

H2 ANTAGONISTS PA SUMMARY

PREFERRED	Axid solution (brand), Cimetidine, Famotidine tablets, Nizatidine capsules, Pepcid oral suspension (brand), Ranitidine, Zantac syrup
NON-PREFERRED	Duexis (PA criteria listed in NSAID document), Famotidine oral suspension, Nizatidine solution (generic)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Famotidine Oral Suspension

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) brand name Pepcid oral suspension is not appropriate for the member.

Nizatidine Oral Solution

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) brand name Axid solution is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.