

Trimethoprim-sulfamethoxazole intravenous

- medication shortage

Fact Sheet – for **adults** in hospitals and acute care facilities

This **Fact Sheet** is intended as a guide only and does not equate to expert opinion. Interpretation of recommendations should always be taken in context with local variations, the patient's current condition and formal clinical review. Our recommendations are based on Therapeutic Guidelines, review of the literature and expert consensus.



There is currently an Australia-wide shortage of intravenous (IV) trimethoprim-sulfamethoxazole

Review patients who are prescribed IV trimethoprim-sulfamethoxazole and consider:

Is trimethoprim-sulfamethoxazole **required** for the indication?

Review your local guidelines or the **Therapeutic Guidelines: Antibiotic (for empiric therapy) or the susceptibilities of the isolate (if directed therapy)**. There are often suitable alternatives.

If you are avoiding an alternative antibiotic due to a reported allergy, review the nature and severity of the allergy carefully.

If trimethoprim-sulfamethoxazole is **not** required for that indication or if there is a suitable alternative, **cease** or **change** therapy.

Can oral trimethoprim-sulfamethoxazole be used?

Trimethoprim-sulfamethoxazole has excellent oral bioavailability.

Trimethoprim-sulfamethoxazole should be **prescribed orally** if the patient can eat and drink.

Where possible, **IV trimethoprim-sulfamethoxazole** stocks should be reserved for the following priority indications:

High-severity *Pneumocystis jirovecii* infection

***Stenotrophomonas maltophilia* infection**

Severe *Nocardia* infection

If any concerns, always consult with an infectious diseases or clinical microbiology expert for advice