţ 1 ↑

 \leftrightarrow

 \leftrightarrow

 \leftrightarrow

 \leftrightarrow

Colour Legend

Sulfadoxine

No clinically significant interaction expected.

 \leftrightarrow

 \leftrightarrow

These drugs should not be coadministered.

Potential interaction which may require a dosage adjustment or close monitoring.

 \leftrightarrow

 \leftrightarrow

Potential interaction predicted to be of weak intensity. No a priori dosage adjustment is recommended.

 \leftrightarrow

 \leftrightarrow

 \leftrightarrow

Text Legend

L

- Potential increased exposure of the anti-malarial drug
- € Potential increased exposure of HIV drug Potential decreased exposure of HIV drug
- Potential decreased exposure of the anti-malarial drug \leftrightarrow No significant effect

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

₩

- а Liver toxicity
- b Additive haematotoxicity
- Take with a high fat meal. Consider dose increase. с
- ECG monitoring is recommended. d
- Both drugs can induce QT interval prolongation (only at supratherapeutic RPV doses). е
- f Increase of haemotoxic metabolites
- FTC exposure may increase; no a priori dosage adjustment is recommended in patients with normal renal function. a
- 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 h recommended in patients with normal renal function.
- 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.

RAL raltegravir Abbreviations DRV darunavir FTC emtricitabine LPV lopinavir 3TC lamivudine /r ritonavir EFV efavirenz TDF tenofovir disoproxil fumarate ZDV zidovudine NVP nevirapine RPV rilpivirine E/C/F/ Elvitegravir/Cobicistat/FTC MVC maraviroc TAF tenofovir alafena DTG dolutegravir ATV atazanavir ABC abacavir © Liverpool Drug Interactions Group, University of Liverpool, Pharmacology Research Labs, 1st Floor Block H, 70 Pembroke Place, LIVERPOOL, L69 3GF. that information is accurate and consistent with current knowledge and practice. However, the University of Liverpool and its servants or agents shall not be responsible or in any way liable for the continued currency of information whether arising from negligence or therwise howsoever or for any consequences arising therefrom. The University of Liverpool accurate and consistent with current for any consequences arising therefrom. The University of Liverpool accurate currency of information whether arising from negligence or therwise howsoever or for any consequences arising therefrom. The University of Liverpool accurate currency of information We aim to ensure that information is a

UVERPOO

↔b

î¶ h

î۱

 \leftrightarrow

¶ h

¶ h