



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

<b>Preferred</b>	<b>Non-Preferred</b>
Cimetidine oral solution and tablets generic Famotidine tablets generic Ranitidine syrup and tablets generic	Famotidine oral suspension generic Nizatidine capsules and oral solution generic Ranitidine capsules generic

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

*Famotidine Oral Suspension Generic*

- ❖ Approvable for members who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect with ranitidine.

*Nizatidine Capsule and Oral Solution Generic*

- ❖ Approvable for members with renal impairment.
- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to two preferred products.

*Ranitidine Capsules Generic*

- ❖ Physician must submit a written letter of medical necessity stating the reasons the preferred product, generic ranitidine tablets, 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 **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 Provider Information and click



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