

# Cotrim<sup>®</sup>

## Sulfamethoxazole & Trimethoprim

### COMPOSITION

**Cotrim<sup>®</sup>** Tablet : Each tablet contains sulfamethoxazole BP 400 mg and trimethoprim BP 80 mg. **Cotrim<sup>®</sup> DS** Tablet : Each tablet contains sulphamethoxazole BP 800 mg and trimethoprim BP 160 mg. **Cotrim<sup>®</sup>** Suspension : Each 5 ml contains sulphamethoxazole BP 200 mg and trimethoprim BP 40 mg.

### PHARMACOLOGY

Cotrimoxazole is a mixture of the sulfonamides sulfamethoxazole with trimethoprim in the proportions of 5 to 1. The two components act synergistically to produce a bactericidal or bacteriostatic action against a wide range of gram-positive and gram-negative organisms and some protozoa. It is also active against *Pneumocystis carinii*. Sulphamethoxazole inhibits the enzyme dihydropteroate reductase, which catalyzes the reduction of folic acid to dihydrofolic acid whilst trimethoprim prevents the reduction of dihydrofolic acid to tetrahydrofolic acid by competitive inhibition of dihydrofolate reductase, thereby interfering with cell replication. Both drugs are rapidly and almost completely absorbed from the bowel reaching peak plasma concentrations 1-4 hours after ingestion. Sulphamethoxazole is 65% and trimethoprim is 40% protein bound.

### INDICATION

Respiratory tract infections: Acute and chronic bronchitis, bronchiectasis, lobar and bronchopneumoniae, pneumocystis carinii pneumonitis, otitis media and sinusitis. Genito-urinary tract infections: Urethritis, cystitis, prostatitis, pyelonephritis, gonorrhoea. Skin infections: Pyoderma, abscess and wound infections. Other bacterial infections: Acute and chronic osteomyelitis, acute brucellosis, septicaemias, nocardiosis and other infections caused by susceptible organisms.

### DOSAGE AND ADMINISTRATION

**Cotrim<sup>®</sup>** Tablet: Over 12 years for mild to moderate infections: 2 tablets twice daily. For severe infections: 2 tablets thrice daily. Long term therapy (>14 days): 1 tablet twice daily. **Cotrim<sup>®</sup>-DS** tablet: Over 12 years for mild to moderate infections: 1 tablet twice daily. For severe infections: 1.5 tablets twice daily. Long term therapy (>14 days): 0.5 tablet twice daily. Gonorrhoea: 2 tablets every 12 hours for two days or 2.5 tablets followed by a further dose of 2.5 tablets after 8 hours. **Cotrim<sup>®</sup>** suspension: 6-12 years: 2 teaspoonful twice daily. 6 month - 5 years: 1 teaspoonful twice daily. 6 weeks - 6 months: 0.5 teaspoonful twice daily.

### CONTRAINDICATION AND PRECAUTION

Severe hepatic and renal insufficiency, blood dyscrasias, sulphonamides sensitivity, patients with documented megaloblastic anaemia due to folate deficiency. **Cotrim<sup>®</sup>** is also contraindicated in pregnancy and during nursing because sulphonamides pass the placenta and are excreted in milk and may cause kernicterus.

### SIDE EFFECT

At the recommended dose side effects are rare and mild. About 75% of the untoward effects involve the skin. Exfoliative dermatitis, Stevens-Johnson syndrome and toxic epidermal necrolysis (Lyell's syndrome) are rare. Nausea and vomiting constitute the bulk gastrointestinal reactions. Diarrhoea, glossitis, and stomatitis are uncommon. Hematological reactions include various types of anemia, granulocytopenia, purpura and agranulocytosis.

### STORAGE

Store in a cool and dry place. Protect from light.

### HOW SUPPLIED

**Cotrim<sup>®</sup>** tablet: Box containing 100 tablets in blister pack. **Cotrim<sup>®</sup> DS** tablet : Box containing 100 tablets in blister pack. **Cotrim<sup>®</sup>** suspension: Box containing 60 ml suspension in sealed cap bottle.

Manufactured by

