Sulfamethoxazole + trimethoprim

Essential medicine status ✓

Section: 6. Anti-infective medicines > 6.5. Antiprotozoal medicines > 6.5.4. Antipneumocystosis and antitoxoplasmosis medicines

EMLc | ATC codes: J01EE01

Indication	Pneumocystosis ICD11 code: 1F2G.Z
INN	Sulfamethoxazole + trimethoprim
Medicine type	Chemical agent
Antibiotic groups	▼ ACCESS
List type	Core
Formulations	Parenteral > General injections > IV: 80 mg + 16 mg per mL in 5 mL ampoule ; 80 mg + 16 mg per mL in 10 mL ampoule Oral > Liquid: 200 mg + 40 mg per 5 mL oral liquid (EMLc) Oral > Solid: 100 mg + 20 mg tablet (EMLc) ; 400 mg + 80 mg tablet (EMLc) ; 800 mg + 160 mg tablet
EML status history	First added in 1997 (TRS 882) Changed in 2007 (TRS 950) Changed in 2011 (TRS 965)
Sex	All
Age	Also recommended for children
Therapeutic equivalence	The recommendation is for this specific medicine
Patent information	Patents have expired in most jurisdictions Read more about patents.
Wikipedia	Sulfamethoxazole + trimethoprim
DrugBank	Sulfamethoxazole, Trimethoprim

Summary of evidence and Expert Committee recommendations

The WHO Department of HIV has submitted a proposal for the inclusion of a new strength FDC containing sulfamethoxazole 800 mg and trimethoprim 160 mg, for the prevention of P. jiroveci in adults living with HIV. The proposal is generally consistent with WHO treatment guidelines for use of sulfamethoxazole-trimethoprim (co-trimoxazole). Several strengths of the FDC are already included on the EML. The application provides a summary of three clinical trials in adults infected with HIV, comparing treatment with sulfamethoxazole 800 mg and trimethoprim 160 mg with placebo. At 46 months, those receiving active treatment had a significantly lower risk of mortality compared with placebo (RR 0.65; 95% CI 0.56–0.76). The overall quality of evidence for the benefits of the intervention is assessed as high. Adverse events from treatment were not significantly different between the two groups. Costs for the FDC tablet range from US$ 0.0186 to US$ 0.0308 per day. The Committee noted that the proposal is supported by the Director of the Stop TB Department, WHO. The Committee recommended inclusion of the additional strength FDC on the EML.