



Prior Authorization Approval Criteria
Department of Pharmacy Services

Generic Name: bismuth subsalicylate/metronidazole/tetracycline

Brand Name: Helidac

Medication Class: antibiotic/antidiarrheal – H. pylori treatment

FDA Approved Uses: In combination with an H2 antagonist, as part of a multidrug regimen for H. pylori eradication to reduce the risk of duodenal ulcer recurrence

Usual Dose: 524.8mg/250mg/500mg four times daily

Duration of Therapy: 14 days

Criteria for Use: *(bullet points below are all inclusive unless otherwise noted)*

- Must have a confirmed H. pylori infection
- Must be used in combination with an H2 antagonist
- Patient must have an inability (other than non-compliance) to use the individual agents (bismuth subsalicylate, metronidazole, and tetracycline) at the same time.
- Bismuth subsalicylate is not a covered benefit, since it is available OTC.

Not Approved if:

- Patient has any contraindications to the use of bismuth subsalicylate, metronidazole, or tetracycline
- Patient does not meet above criteria
- Patient is non-compliant with multiple drug regimen

Note:

- Helidac is considered convenience packaging. It is not a covered benefit if used for reasons of preference or convenience.

P&T Approval: _____ Date: _____