

UNIVERSITY PHYSICIANS HEALTH PLANS
(University Family Care)

PHARMACY REFERRAL GUIDELINE
W/Pharmacy Treatment Guidelines

**PROTON PUMP INHIBITORS FOR GASTROESOPHAGEAL REFLUX
DISEASE (GERD)**

PURPOSE: To provide guidelines for medical management of gastroesophageal reflux disease (GERD)

DIAGNOSIS: May be made by history alone. Symptoms include heartburn (pyrosis) after meals and may be aggravated by a change in position, diet, smoking or alcohol consumption.

PHYSICAL FINDINGS: None.

DIAGNOSTIC TESTING:

- Not needed for diagnosis.
- Imaging Studies: Upper GI with evaluation of swallowing may be used to evaluate dysphagia or complications of reflux such as spasm or stricture.

TREATMENT:

Lifestyle:

- Avoid/decrease smoking, caffeine, alcohol, heavily spiced foods
- Weight loss if indicated
- Small, low fat meals
- No food within 3 hours of bedtime
- Elevation of head of bed if symptoms are nocturnal

Medical: (See Pharmacy Treatment Guidelines which follow)

- Antacids
- Formulary H2 blockers (e.g. Ranitidine 150 mg po bid)

If no relief after 8 weeks:

- Proton Pump Inhibitor (e.g. Prilosec OTC 20 mg po qd) for up to 8 weeks

Pharmacy Guidelines – Proton Pump Inhibitors

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If no relief or recurrence

- Refer for diagnostic evaluation

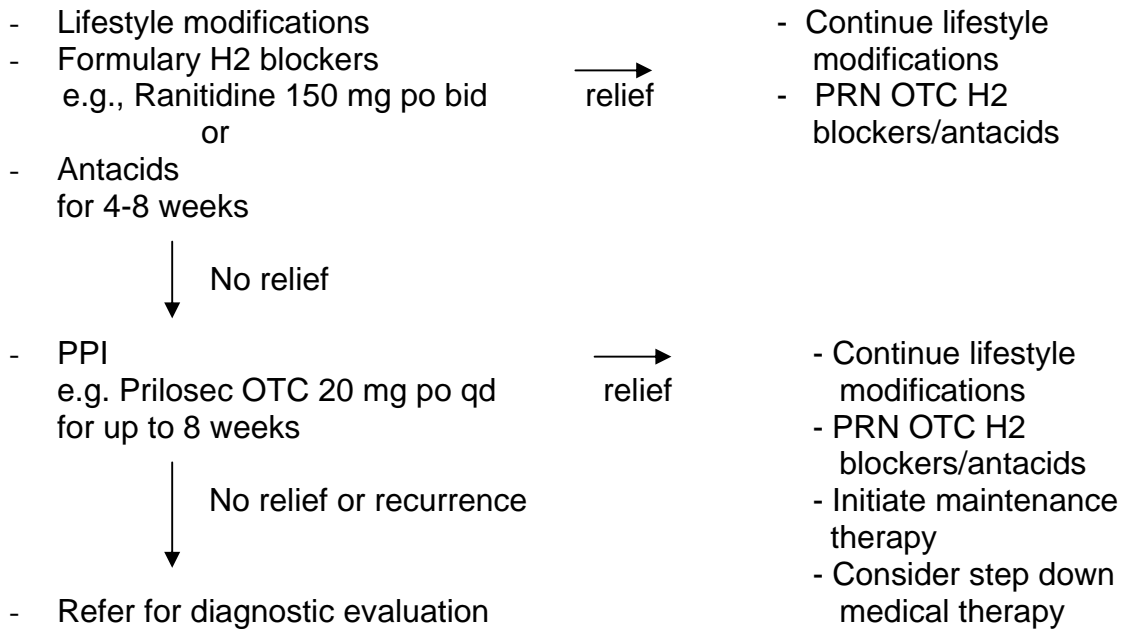
Surgical intervention MAY be indicated for patients who have failed long term medical therapy, and who have reflux induced strictures requiring repeated dilatation, Barrett's Esophagus, persistent bleeding or repeated aspirations.

Attachments: Pharmacy Treatment Guidelines (next page)

Approved by the Pharmacy and Therapeutics Committee 12/00; Revised and Approved by the Pharmacy and Therapeutics Committee 12/03; Reviewed 12/05, 6/06, 1/08, 5/09

Management of Heartburn/GERD in Adults

Mild to Moderate



Adapted from *Practical Gastroenterology*, 1998; April: 18-46

Management of Heartburn/GERD in Adults

Severe

-PPI
-PPI + prokinetic agent



Step down therapy

Management of Peptic Ulcer Disease in Adults

H. Pylori Positive

- Eradication Regimen

Lansoprazole 30 mg po bid
Clarithromycin 500 mg po bid
Amoxicillin 1 Gm po bid
(PrevPac^R)
for 10-14 days
or

For penicillin allergic patients

Lansoprazole 30 mg po bid
Clarithromycin 500 mg po bid
for 14 days
or

Bismuth subsalicylate 1050 mg po qid
Metronidazole 250 mg po qid
Tetracycline 500 mg po qid
(Helidac^R)
For 14 days

H. Pylori Negative

- Formulary H2 blocker
e.g., Ranitidine 150 mg po bid
or

- Sucralfate
2 Gm po bid
or

- PPI
e.g., Prilosec OTC 20 mg po qd
for up to 8 weeks



Maintenance

- Formulary H2 blocker
e.g., Ranitidine 150 mg po bid
or

- Sucralfate
1 Gm po bid