



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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 ≥ 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