

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 4, 2021

### **GIMOTI™ (metoclopramide)**

**LENGTH OF AUTHORIZATION:** 12 weeks

**REVIEW CRITERIA:**

- Patient must be  $\geq 18$  years of age.
- Patient must have a diagnosis of diabetic gastroparesis.
- Patient must have documentation supporting inability to use preferred metoclopramide products (i.e., metoclopramide tablets/solution).

**DOSING AND ADMINISTRATION:**

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Dosage Form: 15 mg metoclopramide per 70 microliter nasal spray