FAMOTIDINE

Read in conjunction with Disclaimer

Formulary: Unrestricted	
Vials and oral suspension: Special Access Scheme (SAS): Category A	
Presentation	**Tablet:** 20 mg **Oral suspension:** 40 mg/5 mL = **8 mg/mL** (SAS) – available at PCH. **Vial:** 20 mg/2 mL = **10 mg/mL** (SAS)
Classification	H_2 antagonist
Indication	Gastric acid suppression for: • Short term treatment of gastric and duodenal ulcers • Short term symptomatic relief of gastro-oesophageal reflux • Pathologic gastrointestinal hypersecretory conditions e.g. Short Gut syndrome
Special Considerations	Use with caution in very low birth weight neonates (less than 1500 g) due to increased risk of necrotising enterocolitis (NEC).
Compatibility	**Fluids:** Sodium chloride 0.9%, glucose 5%, glucose 10%
Incompatibility	**Y-site:** Azithromycin, piperacillin-tazobactam.
Adverse Effects	**Common:** Diarrhoea, constipation, agitation.
	Infrequent or rare: Rash, vomiting, abdominal pain, NEC, infection, raised liver enzymes.
Storage	**Oral suspension:** Store at room temperature, below 25°C. **Vial:** Refrigerate at 2 to 8°C, do not freeze.

ORAL

Presentation (for oral use)	**Tablet:** 20 mg **Oral suspension:** 40 mg/5 mL = **8 mg/mL** (SAS) - available at PCH.
Dosage	**Oral:** 0.5 to 1 mg/kg/dose once daily.
Dose Adjustment	**Renal impairment:** Consider dose reduction in renal impairment.
Preparation	*If suspension not available – prepare the following dispersion using famotidine 20 mg tablet:* • Disperse one famotidine 20 mg tablet in 10 mL of water. • Tablet will disperse within 3 minutes. Shake well, the dispersion settles quickly. • *Concentration is* **2 mg/mL**. • Discard any unused dispersion.
Administration	• Shake well before measuring dose. • Draw prescribed dose into oral/enteral syringe. • May be given anytime in relation to feeds.

INTRAVENOUS PUSH			
	Presentation (for IV use)	**Vial:** 20 mg/2 mL = **10 mg/mL** (SAS)	
	Dosage	**IV:** 0.25 to 0.5 mg/kg/dose once daily.	
	Dose Adjustment	**Renal impairment:** Consider dose reduction in renal impairment.	
	Preparation	**Vial:** 20 mg/2 mL = **10 mg/mL** (SAS) **Dilution:** • Draw up 2 mL (20 mg) of famotidine and make up to 10 mL total volume with compatible fluid. *Concentration now equal to* **2 mg/mL.**	
		May be further diluted if required.	
	Administration	**IV push:** • IV Injection over at least 2 minutes.	

Related Policies, Procedures, and Guidelines

Clinical Practice Guidelines:

CAHS Gastro-Oesophageal Reflux

Pharmaceutical and Medicines Management Guidelines:

CAHS Neonatology – Medication Administration Guideline

WNHS Cold Chain Management for Medications and Vaccines

CAHS Medication Refrigerators and Freezers

References

Australian Medicines Handbook. Famotidine. In: Australian Medicines Handbook [Internet]. Adelaide, South Australia: Australian Medicines Handbook; 2026 [cited 2026 May 08]. Available from: https://amhonline.amh.net.au/

Advanced Pharmacy Australia. Famotidine. In: Australian Injectable Drugs Handbook [Internet]. St Leonards, New South Wales: Health Communication Network; 2026 [cited 2026 May 08]. Available from: http://aidh.hcn.com.au

Advanced Pharmacy Australia. Famotidine. In: Australian Don't Rush to Crush Handbook [Internet]. Melbourne, Victoria: Society of Hospital Pharmacists of Australia; 2025. [cited 2026 May 08]. Available from: https://www.ausdi.com.au

Truven Health Analytics. Famotidine. In: NeoFax [Internet]. Greenwood Village (CO): Truven Health Analytics; 2026 [cited 2026 May 08]. Available from: https://neofax.micromedexsolutions.com/

UpToDate Lexidrug. Famotidine: Pediatric drug information. In: UpToDate Lexidrug [Internet]. Wolters Kluwer; 2026. [cited 2026 May 08]. Available from: https://www.uptodate.com/

Document history

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