



**GEORGIA MEDICAID FEE-FOR-SERVICE  
H2 ANTAGONISTS PA SUMMARY**

Preferred	Non-Preferred
Cimetidine oral solution and tablets generic Famotidine tablets generic	Famotidine oral suspension generic Nizatidine capsules and oral solution generic

**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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL List.