

# Trimethoprim-sulfamethoxazole oral

## - 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 oral trimethoprim-sulfamethoxazole**

Review patients who are prescribed oral 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.

For prophylaxis, is **daily** dosing required?

For some patients three times weekly dosing may be suitable rather than daily dosing for prophylaxis.

Refer to **Therapeutic Guidelines: Antibiotic** or local guidelines.

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

***Pneumocystis jirovecii* infection**

***Stenotrophomonas maltophilia* infection**

***Nocardia* infection**

***Pneumocystis jirovecii* prophylaxis in the immunocompromised host**