

Gimoti (metoclopramide) nasal solution
Effective 03/01/2021

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Metoclopramide enhances the response to acetylcholine of tissue in upper GI tract causing enhanced motility and accelerated gastric emptying without stimulating gastric, biliary, or pancreatic secretions; increases lower esophageal sphincter tone. Gimoti (metoclopramide) nasal spray is approved for relief of symptoms associated with acute and recurrent diabetic gastroparesis in adults.

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with Gimoti, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. The member is \geq 18 years of age
2. The member has a diagnosis of acute and recurrent diabetic gastroparesis
3. ONE of the following is met:
 - a. The member has had an inadequate response or adverse reaction to metoclopramide oral tablet **OR** metoclopramide oral elixir
 - b. The member has a contraindication to metoclopramide oral tablet **OR** metoclopramide oral elixir.

Continuation of Therapy

Reauthorization requires physician documentation of improvement of member's condition (ex. Relief of symptoms)

Limitations

1. Initial approvals and reauthorizations will be for 12 months.
2. The following quantity limits apply:

Gimoti 15mg/actuation (9.8mL)	9.8mL (1 bottle) per 30 days
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References

1. 2019 American Geriatrics Society Beers Criteria Update Expert Panel. American Geriatrics Society 2019 Updated AGS Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. *J Am Geriatr Soc.* 2019;67(4):674-694. doi: 10.1111/jgs.15767. [\[PubMed 30693946\]](#)
2. Gimoti (metoclopramide) [prescribing information]. Solana Beach, CA: Evoke Pharma Inc; June 2020.
3. Metoclopramide tablets [prescribing information]. Pulaski, TN: AvKARE Inc; September 2014.
4. Metoclopramide oral solution [prescribing information]. Greenville, SC: Pharmaceutical Associates Inc; September 2017.

Review History

01/23/2021 – Created and Reviewed at Jan P&T. Effective 3/1/21.

