1. Who should be tested for H. pylori?
   - Patients with dyspepsia symptoms
   - Patients with current or past gastric or duodenal ulcers or upper GI bleed
   - Patients with a first degree relative with a history of gastric cancer
   - First generation immigrants from Asia, Africa, Central and South America

2. Alarm features
   Dyspepsia symptoms plus one or more of following:
   - Age >60 with new and persistent symptoms (>3 months)
   - GI bleeding (melaena or hematemesis) or anemia (if yes, do CBC, INR, PTT as part of referral)
   - Progressive dysphagia
   - Persistent vomiting (not associated with cannabis use)
   - Unintended weight loss (≥5-10% of body weight over 6 months)
   - Personal history of peptic ulcer disease
   - First degree relative with history of esophageal or gastric cancer

3. Diagnosis
   - Test using HpSAT or UBT
   - Before testing, patient must be off antibiotics x4 weeks and off PPI at least 3 days
   - Local resources

4. Treatment
   - Round 1: CLAMET Quad or BMT Quad
   - Round 2 (if needed): CLAMET Quad or BMT Quad
   - Round 3 (if needed): Levo Amox
   - Round 4 (if needed): Rif-Amox or refer to GI

5. Confirm eradication
   - HpSAT or UBT at least 4 weeks after finishing treatment
   - Before testing, patient must be off antibiotics x4 weeks and off PPI at least 3 days
   - Yes

6. Treatment failure
   - Proceed to next round of treatment
   - Option to refer to GI after 3 failed treatment attempts

Follow dyspepsia pathway
Symptoms persist
Pathway care complete
HELICOBACTER PYLORI (H. PYLORI) PRIMER

- Overall prevalence in Canada is about 20-30%, depending on age.
- Prevalence is considerably higher in First Nations communities and in immigrants from developing countries in South America, Africa, and Asia. Prevalence of antibiotic resistant strains of Helicobacter pylori (Hp) is higher in certain immigrant populations (Southeast Asia, Africa, Central America, and South America).
- Infection most commonly occurs during childhood.
- About 5-15% of patients with Hp will develop duodenal or gastric ulcers. This is higher in patients who chronically use nonsteroidal anti-inflammatory drugs including low-dose aspirin.
- Hp increases the risk of gastric adenocarcinoma and MALT lymphoma, but overall the lifetime risk of this is very low at less than 1%.
- There is an increased risk of gastric cancer among First Nations people and immigrants from developing countries such as South America and Asia.

EXPANDED DETAILS

1. Who should be tested for Hp?
   - Patients with dyspepsia, characterized by epigastric pain or discomfort that may be triggered by eating and may be accompanied by a sense of abdominal distention or “bloating”, early satiety, or loss of appetite.
     - For patients with dyspepsia symptoms, testing for Hp may be completed prior to trial of proton pump inhibitor (PPI) or after PPI treatment.
     - Please see the Dyspepsia pathway.
   - Patients with current or past gastric or duodenal ulcers or upper GI bleed.
   - Patients who have a personal or first-degree relative with history of gastric cancer should be considered for testing once in adulthood.
   - First generation immigrants from high prevalence areas (Southeast Asia, Africa, Central America, and South America).
   - NOTE: many Hp infected patients are asymptomatic.
   - Most studies suggest that Hp does not play a role in gastro-esophageal reflux disease (GERD) and patients are understandably disappointed when their GERD does not improve after eradication of Hp.
     - Please see the GERD pathway.

2. Alarm Features (warranting consideration of referral for consultation/gastroscopy)
   - Dyspepsia symptoms or Hp diagnosis accompanied by one or more of the following:
     - Age >60 with new and persistent symptoms (>3 months)\(^1\)
     - GI bleeding (hematemesis or melena – see primer on black stool on page 3) or anemia (if yes, complete CBC, INR, PTT as part of referral)
     - Progressive dysphagia
     - Persistent vomiting (not associated with cannabis use)
     - Unintended weight loss (≥ 5-10% of body weight over 6 months)
     - Personal history of peptic ulcer disease
     - First degree relative with a history of esophageal or gastric cancer
       - For these patients, it is appropriate to test for Hp while they are waiting for consultation/gastroscopy and to initiate treatment if there is a positive result.

---

\(^1\) There is some variation between guidelines about the age at which dyspepsia symptoms are more concerning and warrant stronger consideration of gastroscopy. Choosing Wisely Canada now uses age 65. However, age is only one element of a risk assessment related to the need for gastroscopy to investigate dyspepsia symptoms.
Primer on Black Stool

- Possible causes of black stool
  - Upper GI bleeding
  - Slow right-sided colonic bleeding
  - Epistaxis or hemoptysis with swallowed blood
- Melena is dark/black, sticky, tarry, and has a distinct odour
- Patient history should include:
  - Any prior GI bleeds or ulcer disease
  - Taking ASA, NSAIDs, anticoagulants, Pepto Bismol, or iron supplements
  - Significant consumption of black licorice
  - Significant alcohol history or hepatitis risk factors
  - Any other signs of bleeding (e.g. coffee ground emesis, hematemesis, hematochezia, or bright red blood per rectum)
  - Any dysphagia, abdominal pain, change in bowel movements, constitutional symptoms or signs/symptoms of significant blood loss
- Physical exam should include vitals (including postural if worried about GI bleeding) and a digital rectal exam for direct visualization of the stool to confirm, in addition to the remainder of the exam
- Initial labs to consider include CBC, BUN (may be elevated with upper GI bleeding), INR
- If the patient is actively bleeding, suggest calling GI on call and/or the ED for assessment, possible resuscitation, and possible endoscopic procedure.

3. Diagnosis

- Depending on local availability, test with the Hp Stool Antigen Test (HpSAT) or the Urea Breath Test (UBT).
  - HpSAT is the primary test for Hp in the Edmonton, Calgary, and South Zones.
- False positive results with both UBT and HpSAT are rare, but false negatives may result from recent use of antibiotics or anti-secretory drugs (PPI or H2-receptor antagonists).
- Accurate test results depend on proper preparation:
  - Patients should be off antibiotics for at least 4 weeks before the test.
  - Patients should not take bismuth preparations (e.g. Pepto Bismol) for 2 weeks before the test.
  - Patients should be off PPIs at least 3 days before the test, but preferably this should be 2 weeks.
  - Patients with symptoms may take antacids up to 24 hours before their test.
- Patient preparation instructions can be found at the following links:
  - DynaLIFE (HpSAT): dl.labqms.com/labFrame.asp?DID=9237&FLDVr=317
  - DynaLIFE (UBT): dynamife.ca/Portals/0/pdf/Patient%20instructions/Urea%20breath.pdf

4. Treatment

- Standard triple therapy regimens (HpPAC, PPI Clarithromycin with amoxicillin, or metronidazole) are no longer recommended due to changing resistance.\(^2\)
- Pregnant and nursing women should not be treated for Hp.

---

To determine the appropriate treatment regimen for children with Hp infection, consult a pediatric gastroenterologist through Specialist LINK or eReferral Advice Request (depending on local availability).

- For all other patients, treat as follows:

### Helicobacter pylori treatment regimens for patients NOT ALLERGIC to penicillin

<table>
<thead>
<tr>
<th>Round</th>
<th>Treatment Regimen</th>
</tr>
</thead>
</table>
| **First Round** | CLAMET Quad for 14 days  
|  | - PPI standard dose BID  
|  | - Clarithromycin 500mg BID  
|  | - Amoxicillin 1000mg BID  
|  | - Metronidazole 500mg BID  
| OR | BMT Quad for 14 days  
|  | - PPI standard dose BID  
|  | - Bismuth subsalicylate 2 tabs QID (524mg)  
|  | - Metronidazole 500mg QID  
|  | - Tetracycline 500mg QID  |

<table>
<thead>
<tr>
<th>Round</th>
<th>Treatment Regimen</th>
<th>Notes</th>
</tr>
</thead>
</table>
| **Second Round** | If CLAMET Quad was used as initial treatment, use BMT Quad for second round  
|  | If BMT Quad was used as initial treatment, use CLAMET Quad or consider Levo-Amox |
| **Third Round** | Levo-Amox for 14 days  
|  | - PPI standard dose BID  
|  | - Amoxicillin 1000mg BID  
|  | - Levofloxacin 250mg BID or 500mg once daily  
| **Fourth Round** | If Hp has not been eradicated after three rounds of treatment, the family physician may:  
|  | Provide Rif-Amox treatment as noted below, if comfortable doing so  
|  | - NOTE: Rifabutin may require special authorization for patients with Alberta Blue Cross coverage  
|  | - Consult with GI through Specialist LINK, ConnectMD, or Advice Request (as locally available)  
|  | - Refer to GI  
|  | Rif-Amox for 10 days  
|  | - PPI standard dose BID  
|  | - Rifabutin 150mg BID  
|  | - Amoxicillin 1000mg BID  
| **IMPORTANT:** Rifabutin has rarely been associated with potentially serious myelotoxicity (low white cell or platelet count). The pros and cons of fourth-line therapy should be decided on a case-by-case basis. |

### Helicobacter pylori treatment regimens for patients ALLERGIC to Penicillin/Amoxicillin

<table>
<thead>
<tr>
<th>Round</th>
<th>Treatment Regimen</th>
</tr>
</thead>
</table>
| **First Round** | Bismuth Quadruple Regimen for 14 days  
|  | 1. PPI standard dose BID  
|  | 2. Bismuth subsalicylate 2 tabs QID (524mg)  
|  | 3. Metronidazole (500mg) four times a day  
|  | 4. Tetracycline (500mg) four times a day  |
| **Second Round** | Modified Triple Therapy (PCM) for 14 days  
|  | 1. Pantoprazole (40mg) two times a day  
|  | 2. Clarithromycin (500mg) two times a day  
|  | 3. Metronidazole (500mg) two times a day  |

*It is recommended to give all Hp treatments in a blister pack to improve adherence.

5. **Confirm eradication**

- After treatment, patients should be retested for Hp, no sooner than 4 weeks after completing treatment. Retesting too soon risks a false negative test.
- The patient must be off all antibiotics (including antibiotics for Hp treatment) for at least 4 weeks and off PPIs for at least 3 days (preferably 2 weeks).
- Once cured, re-infection rate is <2%.
- If symptoms persist, refer to the [Dyspepsia pathway](#) for additional treatment options.
6. Treatment failure

- Treatment failure may be due to antibiotic resistance, but intolerance or non-adherence must also be explored with the patient.
- After treatment failure, there is no point in retrying the same regimen - see chart for next option.
- Referral to GI may be made after three failed rounds of treatment if the family physician does not feel comfortable assessing for/prescribing Rif-Amox treatment. In the referral, outline testing and treatment provided to date.

BACKGROUND

About this Pathway

- Digestive health primary care pathways were originally developed in 2015 as part of the Calgary Zone’s Specialist LiNK initiative. They were co-developed by the Department of Gastroenterology and the Calgary Zone’s specialty integration group, which includes medical leadership and staff from Calgary and area Primary Care Networks, the Department of Family Medicine and Alberta Health Services.
- The pathways were intended provide evidence-based guidance to support primary care providers in caring for patients with common digestive health conditions within the medical home.
- Based on the successful adoption of the primary care pathways within the Calgary Zone, and their impact on timely access to quality care, in 2017 the Digestive Health Strategic Clinical Network led an initiative to validate the applicability of the pathways for Alberta and to spread availability and foster adoption of the pathways across the province.

Authors & Conflict of Interest Declaration

This pathway was reviewed and revised under the auspices of the Digestive Health Strategic Clinical Network in 2019, by a multi-disciplinary team led by family physicians and gastroenterologists. For more information, contact the DHSCN at Digestivehealth.SCN@ahs.ca.

Pathway Review Process

Primary care pathways undergo scheduled review every three years, or earlier if there is a clinically significant change in knowledge or practice. The next scheduled review is April 2022. However, we welcome feedback at any time. Please email comments to Digestivehealth.SCN@ahs.ca.

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Disclaimer

This pathway represents evidence-based best practice but does not override the individual responsibility of health care professionals to make decisions appropriate to their patients using their own clinical judgment given their patients’ specific clinical conditions, in consultation with patients/alternate decision makers. The pathway is not a substitute for clinical judgment or advice of a qualified health care professional. It is expected that all users will seek advice of other appropriately qualified and regulated health care providers with any issues transcending their specific knowledge, scope of regulated practice or professional competence.
PROVIDER RESOURCES

Advice Options
Non-urgent advice is available to support family physicians.

- Gastroenterology advice is available across the province via Alberta Netcare eReferral Advice Request (responses are received within five calendar days). Visit www.albertanetcare.ca/documents/Getting-Started-Advice-Requests-FAQs.pdf for more information.

- Non-urgent telephone advice connects family physicians and specialists in real time via a tele-advice line. Family physicians can request non-urgent advice from a gastroenterologist:
  - In the Calgary Zone at specialistlink.ca or by calling 403-910-2551. This service is available from 8:00 a.m. to 5:00 p.m., Monday to Friday (excluding statutory holidays). Calls are returned within one (1) hour.
  - In the Edmonton Zone by calling 1-844-633-2263 or visiting www.pcnconnectmd.com. This service is available from 8:00 a.m. to 6:00 p.m., Monday to Friday (excluding statutory holidays and Christmas break). Calls are returned within two (2) business days.

Local Resources
As referenced in the algorithm and Expanded Details, local availability of testing for a diagnosis can vary in Alberta. Physicians should use the Hp Stool Antigen Test (HpSAT) or the Urea Breath Test (UBT).

- HpSAT is the primary test for Hp in the Edmonton, Calgary, and South Zones.

- False positive results with both UBT and HpSAT are rare, but false negatives may result from recent use of antibiotics or anti-secretory drugs (PPI or H2-receptor antagonists).

- Patient preparation instructions can be found at the following links:
  - DynaLIFE (HpSAT): dl.labqms.com/labFrame.asp?DID=9237&FLDVr=317
  - DynaLIFE (UBT): dynalife.ca/Portals/0/pdf/Patient%20instructions/Urea%20breath.pdf

Resources and References


PATIENT RESOURCES

Information

- Patient information sheets on each treatment regimen are below.

- See also MyHealth.Alberta.ca: myhealth.alberta.ca/health/pages/conditions.aspx?hwid=abh0960&#abh0961
Taking CLAMET-PPI Treatment

What is CLAMET-PPI?

Your doctor has prescribed CLAMET-PPI treatment because you have an infection of the stomach (H. pylori). CLAMET-PPI treatment gets its name from the medicine in it (clarithromycin, amoxicillin, metronidazole, and a proton pump inhibitor).

How do I take CLAMET-PPI?

- Most people take CLAMET-PPI treatment without having any problems. If you’re pregnant or breastfeeding, you can’t take CLAMET-PPI treatment.
- You’ll need to take the medicine listed below for **14 days**. To make it easier, ask your pharmacist to put your prescriptions in a bubble pack. CLAMET-PPI treatment costs about $130 if generic medicine is used.
- If you don’t take the treatment as recommended, it will not work as well.

<table>
<thead>
<tr>
<th>CLAMET-PPI Treatment</th>
<th>Medicine</th>
<th>Dose</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clarithromycin</td>
<td>500 mg (take 1 capsule)</td>
<td>2 times a day</td>
</tr>
<tr>
<td></td>
<td>Amoxicillin</td>
<td>1000 mg (take 2 capsules)</td>
<td>2 times a day</td>
</tr>
<tr>
<td></td>
<td>Metronidazole</td>
<td>500 mg (take 1 tablet)</td>
<td>2 times a day</td>
</tr>
<tr>
<td></td>
<td>Proton pump inhibitor</td>
<td>take 1 pill</td>
<td>2 times a day</td>
</tr>
</tbody>
</table>

Do I need to know anything else about taking antibiotics?

Please speak to your pharmacist when you pick up your medications to treat the *H. pylori* infection. You can expect your pharmacist to provide you with information relating to each medication in the regimen shown above. You can discuss the benefits, potential interactions (food and medications to avoid), and adverse effects of your medication regimen with your pharmacist.
Taking BMT-PPI Treatment

What is BMT-PPI?

Your doctor has prescribed BMT-PPI treatment because you have an infection of the stomach (*H. pylori*). BMT-PPI treatment gets its name from the medicine in it (bismuth subsalicylate, metronidazole, tetracycline, and a proton pump inhibitor).

How do I take BMT-PPI?

- Most people take BMT-PPI treatment without having any problems. If you’re pregnant or breastfeeding, you can’t take BMT-PPI treatment.
- You’ll need to take the medicine listed below for **14 days**. To make it easier, ask your pharmacist to put your prescriptions in a bubble pack. BMT-PPI treatment costs about $80 if generic medicine is used.
- If you don’t take the treatment as recommended, it will not work as well.

<table>
<thead>
<tr>
<th>BMT-PPI Treatment</th>
<th>Medicine</th>
<th>Dose</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bismuth subsalicylate (Pepto-Bismol®)</td>
<td>524 mg (take 2 caplets)</td>
<td>4 times a day</td>
</tr>
<tr>
<td></td>
<td>Metronidazole</td>
<td>500 mg (take 1 tablet)</td>
<td>4 times a day</td>
</tr>
<tr>
<td></td>
<td>Tetracycline</td>
<td>500 mg (take 1 capsule)</td>
<td>4 times a day</td>
</tr>
<tr>
<td></td>
<td>Proton pump inhibitor</td>
<td>take 1 pill</td>
<td>2 times a day</td>
</tr>
</tbody>
</table>

Do I need to know anything else about taking antibiotics?

Please speak to your pharmacist when you pick up your medications to treat the *H. pylori* infection. You can expect your pharmacist to provide you with information relating to each medication in the regimen shown above. You can discuss the benefits, potential interactions (food and medications to avoid), and adverse effects of your medication regimen with your pharmacist.
Taking LevoAmox-PPI Treatment

What is LevoAmox-PPI?
Your doctor has prescribed LevoAmox-PPI treatment because you have an infection of the stomach (\textit{H. pylori}). LevoAmox-PPI treatment gets its name from the medicine in it (\textit{levofloxacin, amoxicillin, and a proton pump inhibitor}).

How do I take LevoAmox-PPI?

- Most people take LevoAmox-PPI treatment without having any problems. If you're pregnant or breastfeeding, you can't take LevoAmox-PPI treatment.
- You'll need to take the medicine listed below for \textbf{14 days}. To make it easier, ask your pharmacist to put your prescriptions in a bubble pack. LevoAmox-PPI treatment costs about $100 if generic medicine is used.
- If you don't take the treatment as recommended, it will not work as well.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Levofloxacin</td>
<td>250 mg (take 1 tablet)</td>
<td>2 times a day</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>1000 mg (take 2 capsules)</td>
<td>2 times a day</td>
</tr>
<tr>
<td>Proton pump inhibitor</td>
<td>take 1 pill</td>
<td>2 times a day</td>
</tr>
</tbody>
</table>

Do I need to know anything else about taking antibiotics?
Please speak to your pharmacist when you pick up your medications to treat the \textit{H. pylori} infection. You can expect your pharmacist to provide you with information relating to each medication in the regimen shown above. You can discuss the benefits, potential interactions (food and medications to avoid), and adverse effects of your medication regimen with your pharmacist.
Taking RifAmox-PPI Treatment

What is RifAmox-PPI?
Your doctor has prescribed RifAmox-PPI treatment because you have an infection of the stomach (H. pylori). RifAmox-PPI treatment gets its name from the medicine in it (rifabutin, amoxicillin, and a proton pump inhibitor).

How do I take RifAmox-PPI?
- Most people take RifAmox-PPI treatment without having any problems. If you’re pregnant or breastfeeding, you can’t take RifAmox-PPI treatment.
- You’ll need to take the medicine listed below for 10 days. To make it easier, ask your pharmacist to put your prescriptions in a bubble pack. RifAmox-PPI treatment costs about $170 if generic medicine is used.
- If you don’t take the treatment as recommended, it will not work as well.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rifabutin</td>
<td>150 mg (take 1 tablet)</td>
<td>2 times a day</td>
</tr>
<tr>
<td>Amoxicillin</td>
<td>1000 mg (take 2 capsules)</td>
<td>2 times a day</td>
</tr>
<tr>
<td>Proton pump inhibitor</td>
<td>take 1 pill</td>
<td>2 times a day</td>
</tr>
</tbody>
</table>

Do I need to know anything else about taking antibiotics?
Please speak to your pharmacist when you pick up your medications to treat the H. pylori infection. You can expect your pharmacist to provide you with information relating to each medication in the regimen shown above. You can discuss the benefits, potential interactions (food and medications to avoid), and adverse effects of your medication regimen with your pharmacist.
Taking Bismuth Quadruple Regimen

What is Bismuth Quadruple Regimen?

Your doctor has prescribed Bismuth Quadruple Regimen treatment because you have an infection of the stomach (H. pylori) and an allergy to penicillin. The Bismuth Quadruple Regimen includes the following medications: a proton pump inhibitor, bismuth subsalicylate, metronidazole, and tetracycline.

How do I take Bismuth Quadruple Regimen?

- Most people take Bismuth Quadruple Regimen treatment without having any problems. If you’re pregnant or breastfeeding, you can’t take Bismuth Quadruple Regimen.

- You’ll need to take the medicine listed below for **14 days**. To make it easier, ask your pharmacist to put your prescriptions in a bubble pack. The Bismuth Quadruple Regimen treatment costs about $80 if generic medicine is used.

- If you don’t take the treatment as recommended, it will not work as well.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proton pump inhibitor</td>
<td>take 1 pill</td>
<td>2 times a day</td>
</tr>
<tr>
<td>Bismuth Subsalicylate</td>
<td>524 mg</td>
<td>4 times a day</td>
</tr>
<tr>
<td>Metronidazole</td>
<td>500 mg</td>
<td>4 times a day</td>
</tr>
<tr>
<td>Tetracycline</td>
<td>500 mg</td>
<td>4 times a day</td>
</tr>
</tbody>
</table>

Do I need to know anything else about taking antibiotics?

Please speak to your pharmacist when you pick up your medications to treat the H. pylori infection. You can expect your pharmacist to provide you with information relating to each medication in the regimen shown above. You can discuss the benefits, potential interactions (food and medications to avoid), and adverse effects of your medication regimen with your pharmacist.
Taking Modified Triple Regimen

What is Modified Triple Regimen?

Your doctor has prescribed Modified Triple Regimen treatment because you have an infection of the stomach (H. pylori) and an allergy to penicillin. The Modified Triple Regimen includes the following medications: a proton pump inhibitor known as pantoprazole, clarithromycin, and metronidazole.

How do I take Modified Triple Regimen?

- Most people take Modified Triple Regimen treatment without having any problems. If you’re pregnant or breastfeeding, you can’t take Modified Triple Regimen.
- You’ll need to take the medicine listed below for 14 days. To make it easier, ask your pharmacist to put your prescriptions in a bubble pack. The Modified Triple Regimen treatment costs about $100 if generic medicine is used.
- If you don’t take the treatment as recommended, it will not work as well.

<table>
<thead>
<tr>
<th>BMT-PPI Treatment</th>
<th>Medicine</th>
<th>Dose</th>
<th>How Often</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pantoprazole</td>
<td>40 mg</td>
<td>2 times a day</td>
</tr>
<tr>
<td></td>
<td>Clarithromycin</td>
<td>500 mg</td>
<td>2 times a day</td>
</tr>
<tr>
<td></td>
<td>Metronidazole</td>
<td>500 mg</td>
<td>2 times a day</td>
</tr>
</tbody>
</table>

Do I need to know anything else about taking antibiotics?

Please speak to your pharmacist when you pick up your medications to treat the H. pylori infection. You can expect your pharmacist to provide you with information relating to each medication in the regimen shown above. You can discuss the benefits, potential interactions (food and medications to avoid), and adverse effects of your medication regimen with your pharmacist.