



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

**METOCLOPRAMIDE**

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
METOCLOPRAMIDE	GIMOTI		48272	GPI-14 (52300020102080)	

**GUIDELINES FOR USE**

1. Does the patient have a diagnosis of acute and recurrent diabetic gastroparesis **AND** meet the following criterion?

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to metoclopramide ODT

If yes, **approve for 3 months by GPID or GPI-14 with a quantity limit of #9.8 mL (1 bottle) per 28 days.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **METOCLOPRAMIDE (Gimoti)** requires the following rule(s) be met for approval:

- A. You have acute (short duration) and recurrent (occurring repeatedly) diabetic gastroparesis (disorder that causes delayed emptying of food from the stomach)
- B. You are 18 years of age or older
- C. You have previously tried or have a contraindication (medical reason why you cannot take) to metoclopramide ODT (orally disintegrating tablet)

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Gimoti.

**REFERENCES**

- Gimoti [Prescribing Information]. Solana Beach, CA: Evoke Pharma, Inc.; June 2020.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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