

CO-TRIMOXAZOLE (trimethoprim/sulfamethoxazole)

Table 1 lists the brands and formulations of co-trimoxazole (TMP/SMX) currently approved and marketed in Canada

TABLE 1: Co-trimoxazole products¹ *

DIN	Company	Product
<u>00510645</u>	NOVOPHARM LIMITED	NOVO-TRIMEL DS TAB 800/160
<u>00726540</u>	NOVOPHARM LIMITED	NOVO-TRIMEL ORAL SUS 40/8
<u>00510637</u>	NOVOPHARM LIMITED	NOVO-TRIMEL TAB 400/80
<u>00512524</u>	PRO DOC LIMITÉE	PROTRIN DF TAB 800/160
<u>00550086</u>	TRITON PHARMA INC.	SEPTRA INJECTION
<u>00885932</u>	JAAPHARM CANADA INC.	TRISULFA DS TAB 800/160
<u>00885940</u>	JAAPHARM CANADA INC.	TRISULFA S SUSP 40/8MG/ML
<u>00885924</u>	JAAPHARM CANADA INC.	TRISULFA TAB 400/80

*Apotex and Nu-Pharm products appear on the DPD, but according to Customer Service Representatives, neither continues to manufacture the suspension.

- TMP/SMX is a drug of choice for the empiric treatment of acute urinary tract infections in women (if local resistance rates < 20 %) and acute exacerbations of chronic obstructive pulmonary disease.^{2,3} Alternative antibiotics for these conditions are listed in Table 2 below.

TABLE 2: Alternatives to TMP/SMX for treatment of common conditions^{3,5}

Condition	Alternatives – 1 st line	Alternatives – 2 nd / 3 rd line
Acute uncomplicated UTI in women	Trimethoprim 100 mg BID or 200 mg once daily x 3 days Nitrofurantoin 50 mg QID or MacroBID 100 mg Bid x 5 days	<u>SECOND LINE</u> Amoxicillin 500 mg TID x 7 days Norfloxacin 400 mg BID x 3 days Ciprofloxacin 250 mg BID or 500 mg ER once daily x 3 days <u>THIRD LINE</u> Cephalexin 250 to 500 mg QID x 7 days Levofloxacin 250 mg once daily x 3 days
Acute exacerbation of COPD (Recommended duration of treatment for mild to moderate disease is 5 days unless otherwise specified)	Amoxicillin 500 mg TID Doxycycline 100 mg BID x 2 doses, then 100 mg once daily Tetracycline 250 to 500 mg QID Clarithromycin 500 mg BID or 1000 mg ER once daily Azithromycin 500 mg 1 st day, then 250mg x 4 days or 500 mg daily x 3 days	Cefuroxime axetil 500 mg BID Cefprozil 500 mg BID

- TMP/SMX is the treatment of choice for prophylaxis of *Pneumocystis jirovecii* pneumonia (PJP, previously called PCP) and *Toxoplasma gondii* encephalitis in immunocompromised patients.^{2,4} Alternatives are listed in Table 3. These drugs are much more expensive and/or can only be obtained through Special Access.

Prophylaxis is usually not required when CD4 > 200 cells/ μ L .

Table 3: Alternatives to TMP/SMX for prophylaxis^{4,6}

Prophylaxis criteria	Alternatives
<i>Pneumocystis jirovecii</i> pneumonia (PJP) CD4 <200 cells/ μ L or thrush	Dapsone 100 mg once daily alone Dapsone 50 mg or 200 mg once daily + pyrimethamine 50 or 75 mg once weekly + leucovorin 25 mg once weekly Atovaquone 1500 mg daily Pentamidine 300 mg / month by aerosol or IV infusion
<i>Toxoplasma gondii</i> Encephalitis CD4 <100 cells/ μ L and positive <i>T. gondii</i> serology	Dapsone 100 mg once daily alone Dapsone 50 mg or 200 mg once daily + pyrimethamine 50 or 75 mg once weekly + leucovorin 25 mg once weekly Atovaquone 1500 mg daily alone Atovaquone 1500 mg daily + pyrimethamine 50 or 75 mg once weekly + leucovorin 25 mg once weekly

- TMP/SMX is the drug of choice if treatment is required for the following infections²:
 - *Cyclospora (C. cayetanensis)* – alternative ciprofloxacin⁶
 - *Stenotrophomonas maltophilia* –often resistant to multiple antibiotics; alternatives should be based on susceptibility report but may be sensitive to doxycycline, minocycline, piperacillin/tazobactam , ceftazidime or moxifloxacin⁶
 - *Isospora belli* – alternative pyrimethamine + leucovorin or sulfadoxine⁷

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References.

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