GEORGIA MEDICAID FEE-FOR-SERVICE
H2 ANTAGONISTS PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cimetidine oral solution and tablets generic</td>
<td>Famotidine oral suspension generic</td>
</tr>
<tr>
<td>Famotidine tablets generic</td>
<td>Nizatidine capsules and oral solution generic</td>
</tr>
</tbody>
</table>

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Famotidine Oral Suspension Generic
- Approvable for members who are unable to swallow solid oral dosage forms (i.e., capsules, tablets) or who require a dose that is unable to be obtained with famotidine tablets.

Nizatidine Capsules and Oral Solution Generic
- Approvable for members with renal impairment.
- Also for the capsules, approvable for members who have experienced inadequate response, allergy, contraindication, drug-drug interaction or intolerable side effect to one of the preferred products, cimetidine or famotidine.
- Also for the oral solution, approvable for members who are unable to swallow solid oral dosage forms (i.e., capsules, tablets).

EXCEPTIONS:
- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling OptumRx at 1-866-525-5827.

PREFERRED DRUG LIST:
- For online access to the Preferred Drug List (PDL), please go to http://dch.georgia.gov/preferred-drug-lists.

PA AND APPEAL PROCESS:
- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:
- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.