

Chloroquine - details and affordable price - in the UK

Chloroquine: an FDA approval check?

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Big picture summary

Active ingredient of the formulation: chloroquine, commonly supplied as chloroquine phosphate tablets that contain a defined amount of chloroquine base.

Drug class: antimalarial and antiprotozoal.

Common UK pack sizes: single tablets of 250 mg chloroquine phosphate (which provide approximately 155 mg chloroquine base). Some products are available as 500 mg phosphate tablets (approximately 300 mg base per tablet).

Chloroquine remains useful where local malaria parasites are sensitive to it and it can be part of therapy for extraintestinal amebiasis. Because resistance to chloroquine is widespread for many *Plasmodium falciparum* strains, always check destination-specific

travel advice before relying on chloroquine for prevention or treatment. Gaze at the malaria prophylaxis and treatment sections below: [Dosing recommendations](#).

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When chloroquine is used

Usual clinical applications include:

- Prevention (suppressive prophylaxis) and treatment of malaria due to *Plasmodium vivax*, *P. ovale*, *P. malariae*, and strains of *P. falciparum* known to be chloroquine-sensitive.
- Treatment of extraintestinal amebiasis as part of a regimen that includes a luminal amebicide.

Note: *P. falciparum* resistance to chloroquine is common in many areas of the world. Seek advice up-to-date UK travel health guidance before selecting chloroquine for travel protection.

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Instructions for taking chloroquine

- Take with food or a milky drink unless instructed otherwise; this reduces the likelihood of stomach upset.
- Follow the prescriber's directions exactly. Do not increase the dose or duration without medical advice.
- If using weekly prophylaxis, take the tablet on the same day each week to maintain a consistent schedule.
- For daily divided doses, spacing with morning and evening meals can help with tolerance.

The dose was missed: swallow the missed tablet as soon as you remember. If the next dose is due soon, skip the i skipped a dose today and continue as before. Never double up doses.

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Dosing guidelines

Doses are commonly expressed in terms of chloroquine base. Approximate conversions:

- 250 mg chloroquine phosphate provides approximately 155 mg chloroquine base
- 500 mg chloroquine phosphate provides approximately 300 mg chloroquine base

Paediatric doses should always be calculated by body weight and should not exceed adult single-dose limits.

Suppression of malaria with prophylaxis

In grownups, administer 500 mg chloroquine phosphate (about 300 mg base) once weekly on the same weekday.

Small children: 5 mg chloroquine base per kg once weekly, not exceeding the adult weekly dose.

Start and stop timing: start ideally 1 to 2 weeks before exposure. If travel starts immediately, some clinicians use a loading approach in adults of 1 g chloroquine phosphate (about 600 mg base) split into two doses six hours apart on day 1; in children the equivalent is 10 mg base/kg split similarly. Continue weekly during exposure and for 4 to 8 weeks after leaving the endemic area, following current trusted guidance.

Management of acute malaria (chloroquine-susceptible infections)

Adult typical 3-day regimen:

- Initial dose on day 1: 1 g chloroquine phosphate (about 600 mg base)
- Six to eight hours later: 500 mg chloroquine phosphate (about 300 mg base)
- Days 2 and 3: 500 mg chloroquine phosphate (about 300 mg base) once daily

Total adult course equals 2. up to 5 g chloroquine phosphate (around 1) base of 5 grams

Young ones: weight-based schedule, for example an initial 10 mg base/kg (maximum single base dose 600 mg), a second dose 6 hours later of 5 mg base/kg (maximum 300 mg base), and two further 5 mg base/kg doses at 24 and 36 hours after the first dose. Do not exceed adult single-dose limits.

Disseminated *Entamoeba histolytica* infection

Adults: 1 g chloroquine phosphate (about 600 mg base) once daily for 2 days, then 500 mg chloroquine phosphate (about 300 mg base) once daily for at least 2 to 3 weeks. Combine with a luminal amebicide to eradicate intestinal cysts.

For a thorough cure of P. p. or Plasmodium. ovale infections, add an 8-aminoquinoline such as primaquine or tafenoquine after confirming normal G6PD status to eliminate liver hypnozoites and reduce risk of relapse.

Always follow the prescribing clinician's instructions. Dosing adjustments may be needed for weight, renal or hepatic impairment, and in line with local resistance patterns. Observe the safety section for suggestions for observation and tracking: [Safety supervision and supervision and monitoring](#).

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Safety oversight and tracking and monitoring of performance

- Long-term or high-dose therapy requires clinical review. Surveillance can include blood counts, assessment of neuromuscular symptoms, and periodic eye checks to detect retinal toxicity early.
- If you notice any change in vision - blurred vision, distorted images, trouble reading, changes in color perception, eye pain, or vision loss - seek medical assessment promptly. An ophthalmology referral may be needed.
- Do not drive or operate machinery if you develop dizziness, visual disturbances, or other impairing effects until you know how the medicine affects you.
- Discuss alcohol use, supplements, and over-the-counter medicines with a pharmacist or doctor to identify potential online the act of engaging with otherss connect users across distances..
- Pregnancy: chloroquine may be used for prevention or treatment of malaria in pregnancy if the clinician judges that benefits outweigh risks. Obtain individualized advice.
- Exercise caution in people with pre-existing retinal disease, severe renal or hepatic impairment, psoriasis, porphyria, seizures, known QT prolongation, or those taking medicines that prolong the QT interval.
- Hypoglycaemia risk: chloroquine can enhance glucose-lowering effects of insulin or oral antidiabetic medicines. People with diabetes should monitor blood glucose and seek dose amount support and guidance.

If symptoms worsen or fail to improve, contact a healthcare professional without delay.

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Secondary reactions and urgent indicators

Short-term courses have fewer risks than prolonged or very high-dose treatment, but serious adverse reactions can occur. Seek urgent care if you experience severe signs listed below.

Obtain prompt medical assistance for your symptoms.

- Any sudden or marked change in vision, new blurred vision, eye pain, or sudden loss of sight.
- Unusual bleeding, unexpected bruising, black or tarry stools, blood in urine, persistent sore throat, fever, or new infections.
- Paroxysmal seizure events, new severe chronic head pains, ringing in the ears, or sudden hearing loss.
- Severe muscle weakness, marked changes in mood or consciousness, or severe urinary symptoms including back or flank pain.
- A widespread rash, pinpoint red spots, or rash accompanied by systemic symptoms such as fever.

Commonly reported mild effects

- Nausea, vomiting, or abdominal discomfort.
- A throbbing head ache.
- Itching or skin irritation, which can be more frequent in some populations.
- Transient blurred vision or difficulty focussing on near tasks.
- Diarrhoea symptoms with decreased appetite.

Reactions that happen less frequently

- A rash on the skin and changes to skin pigmentation.
- Increased hair loss or hair discoloration.
- Blue-black staining of skin, nails, or oral mucosa in rare cases.

Possible signs of overdosed on medication

- Marked drowsiness, severe cranial pain, agitation, or confusion.

- Severe cardiac or neurologic symptoms require immediate emergency care.

Some ocular effects may appear or progress after stopping treatment. If any side effect is persistent or troublesome, consult a healthcare professional.

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Drug paired with the issue of drug-potential the study maps how the networked exchange of ideass evolve over time. among medications. and cautions

- Antacids and kaolin can reduce absorption of chloroquine; separate these products by several hours.
- Concurrent use of medicines that prolong the QT interval (for example some macrolide antibiotics, fluoroquinolones, certain antipsychotics, and amiodarone) may raise the risk of arrhythmia. Consider ECG assessment when appropriate.
- Chloroquine may potentiate the glucose-lowering effects of insulin and oral hypoglycaemics. Monitor blood sugar and adjust antidiabetic therapy as needed.
- Levels of cyclosporine and digoxin may be increased when given with chloroquine; drug level surveillance of system activity may be necessary.
- Combining chloroquine with medicines that lower seizure threshold, such as mefloquine, can increase seizure risk in susceptible people.
- Cimetidine in pharmacology may reduce chloroquine clearance. Rifampicin and other enzyme inducers may alter chloroquine exposure. Review all prescription, over-the-counter, and herbal remedies with a pharmacist.

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Block cold storage is used for long term preservation of rare items. solutions and recommendations

- Keep tablets at room temperature in a tightly closed container, protected from moisture, heat, and direct light.
- Do not freeze. Store out of the reach and sight of children.
- Dispose of expired or unwanted medicine according to local guidance; do not keep out-of-date medicines at home.

Related therapies and nontraditional treatments

Choice of antimalarial depends on travel destination, resistance patterns, patient health, pregnancy status, and tolerance. Common replacement options include:

- Artemisinin-based combination therapy (for example artemether-lumefantrine, brand Riamet) - commonly first-line for uncomplicated falciparum malaria in many countries; not used for prophylaxis.
- Atovaquone/proguanil (Malarone and generics) - widely used for prophylaxis and treatment in chloroquine-resistant areas.
- Doxycycline - used for prophylaxis in many resistant areas and combined with quinine for treatment; note the increased risk of photosensitivity.
- Mefloquine (Lariam) - weekly prophylaxis option but avoid in people with relevant neuropsychiatric history.
- Primaquine or tafenoquine - required for radical cure of *P. vivax* and *P. ovale*; G6PD testing is mandatory pre-use required.
- Hydroxychloroquine - pharmacologically related and used mainly for autoimmune conditions; not a reliable substitute where chloroquine resistance exists.

For extraintestinal amebiasis, systemic nitroimidazoles such as metronidazole or tinidazole are used together with a luminal agent like diloxanide furoate or paromomycin.

Discuss your itinerary and medical history with a travel clinic, GP, or pharmacist to pick the most appropriate medicine for you.

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Usual dynamic pricing levels in the UK (guide, GBP)

Price depends on pharmacy, brand, pack size, whether supply is private or NHS funded (most travel prophylaxis is private), and whether consultation fees apply. Indicative current ranges:

- Chloroquine phosphate 250 mg, 20 tablets (brand examples may vary): around 6 to 14 GBP per pack depending on supplier.
- Chloroquine phosphate 500 mg, 20 tablets: roughly 10 to 25 GBP where stocked.

- Atovaquone/proguanil (adult strength) for short trips: about 25 to 50 GBP for a weeks supply; longer trips cost more.
- Doxycycline 100 mg for prophylaxis: typically 10 to 30 GBP for several weeks supply.
- Mefloquine 250 mg: usually 20 to 45 GBP for a course depending on brand and pharmacy.
- Artemether-lumefantrine (treatment pack): approximately 30 to 70 GBP for a course.
- Primaquine or tafenoquine and associated G6PD testing: prices vary widely, often 20 GBP and up for medication plus test costs.

Most UK antimalarial prophylaxis is not routinely funded by the NHS. If buying online, use a pharmacy registered with the General Pharmaceutical Council and inspect the results for the UK distance-selling logo. Private clinics commonly charge for consultation and dispensing in addition to the drug cost.

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The legal standing of a person of the United Kingdom and access

- Regulatory bodies: Medicines and Healthcare products Regulatory Agency (MHRA) regulates medicines; the General Pharmaceutical Council (GPhC) regulates pharmacies and pharmacists.
- Supply classification: chloroquine for malaria prophylaxis (for example some Avloclor presentations) is typically a Pharmacy medicine (P) and may be supplied by a pharmacist after an assessment. Chloroquine for treatment or other hints is usually a Prescription Only Medicine (POM).
- Where to obtain: community pharmacies, private travel health clinics, and registered UK online pharmaceutical stores. Remote supply should be accompanied by a structured clinical assessment from a UK-registered clinician or pharmacist.
- Patient Group Directions and private prescriptions are common ways for travel clinics to supply antimalarials.
- NHS funding: routine malaria prophylaxis for travel is generally not provided on the NHS; expect private charges for drugs and consultations.

- Advertising rules: prescription-only medicines cannot be promoted to the public. Pharmacy medicines may be advertised within UK regulation.
- Importing medicines for personal use has restrictions. To ensure legal compliance and product quality, use UK-registered suppliers when possible.
- Always follow up-to-date destination guidance, for example NHS Fit for Travel, and avoid using chloroquine in regions with known resistance unless specifically directed by a clinician.

If you are uncertain about how to obtain chloroquine legally or whether it is suitable for you, consult a UK pharmacist, GP, or travel health service.

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