



PROVIDER *bulletin*

February 22, 2018

Dear Provider:

Please note the following regarding *Helicobacter pylori*. H. pylori is the most common cause of peptic ulcers; eradication can promote gastric healing and prevent recurrence of gastric or duodenal ulcers.¹

The following tests are available. Urea Breath Test and Stool Antigen Tests are >90% sensitive and specific. The stool test is available without any special equipment and may be cheaper than the breath test. Endoscopy with biopsy is available too, but usually takes longer for results and is more expensive. Serology tests exist, but they lack specificity and sensitivity. They also are not able to differentiate between active and past infections. They also are not able to be used for documenting eradication. PPIs, bismuth products, and antibiotics may interfere with breath, stool, and urease biopsy tests.

Clarithromycin triple therapy used to be the preferred treatment, but the efficacy is waning due to increased clarithromycin resistance. The preferred treatment regimens today are **Bismuth Quadruple Therapy**, **Concomitant Quadruple Therapy** and **Triple Therapy**.² KHS covers all of these regimens.

<u>Drug</u>	<u>Frequency</u>	<u>Duration</u>
Bismuth Quadruple Therapy		
Bismuth subsalicylate	262 mg QID	14 days
+metronidazole	500 mg TID-QID	14 days
+doxycycline ³	100 BID	14 days
+PPI (omeprazole, pantoprazole)	BID	14 days
Concomitant Quadruple Therapy		
Clarithromycin	500 mg BID	14 days
+amoxicillin	1 g BID	14 days
+metronidazole	500mg BID	14 days
+ PPI (omeprazole, pantoprazole)	BID	14 days
Triple Therapy		
Clarithromycin	500 mg BID	14 days
+amoxicillin	1 g BID	14 days
+ PPI (omeprazole, pantoprazole)	BID	14 days

1 The Medical Letter Vol 60 Issue, Jan 15, 2018, Issue 1538

2 ACG Clinical Guideline: Treatment of *Helicobacter pylori* infection

3 UpToDate

Sincerely,

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Director of Pharmacy