

## TRIMETHOPRIM AND CO-TRIMOXAZOLE DRUG INTERACTIONS TABLE V2.0

This information on drug interactions with antimicrobials is intended for use as a guide and not as a complete reference source. Further information is available in the SmPCs of the individual medicines (section 4.5) available at [www.HPRA.ie](http://www.HPRA.ie), the BNF Appendix 1 and Stockley's Drug Interactions. Please be aware that new evidence may emerge that may overtake some of these recommendations.

Antimicrobials	Interacting Drug	Comment
Trimethoprim and Co-Trimoxazole <i>(continued on the next page)</i>	Warfarin	May increase anticoagulant effect of warfarin with increased risk of bleeding - monitor INR closely.
	Methotrexate	Alternative antibiotic recommended. Several cases of severe bone marrow depression (several fatal) have resulted from the concurrent use of low-dose methotrexate and co-trimoxazole or trimethoprim.
	Other bone marrow depressants e.g. azathioprine, mercaptopurine	With other bone marrow depressants, close monitoring of haematological toxicity is recommended.
	Tacrolimus, Ciclosporin	May cause additive nephrotoxicity. If combination required, more frequent monitoring of drug levels of the immunosuppressant advisable.
	Amiodarone	Possible increased risk of ventricular arrhythmias: consider ECG monitoring in the presence of other risk factors for QT prolongation such as increasing age, female sex, cardiac disease, and some metabolic disturbances (notably hypokalaemia).
	Potassium sparing diuretics e.g. eplenerone	Trimethoprim in combination with these agents or potassium salts may increase the risk of hyperkalaemia or hyponatraemia. Patients should be monitored closely particularly if receiving high-dose or long-term trimethoprim treatment.
	ACE inhibitors and angiotensin II receptor antagonists	In theory, concurrent use of trimethoprim with angiotensin II receptor antagonists or ACE inhibitors might increase the risk of hyperkalaemia and/or sudden death. Monitor potassium concentrations and avoid where possible in elderly patients with or without chronic renal impairment.

HSE Antimicrobial Resistance and Infection Control Programme

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Trimethoprim and Co-Trimoxazole	Interacting Drug	Comment
<i>(continued from the previous page)</i>	<b>Dapsone</b>	Increased risk of methaemoglobinaemia with dapsone and trimethoprim co-administration.
	<b>Clozapine</b>	Contraindicated, risk of neutropenia. If concurrent use necessary, increase monitoring FBC, including absolute neutrophil count.
	<b>Digoxin</b>	Increase in exposure to digoxin. Monitor digoxin levels and signs of digoxin toxicity (e.g. bradycardia).
	<b>Phenytoin</b>	Co-trimoxazole prolongs the half-life of phenytoin. Close monitoring of the patients' conditions and serum phenytoin levels is advisable.
	<b>Gliclazide and Glipizide</b>	Risk of hypoglycaemia with co-trimoxazole: Increase blood glucose monitoring and adjust antidiabetic drug dose if necessary.
	<b>Repaglinide</b>	Risk of hypoglycaemia: Increase blood glucose monitoring and adjust antidiabetic drug dose if necessary.

### Combined Hormonal Contraception

Extra precautions are no longer required when using combined hormonal contraception (CHC) with antibiotics (unless those antibiotics are enzyme inducers e.g. rifampicin, rifabutin, isoniazid). The usual additional precautions regarding vomiting, diarrhoea and non-adherence to CHC apply. Correct contraceptive practice must be adhered to.

The National Medicines Information Centre (NMIC) clinical enquiry answering service is available to prescribers in Ireland for further information about a specific drug-drug interaction(s). Contact details for the NMIC are available [here](#).