

metoclopramide nasal (GIMOTI)

Diagnoses Considered for Coverage:

- Diabetic gastroparesis

Coverage Criteria:

For a diagnosis of diabetic gastroparesis, approve if:

- Patient is at least 18 years old, **and**
- Intolerable side effect or contraindication with metoclopramide oral solution not expected with GIMOTI, **and**
- Dose does not exceed a single spray in one nostril 4 times per day (1 bottle/4 weeks) for up to 12 weeks.

Coverage Duration: 12 weeks

Effective Date: 08/30/2023