



INSTITUTE FOR  
INTERNATIONAL  
MEDICINE

## Malaria Medications for Falciparum

First line treatment, chloroquine-resistant, for uncomplicated, non-pregnant patients is usually artemesinin-based combination (ACT) therapy:

- Artemether-lumefantrine (Coartem)
- Atovaquone/proguanil (Malarone)
- Oral quinine sulfate plus one of either doxycycline, tetracycline or clindamycin

First line treatment, chloroquine-resistant, for uncomplicated, pregnant patients is usually:

- Oral quinine sulfate and clindamycin
- Artesunate and artemether may be used in 2<sup>nd</sup> or 3<sup>rd</sup> trimesters, if needed
- Note: Atovaquone/proguanil (Malarone) has not been adequately studied in pregnancy. Mefloquine may increase risk of stillbirth.

Complicated or unable to take oral medication, chloroquine-resistant, non-pregnant, is usually:

- Intravenous quinidine gluconate or quinine hydrochloride, plus one of either intravenous doxycycline or clindamycin
- Artemether intramuscular or artesunate intramuscular or intravenous, plus doxycycline or clindamycin
- Note: Because quinine lowers glucose levels, intravenous dextrose is typically administered.

Complicated or unable to take oral medication, chloroquine-resistant, pregnant, is usually:

- Intravenous quinidine gluconate or quinine hydrochloride, plus one of either intravenous doxycycline or clindamycin
- Artemether intramuscular or artesunate intramuscular or intravenous, plus clindamycin.