

Helicobacter pylori

Eradication Combination Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 fill per 180 days

Medications	Quantity Limit
Lansoprazole/amoxicillin/clarithromycin Pack	1 therapy pack per fill

APPROVAL CRITERIA

Requests for Combination Therapy Pack for *Helicobacter pylori* (*H pylori*) Eradication, lansoprazole/amoxicillin/clarithromycin, may be approved for the following criteria:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of a therapy regimen consisting of separate agents; **AND**
- II. Documentation has been provided for why the combination therapy pack or combination capsule is clinically necessary and not for convenience.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2020. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: October 12, 2020.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.
5. Lamont JT. Treatment Regimens for *Helicobacter pylori*. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA, 2020. Accessed on October 12, 2020.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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