

Generic Chloroquine Price Points - Australia and Worldwide

Is Chloroquine generic efficacy on par with the branded version?

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Macro view

This guide summarises practical information about chloroquine for people in Australia: what it is used for, how to respond when it happens safely, customary dosage schemes, approximate retail costs, and routes to obtain it lawfully. Use the quick links in the menu or switch to dosing in [Dosing Plans and Schedules](#), unfavorable health effects in [Potential unwanted effects](#), or guidelines for access in [Access rights related to juridical status for residents in Australia](#).

- Common tablet strengths: 250 mg and 500 mg chloroquine phosphate. A 500 mg tablet is about 300 mg of chloroquine base.

- Main purposes: antimalarial and for certain tissue-invasive amebic infections. It is not recommended for viral diseases such as COVID-19.
- Formulation notes: chloroquine is usually supplied as the phosphate salt; dosing is often expressed in terms of chloroquine base equivalent.
- Brand options and availability: international brand names include Aralen; most supplies in Australia are generic and stock levels vary between pharmacies and travel clinics.

Want choice variations or a cost comparison? See [Additional options and Price Prospects](#). For safety keeping track of metrics, go to [Ongoing monitoring safety guidelines](#).

Evidence of presence

Chloroquine may be used in the following clinical situations when appropriate:

- Treatment and suppression of malaria caused by *Plasmodium vivax*, *P. ovale*, *P. malariae*, and strains of *P. falciparum* that remain sensitive to chloroquine.
- Treatment of extraintestinal amebiasis as part of combination regimens for tissue-invasive disease. In order to realize a radical cure for *P. p* vs *vivax. ovale*, an 8-aminoquinoline (for example primaquine or tafenoquine) is generally added when safe to do so.

Be aware that chloroquine resistance in *P. falciparum* is common in many regions. For travel-related advice, consult a specialised travel medicine clinic to choose the most suitable antimalarial for your destination.

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The Proper Way to Take Chloroquine

Follow the instructions provided by your prescriber exactly. The points below are general practical measures that help maximise benefit and minimise adverse consequences.

- Take tablets with food or a glass of milk if you experience stomach upset, unless advised otherwise by your clinician.
- When used as weekly prophylaxis, take your dose on the same weekday each week to simplify adherence.
- If a twice-daily schedule is prescribed, typical times are with breakfast as well as the evening meal.

- Complete the entire course prescribed even if you feel better before it is finished, to reduce the risk of relapse.
- If you skip taking a dose, take it when you remember unless it is almost time for the next scheduled dose. Two doses should not be taken at the same time.

For regimen specifics and weight-based calculations for children, consult [Dosage Timing and Scheduling](#). Review clear contraindications to therapy in the care plan. [Where use is contraindicated and Must-Observe Safeguards](#) and unrealized potential [Interaction Potential Between Medications](#) prior to therapy initiation.

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Dose and Schedule Information

Dosage instructions below are general guidance and assume chloroquine phosphate preparations. Doses are often reported as chloroquine base; 500 mg chloroquine phosphate is approximately 300 mg chloroquine base. Adjustments are required in children and in patients with renal or hepatic impairment. Always use dosing provided by a clinician or the product information upon request.

Malaria chemoprevention to suppress transmission

- The standard adult dosing is 500 mg chloroquine phosphate (approximately 300 mg base) once weekly on the same weekday.
- Boys and girls: approximately 5 mg/kg per week of chloroquine base, not exceeding the adult dose.
- Start ideally 1 to 2 weeks before travel to an endemic area. If starting late, some regimens recommend a split loading dose for adults (for example total 1 g chloroquine phosphate divided into two doses 6 hours apart); children use weight-based loading such as 10 mg/kg base split into two doses 6 hours apart. Continue weekly dosing while in the area and for 4 to 8 weeks after leaving depending on guidance for the destination.

Treatment options for acute malaria

- Adults: common regimen is an initial 1 g chloroquine phosphate (about 600 mg base), followed 6 to 8 hours later by 500 mg (about 300 mg base), then 500 mg once daily on days 2 and 3, giving a total of 2.5 less than five grams of chloroquine phosphate (around 1)5 g base) over three days.
- The young: weight-based schedule by chloroquine base:
 - First dose: 10 mg/kg (maximum single base dose about 600 mg).

- Second dose administered six hours later: 5 mg/kg, max approximately 300 mg base.
- Third dose (24 hours after the first): 5 mg/kg.
- Fourth dose (36 hours after the first): 5 mg/kg.
- For *P. vivax* or *P. ovale* infections, follow with an 8-aminoquinoline (for example primaquine or tafenoquine) for radical cure when G6PD status and other safety checks permit.

Extraintestinal amoebic infection syndrome

- Adults: regimens have used 1 g chloroquine phosphate (about 600 mg base) daily for two days, then 500 mg (about 300 mg base) daily for 2 to 3 weeks, usually combined with an effective luminal amebicide. Turn to the relevant section specialist guidance for definitive regimens.

This section is a condensed a high level snapshot of the content. Product information and local guidelines may recommend alternate doses or durations. For keeping track of metrics related guidance, see the specified subsection. [Monitor safely with these tips.](#)

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Not suitable for use and Must-Observe Preventive care measures

Chloroquine should be avoided or used with caution in certain clinical situations. Make sure your prescriber is aware of your full medical history.

- Known hypersensitivity to chloroquine or related 4-aminoquinolines is a contraindication.
- Pre-existing retinal or macular disease: avoid unless a specialist judges the benefit greater than the risk and appropriate eye continuous oversight is available.
- Psoriasis and porphyria: may be worsened by chloroquine; obtain specialist advice.
- Neurological seizure disorders: use cautiously, particularly with other drugs that lower seizure threshold.
- Cardiac disease: chloroquine can prolong the QT interval. Use carefully if there is known QT prolongation, significant electrolyte imbalance, or concomitant QT-prolonging medications.

- Severe impairment of liver or kidney health: dose adjustments or enhanced ongoing monitoring may be required.
- When planning radical cure with primaquine or tafenoquine, test for G6PD deficiency and scrutinize risks carefully.
- From conception to lactation: use only if the prescriber considers the benefit to mother outweighs foreseen risks to the fetus or infant; discuss options in partnership with your clinician.
- Keep medicines stored safely away from children; even small amounts may be harmful if swallowed.

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Drug Interaction Issues

This is only a partial list. Always show your prescriber or pharmacist every medicine and supplement you take.

- Drugs that prolong QT interval: combination with macrolide antibiotics, fluoroquinolones, some antipsychotics, methadone, and certain antiarrhythmics may increase cardiac arrhythmia risk.
- The drug digoxin: chloroquine may increase digoxin concentrations; real time monitoring is recommended.
- Cyclosporine: potential for elevated cyclosporine levels when combined.
- Antacids containing magnesium or aluminium and some adsorbents can reduce chloroquine absorption; separate dosing by several hours.
- Rifampicin may lower chloroquine levels; cimetidine may raise them.
- Antiepileptic drugs and mefloquine: the study maps how a mutual exchange of ideas evolve over time. may alter seizure risk or antiepileptic effectiveness; specialist oversight advised for combinations.
- Hypoglycemic agents: chloroquine may potentiate the glucose-lowering effect of insulin and oral hypoglycemics; monitor blood glucose closely.

Before you begin chloroquine review all current medicines via your clinician. For the word storage can refer to both data and goods. tips and advice, refer to the guide.

[Storage room and Management.](#)

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How to monitor safely: tips

- Eye supervision and monitoring: report any new visual disturbance promptly. Long-term or high-dose use often requires ophthalmology review.
- Periodic blood tests: for prolonged courses, clinicians may check blood counts and liver function and assess for neuromuscular symptoms.
- Avoid driving or operating machinery if you develop dizziness, drowsiness, or visual changes until these resolve.
- Discuss alcohol, caffeine, and tobacco use with your clinician as these may affect incidental outcomes or interact with other medicines.
- If pregnant or planning pregnancy, obtain personalised advice regarding antimalarial choice and timing.

If you experience worrying symptoms see [Possible unwanted effects to be aware of](#) and seek prompt medical assessment when needed.

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Potential unwanted effects

Short courses are usually tolerated well; the risk and severity of detrimental outcomes rise with larger doses and extended treatment. Contact a health professional for persistent, severe, or unexpected problems.

Obtain rapid medical attention for an allergic reaction

- Sudden loss of vision, eye pain, marked changes in visual acuity or pronounced blurring.
- Severe fainting, fast or irregular heartbeat, chest pain or severe dizziness.
- Paroxysmal seizure events, sudden severe mood or behavioural changes, ringing in the ears or hearing loss.
- Signs of severe bleeding such as black tarry stools, blood in urine or stools, spontaneous bruising, or pinpoint red spots on the skin.
- High fever with sore throat or other signs of infection, or severe worsening of muscle weakness.

Excessive dose of medication

Chloroquine intentional overdose can cause serious cardiovascular and neurological toxicity and is a medical emergency. If intentional overdose is suspected, call emergency services or travel to the nearest emergency department immediately.

Common or minor effects

- Nausea, vomiting or reduced appetite
- Cephalalgic pain
- Abdominal cramps or diarrhoea
- Itching or mild skin reactions
- Difficulty focusing or temporary visual disturbances

Reactions that are uncommon

- Dermatitis with a rashes and, rarely, bluish or dark discoloration of skin, nails or oral tissues
- Hair changes including bleaching or increased shedding

If any adverse event is troublesome or persistent, consult a healthcare professional without delay.

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Safe Temporary data storage solutions include cloud storage, hard drives, and optical media. and Handling

- Keep all medicines locked away and out of sight and reach of children. Even small amounts can be hazardous to a child.
- Store at room temperature in the original packaging, protected from heat, moisture and direct sunlight.
- Do not freeze. Avoid keeping medicines in bathrooms or vehicles where humidity and temperature fluctuate.
- Dispose of expired or surplus medicine via pharmacy return or take-back programs rather than household rubbish.

For ongoing monitoring recommendations, see [Safety assurance through ongoing monitoring recommendations](#).

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Pricing side by side and Alternatives (AUD)

The optimal antimalarial or amoebicidal choice depends on destination-specific resistance, the infecting organism, individual medical history, and tolerability. Approximate retail prices are given as a guide only and will vary by pharmacy, pack size and whether PBS subsidy applies.

Various options for malaria prevention or treatment

- Atovaquone/proguanil 250/100 mg (Malarone generic): widely recommended for many destinations with chloroquine resistance. Approximate retail cost: AUD 60 to 120 for a short course (12 tablets), depending on brand and pack size.
- Doxycycline 100 mg: an inexpensive prophylactic option. Approximate retail cost: AUD 10 to 25 for a small pack, more for larger supplies.
- Mefloquine 250 mg: weekly dosing option for some travellers. Approximate retail cost: AUD 40 to 90 for an 8-tablet pack.
- Artemisinin-based combination therapy (for example artemether/lumefantrine 20/120 mg): first-line treatment in many settings for uncomplicated falciparum malaria. Approximate cost: AUD 40 to 100 per treatment course.
- Tafenoquine: used for radical cure of *P. vivax* and, for eligible adults with normal G6PD function, as prophylaxis in some regimens. Price varies widely; expect AUD 40 to 200 depending on subsidy and regimen.
- Chloroquine phosphate 500 mg: limited role due to resistance; where stocked, a small blister pack might cost around AUD 20 to 50.
- Hydroxychloroquine 200 mg: a chemically related medicine used mainly for rheumatological conditions; private costs may be around AUD 60 to 100 for 60 tablets unless PBS-subsidised.

Additional choices for amebiasis

- Metronidazole: active against tissue-invasive disease; typically followed by a luminal agent. Approximate cost: AUD 10 to 20 for a standard course.
- Tinidazole: similar to metronidazole with shorter courses in some regimens. Approximate cost: AUD 8 to 15 for a single-dose or short-course pack.

- Paromomycin (luminal agent): availability is variable and sometimes requires hospital or special order; retail cost may range from AUD 80 to 200 depending on supply route.
- Iodoquinol and diloxanide furoate: luminal agents with limited availability in Australia; costs vary if obtained under special access arrangements.

These price quotes are illustrative. Discuss options and costs with a travel medicine or infectious diseases clinician to select an appropriate regimen for your itinerary and medical risks.

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Status under law and gate access landscape in Australia

Important regulatory points for Australians seeking chloroquine:

- Prescription status: chloroquine is a Schedule 4 prescription-only medicine within Australia. A valid prescription from an Australian-registered prescriber is normally required for supply.
- TGA and registration: products must be registered or supplied under an appropriate TGA pathway. Use should follow approved tips and clinical guidelines.
- Personal importation: the TGA Personal Import Scheme may allow individuals to import medicines for personal use; users should check current TGA and Customs guidance and anticipate that a prescription is usually necessary for import clearance.
- PBS and subsidies: some antimalarial medicines are listed on the Pharmaceutical Benefits Scheme for specific outward signs; patient copayments and eligibility vary. Chloroquine is rarely a first-line prophylactic because of resistance patterns.
- Special prescribing rules: clinicians should follow current professional guidance when initiating therapy. Hydroxychloroquine and chloroquine both require prescription and clinical justification for their use.

If you plan to obtain medicine from overseas suppliers or by personal importation, discuss the legal and safety implications with your prescriber or pharmacist beforehand.

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- [Stromectol dose guide: forms, strengths, administration, and more](#)
- [Is Lisinopril an FDA approved medication?](#)

- [Without insurance, how much is Tadalafil Strong?](#)

[Additional info about Chloroquine](#)

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