

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

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

### 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 AllWays Health Partners 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
-------------------------------	------------------------------

### 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.

### Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.