Chloroquine: Uses, Dosing Guidelines, Price Analysis, Adverse Effects

Chloroquine and your health: can it help?

Overview and context

Chloroquine, once commonly sold under the name Aralen, is an antimalarial and antiprotozoal medication. In the United States it is available only with a prescription and is primarily used where the infecting Plasmodium species remain susceptible. It also has a role in treating certain extraintestinal forms of amebiasis. Although it drew attention in discussions about viral infections, chloroquine is not approved as an antiviral agent in the U.S.

If you want dosing tables, go to Dosing and schedules. For safety oversight and active monitoring matters see Safety practices and prudent measures and Interpersonal engagements and contraindication risk alerts.

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Active ingredient of the formulation along with the various forms

The active moiety is chloroquine, most commonly supplied as chloroquine phosphate. Label equivalence matters when calculating doses: a 500 mg tablet of chloroquine phosphate contains approximately 300 mg of chloroquine base.

- Therapeutic category: antimalarial and antiparasitic.
- Common tablet strengths: 250 mg and 500 mg (chloroquine phosphate).
- Base conversion: 500 mg phosphate ≈ 300 mg base for dose calculations.

Instant links: Dosing guidelines | Storage facility

Cues

Clinicians may prescribe chloroquine for several specific situations:

- Prevention and treatment of malaria caused by Plasmodium vivax, P. malariae, P. ovale, and strains of P. falciparum that remain chloroquine-sensitive.
- Treatment of extraintestinal amebiasis. Note: radical cure of P. between vivax and P. ovale requires a separate 8-aminoquinoline such as primaquine or tafenoquine after the acute phase, when not contraindicated.

For drugs commonly paired with or substituted for chloroquine, see Similar remedies and nonmainstream medicines.

Come back toward the the headic in perspective

How to take a photo

Make sure you follow your prescriber's instructions. Taking chloroquine with food or milk can reduce stomach upset for many people. Do not adjust the amount or duration of treatment without medical advice.

When using chloroquine for malaria prevention, continue the regimen for the entire recommended period, including the post-travel interval described in Antimalarial suppression programs. For treatment of an active infection, finish the full course even if symptoms resolve early.

Maintain a consistent schedule. For weekly prophylaxis choose the same weekday each week. For regimens with twice-daily doses, taking one dose with breakfast conjoined with the other with the evening meal is a convenient option.

Not taken at scheduled time action plan: if you miss a dose, take it as soon as you remember unless it is almost time for your next dose. Do not double up on dosing to replace a the dose was missed.

See dosing information | Reviewing the secondary effects.

Dose regimens and timing

Note: pediatric doses are weight-based and must not exceed adult maximums. Always confirm dosing with a clinician.

Malaria control measures through chemoprophylaxis

- Adults: 500 mg chloroquine phosphate (about 300 mg base) taken orally once weekly on the same day each week.
- The kid crowd: 5 mg base per kg once weekly (do not exceed the adult dose).
- When feasible start 2 weeks before potential exposure. If a late start is necessary, adults may take a loading regimen of 1 g chloroquine phosphate (about 600 mg base) split into two doses 6 hours apart on day 1; children may receive 10 mg base/kg divided into two doses 6 hours apart. Continue weekly during exposure and for 8 weeks after leaving the risk area.

Acute malaria treatment options guidelines

- Adults: 1 g chloroquine phosphate (about 600 mg base) initially; 6 to 8 hours later 500 mg (about 300 mg base); then 500 mg once daily for the next two days. Total over 3 days: 2.5 g phosphate (about 1.the base mass equals 5 g
- Infants, children, and low-weight adults:
    - Initial: 10 mg base per kg (do not exceed 600 mg base per dose).
    - 6 hours later: 5 mg base per kg (max 300 mg base per dose).
    - 24 and 36 hours after the first dose: 5 mg base per kg at each time point.

- For a radical cure of P. plasmodium or vivax. ovale add an 8-aminoquinoline such as primaquine when appropriate and after testing for G6PD deficiency. See different avenues.

Extraintestinal amoebic infection syndrome

- Adults: 1 g chloroquine phosphate daily (about 600 mg base) for 2 days, then 500 mg daily (about 300 mg base) for at least 2 to 3 weeks. Follow acute therapy with an effective luminal amebicide to clear intestinal carriage.

Administrative tips | Prophylaxis details | Treatment details

Interactions across networks and drug should not be given in the presence of these conditions for administration

Review all medications, supplements, and over-the-counter products with your clinician or pharmacist before starting chloroquine.

- Hypersensitivity to chloroquine or other 4-aminoquinolines is a contraindication.
- Use caution with coadministration of QT-prolonging medicines (for example some antiarrhythmics, macrolide antibiotics, and certain antipsychotics) because combined effects may increase arrhythmia risk.
- Antacids and kaolin can reduce absorption; when needed separate dosing by at least 4 hours.
- Cimetidine, a medication for acid reflux may raise chloroquine concentrations; rifampin can lower them. Dose amount changes or closer ongoing monitoring may be required.
- When planning radical cure with primaquine or tafenoquine, screen for G6PD deficiency first because of hemolysis risk.
- Pre-existing retinal disease, psoriasis, or porphyria may affect the choice of therapy or vigilant monitoring frequency.

For keeping track of metrics suggestions, see Safety protocols and standard precautions.

Safety rules and protective guidelines

- Vision: report new blurring, difficulty reading, or any other visual changes promptly. Eye exams may be recommended for prolonged or repeated use.
- Data surveillance: extended courses may require periodic laboratory tests and neurologic or ophthalmic assessments to detect hematologic, neuromuscular, or retinal complications.
- Function: chloroquine can cause dizziness or visual disturbance. Confirm how you react before driving or using heavy machinery.
- Gestation and nursing: use only if benefits outweigh risks; discuss with a clinician experienced in infectious disease or obstetrics.
- Lifestyle factors: alcohol, tobacco, and some foods or supplements might influence effects; review these with your healthcare provider.

If symptoms worsen or do not improve within a few days, contact your prescriber. See after effects for specific warning signs.

Potential harmful effects

Short courses are often well tolerated. The chance of adverse events increases with higher doses and longer exposure.

Common

- Nausea, vomiting, diarrhea, abdominal discomfort
- Headache flare, difficulty focusing or reading
- Itching (more frequently reported in some patient groups)
- Lack of appetite

With lower frequency

- Rash on the skin
- Changes in vision including blurring
- Increased hair loss or hair bleaching
- Blue-black skin or mucosal discoloration in rare cases

Rare and serious; please seek urgent care without delay.

- Sight loss or severe eye pain
- Black stools, blood in urine or stools, unexplained bruising or bleeding
- A seizure, fainting, high fever
- Progressive muscle weakness, severe back or flank pain, painful urination
- Hearing changes such as tinnitus or hearing loss
- Marked changes in mood, thinking, or extreme fatigue

Overdosing episode danger signals

- Excessive drowsiness or marked ache in the head
- Severe agitation or unusual excitability

Some eye effects can progress even after stopping the drug. Contact your healthcare professional for any unexpected symptoms.

Returning to the safety net | Partnered a reciprocal exchanges with others are the core of collaboration.

Disk data storage solutions include cloud storage, hard drives, and optical media.

- Keep at room temperature in a tightly closed container, away from heat, moisture, and direct light.
- Do not freeze. Put this where children and pets cannot reach it.
- Dispose of expired or unneeded medicine responsibly; do not use beyond the printed expiration date.

Ingredient details | Admin best practices

Related medicines and adjunctive treatments

Drug selection is influenced by species, local resistance, travel itinerary, comorbid conditions, pregnancy status, and patient tolerance. Below are common other selections and how they compare in typical usage.

- Atovaquone/proguanil (Malarone, generics): daily dosing for prophylaxis and treatment in many regions with resistance; often better tolerated than some optional choices but typically more expensive than doxycycline.
- Doxycycline: inexpensive daily prophylaxis option; watch for photosensitivity and gastrointestinal effects. Not suitable in pregnancy or in young children.
- Mefloquine: weekly prophylaxis used where chloroquine resistance exists; it has important neuropsychiatric danger alerts for susceptible individuals.
- Hydroxychloroquine (Plaquenil): chemically related to chloroquine; used for some rheumatologic conditions and sometimes for malaria where susceptibility exists; dosing and toxicity profiles are similar but hydroxychloroquine is often considered for chronic use.
- Primaquine or tafenoquine: required for radical cure of P. plasmodium or vivax. ovale to eliminate liver hypnozoites; G6PD testing is mandatory prior to use.
- Artemether-lumefantrine: widely used first-line treatment for uncomplicated falciparum malaria in many parts of the world; not used for prophylaxis.
- Amebiasis options: metronidazole or tinidazole for tissue infection, followed by a luminal agent such as paromomycin or iodoquinol.

For personalized recommendations, consult CDC guidance or a travel medicine specialist.

Estimated cost levels in the United States

Out-of-pocket retail costs depend on pharmacy, insurance coverage, and discount programs. The figures below are approximate per unit prices in U.S. dollars and intended for comparison only.

- Doxycycline 100 mg generic: roughly USD 0.10 to 0.60 per tablet.
- Atovaquone/proguanil 250/100 mg generic: about USD 3 to 7 per tablet; brand Malarone commonly ranges USD 6 to 12 per tablet.
- Hydroxychloroquine 200 mg generic: about USD 0.20 to 1.00 per tablet; brand formulations cost more.
- Mefloquine 250 mg generic: typically USD 1 to 5 per tablet.

- Chloroquine phosphate 500 mg (approx 300 mg base): often USD 4 to 12 per tablet when available.
- Primaquine 15 mg base: about USD 0.50 to 2.00 per tablet; tafenoquine single-dose regimens are more expensive overall.
- Metronidazole 500 mg generic: around USD 0.10 to 0.50 per tablet.

Price planning note: for weekly regimens remember to include the 8-week post-travel course in your budget. Coupons and discount cards may substantially lower cash costs.

Examine different alternate options | Legal information

The status of legal standing in the United States

- Prescription requirement: chloroquine and hydroxychloroquine are available only by prescription in the United States. They are not scheduled controlled substances under federal law.
- Red flags that are approved: chloroquine is approved for malaria due to susceptible species and for extraintestinal amebiasis. It is not approved for treatment of viral diseases; prior emergency uses related to COVID-19 have been revoked.
- Off-label prescribing: licensed prescribers may use their judgment to prescribe off-label in appropriate clinical situations, within state and federal rules.
- Importation: the FDA has narrow personal importation policies; importing medicines without following guidance can lead to seizure or refusal at the border. Check FDA and U.S. Customs rules before attempting to bring medicines into the country.
- Travel considerations: carry medications in original labeled containers and bring a copy of the prescription. Some destination countries may have specific restrictions or documentation requirements.
- Insurance and dispensing: insurers may require prior authorization or limit quantities for certain antimalarials; pharmacies must act in accordance with state board of pharmacy rules.

For current regulatory information consult the FDA, CDC, and your state board of pharmacy.

Price info | FAQ

FAQ in a Nutshell

Is chloroquine still useful given resistance?

Yes in select areas. Where Plasmodium species remain susceptible, chloroquine remains an effective option. In regions with confirmed resistance, different avenues such as atovaquone/proguanil, doxycycline, or mefloquine are preferred. See backup options.

How long post-travel is prophylaxis recommended?

Continue once-weekly chloroquine for 8 weeks after leaving the malaria-endemic area. See Suppression of malaria details are provided here.

Will I need eye exams?

Ophthalmologic supervision and monitoring is more likely to be recommended for long-term use or high cumulative doses. Discuss supervision and monitoring frequency alongside your prescriber. See Safety tips and essential precautions.

What should I do for severe latent effects?

Stop the medicine and seek urgent medical attention for serious signs such as sudden vision loss, seizures, or severe bleeding. Review warning signs under Expected adverse consequences.

Can I take antacids with chloroquine?

Antacids may reduce absorption. If antacids are necessary, separate dosing by at least 4 hours. See Communication merged with the dynamics of interaction.

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Additional info about Chloroquine