



H2 ANTAGONISTS PA SUMMARY

Preferred	Non-Preferred
Cimetidine generic Famotidine tablets generic Pepcid suspension (famotidine) Ranitidine syrup and tablets generic	Famotidine suspension generic Nizatidine capsules and solution generic Ranitidine capsules generic

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Famotidine Oral Suspension Generic

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

Nizatidine Capsule and Oral Solution Generic

- ❖ Approvable for members with renal impairment, for members who have tried and failed to achieve an adequate response with two preferred products, or for members who are unable to tolerate two preferred products due to allergies, contraindications, drug-drug interactions or intolerable side effects.

Ranitidine Capsules Generic

- ❖ Physician must submit a written letter of medical necessity stating the reason(s) generic ranitidine tablets are 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 **Catamaran at 1-866-525-5827**.

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 Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.