

Policy Name H2 blockers IV Administration at home:	Policy Number MP-ME-FP-02-24	Scope <input type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth
Service Category <input type="checkbox"/> Anesthesia <input checked="" type="checkbox"/> Medicine Services and Procedures <input type="checkbox"/> Surgery <input type="checkbox"/> Evaluation and Management Services <input type="checkbox"/> Radiology Procedures <input type="checkbox"/> DME/Prosthetics or Supplies <input type="checkbox"/> Pathology and Laboratory Procedures <input type="checkbox"/> Other _____		
Service Description <p>H2 Blockers (e.g., famotidine, ranitidine) are commonly used to reduce stomach acid by blocking the action of histamine on the stomach’s parietal cells.</p> <p>IV administration of these drugs is generally prescribed for patients who are unable to take the medication orally, such as those with severe gastrointestinal issues, nausea, or in cases where the patient’s digestive system cannot properly absorb the drug.</p> <p>Home service involves a qualified healthcare professional, often a home health nurse, administering the medication in the patient’s home environment.</p>		

Medical Necessity Guidelines

For home administration of IV H2 blockers, the medical necessity must typically be demonstrated.

1. Criteria:

- The patient must have a condition that requires continuous or intermittent IV therapy, and oral medication is ineffective, contraindicated, or not tolerated.
- The patient has severe gastrointestinal disorders such as GERD (Gastroesophageal reflux disease), peptic ulcers, or Zollinger-Ellison syndrome, which are refractory to oral therapy.
- Hospitalization or clinic visits are deemed unnecessary or impractical, and home administration is a safe and effective alternative.
- The patient is medically stable and capable of receiving IV treatment at home with the help of a healthcare provider.
- There must be a prescription by a licensed healthcare provider and supporting documentation outlining the necessity for IV over oral treatment.

For FDA-approved doses of H2 blockers like famotidine (the most used H2 blocker) for IV administration, the typical dosing regimen is based on the patient's condition and overall health. However, IV administration at home requires close adherence to approved guidelines to ensure patient safety.

1. Famotidine (Pepcid) IV Dose:

- Famotidine is the most used H2 blocker for intravenous administration, and its FDA-approved IV dosing for adults is as follows:
 - For the treatment of active duodenal ulcers or benign gastric ulcers:
 - 20 mg intravenously every 12 hours.
 - For GERD with or without esophagitis:
 - 20 mg IV every 12 hours, for short-term treatment (usually up to 6 weeks).
 - Zollinger-Ellison Syndrome or other pathological hypersecretory conditions:
 - Initial dose of 20 mg IV every 6 hours. This dose may be increased as needed depending on the patient condition.
 - For prevention of upper gastrointestinal bleeding (e.g., in critically ill patients):
 - 20 mg IV every 12 hours.

Renal impairment: For patients with creatinine clearance less than 50 mL/min, the dose should generally be reduced to 20 mg IV once every 24 hours or longer intervals based on the severity of the renal dysfunction.

2. Special Considerations for Home Use:

- **Stability:** Famotidine IV solution is stable for short periods and may require refrigeration.
- **Administration:** The drug should be administered slowly over a period of at least 2 minutes or infused over 15-30 minutes to avoid rapid administration side effects like hypotension.
- **Dilution:** Famotidine can be diluted with compatible IV fluids, such as normal saline or dextrose 5% in water (D5W).

3. Safety and Monitoring in Home Setting:

- Home administration requires monitoring for potential side effects such as headache, dizziness, constipation, and in rare cases, arrhythmias or allergic reactions.
- Renal function should be monitored, particularly in patients with pre-existing kidney disease, to adjust dosing accordingly.
- A skilled nurse or healthcare provider must be involved in the administration unless the patient or caregiver is adequately trained in IV therapy and aseptic techniques.

Limits or Restrictions

Restrictions and Contraindications:

- Short-term use: IV administration of H2 blockers at home is usually intended for short-term management until the patient is stable enough to switch to oral forms.
- Dosing and monitoring: The dosing must be carefully monitored. Frequent blood tests may be required to ensure the patient is responding well to therapy without adverse side effects.
- Skilled nursing requirement: A skilled nurse or healthcare provider must visit to administer the medication unless the patient or caregiver is trained to manage the IV medication independently.

Reference Information

Primary References:

- FDA Prescribing Information for Famotidine: The official prescribing information for Pepcid (famotidine) includes details on IV dosing, administration, and indications.
 - Source: [Drugs@FDA Database](#)

Sources and References:

- **AGA Clinical Guidance Library:**
 - Source: AGA Official Website. Regularly updated with clinical guidance and toolkits.
 - Relevant Reports: GERD management, acid suppression therapy.
 - URL: [AGA Clinical Guidance](#) .

Handbook of Gastroenterology:

- Most recent edition (3rd edition). Chapter (9) Pages: 215-230: Acid suppression therapies.

FDA Drug Label for Famotidine (Pepcid):

- Most recent updates provided on the Drugs@FDA database (regularly updated)
 - Sections: Indications and Dosage Administration (IV).
 - Source: [Drugs@FDA](#)

AHFS Drug Information (American Society of Health-System Pharmacists):

- Year: 2023 Edition, Famotidine or Ranitidine, pages (3-6): Specific IV dosing recommendations and infusion protocols.

Textbook of Gastroenterology (Tadataka Yamada):

- 6th Edition (latest comprehensive gastroenterology reference), chapter 44: Pharmacology and therapeutic use of acid suppression agents pages : Specific dosing for H2 blockers in IV settings provided in clinical contexts.

Policy History

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Revision Type	Summary of Changes	P&T Approval Date	MPCC Approval Date
INTERNAL POLICY	H2 Blockers (e.g., famotidine, ranitidine) are commonly used to reduce stomach acid by blocking the action of histamine on the stomach's parietal cells.		12/20/2024