PRIOR AUTHORIZATION POLICY

POLICY: Gastroenterology – Gimoti Prior Authorization Policy
- Gimoti® (metoclopramide nasal spray – Evoke)

REVIEW DATE: 03/18/2026

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Gimoti, a dopamine-2 receptor antagonist, is indicated for the **relief of symptoms associated with acute and recurrent diabetic gastroparesis** in adults.[1]

Limitations of Use: Gimoti is not recommended for use in pediatric patients due to the risk of developing tardive dyskinesia and other extrapyramidal symptoms as well as the risk of methemoglobinemia in neonates.[1] Gimoti is not recommended for use in patients with moderate or severe hepatic impairment (Child-Pugh B or C), moderate or severe renal impairment (creatinine clearance < 60 mL/min), and in patients concurrently using strong cytochrome P450 (CYP)2D6 inhibitors due to the risk of increased drug exposure and adverse reactions.

Disease Overview

Gastroparesis is a disorder of the upper gastrointestinal tract characterized by delayed gastric emptying in the absence of mechanical obstruction.[2] Women are

affected by gastroparesis in a 4:1 ratio. The disorder is estimated to affect approximately 5% of patients with type 1 diabetes and 1% of patients with type 2 diabetes.[3] Diabetic gastroparesis is caused by autonomic neuropathy and is more likely to occur in individuals with poor glycemic control. Symptoms include nausea, vomiting, and early satiety which reduces the quality of life in impacted patients.[5] Refractory symptoms of gastroparesis may require hospitalization for the treatment of symptoms and dehydration, and to achieve glucose control.

Metoclopramide stimulates motility of the upper gastrointestinal tract without stimulating gastric, biliary, or pancreatic secretions; however, the exact mechanism of action in the treatment of diabetic gastroparesis has not been fully established.[1] Metoclopramide appears to sensitize tissues to the effects of acetylcholine and is inhibited by anticholinergic medications. Metoclopramide increases gastric contractions, relaxes the pyloric sphincter and duodenal bulb, and increases peristalsis of the duodenum and jejunum resulting in accelerated gastric emptying and small bowel transit time.[1,5] Metoclopramide also increases the resting tone of the lower esophageal sphincter but has little to no effect on the motility of the colon or gallbladder. In addition, metoclopramide has antiemetic actions as an antagonist to dopamine receptors in the chemoreceptor trigger zone.

Safety

Gimoti has a Boxed Warning regarding tardive dyskinesia (TD).[1] TD is a serious syndrome of potentially irreversible and disfiguring involuntary movements of the face or tongue, and sometimes of the trunk and/or extremities. Gimoti may also suppress, or partially suppress, the signs of TD, and may delay the diagnosis of TD because it may mask the underlying disease process. The effect of this symptomatic suppression upon the long-term course of TD is unknown. TD may remit, partially or completely, if Gimoti treatment is discontinued. The likelihood that TD will develop and become irreversible increases with duration of treatment with metoclopramide and total cumulative dosage. Additionally, the risk of developing TD from treatment with metoclopramide is increased in the elderly, especially elderly women, and in patients with diabetes mellitus. Use Gimoti for the shortest duration of treatment and periodically reassess the need for continued treatment. Avoid treatment with metoclopramide (all dosage forms and routes of administration) for longer than 12 weeks. Immediately discontinue Gimoti in patients who develop signs and symptoms of TD. If patients have continued TD symptoms, consider TD treatment.

Gimoti is contraindicated in patients with a history of TD or a dystonic reaction to metoclopramide; in patients with Parkinson's disease; when stimulation of gastrointestinal motility might be dangerous (e.g., in the presence of gastrointestinal hemorrhage, mechanical obstruction, or perforation); in patients with pheochromocytoma or other catecholamine-releasing paragangliomas; in patients with epilepsy; and in patients with hypersensitivity to metoclopramide. Gimoti use should be avoided in patients receiving concomitant antipsychotics due to the potential additive effects of TD. Of note, Gimoti is also not recommended as initial therapy in patients ≥ 65 years of age.

Additional Warnings/Precautions associated with Gimoti include other extrapyramidal symptoms; neuroleptic malignant syndrome; depression and suicidal ideation/suicide; hypertension; fluid retention; hyperprolactinemia; effects on the ability to drive and operate machinery; and the risk of adverse reactions in patients with moderate or severe renal or hepatic impairment, CYP2D6 poor metabolizers, and patients taking strong CYP2D6 inhibitors.

Guidelines

The American Gastroenterology Association (AGA) clinical practice guidelines on the management of gastroparesis (2025) suggest using metoclopramide (tablet, liquid, intranasal) in patients with gastroparesis (low evidence, conditional recommendation).[7] AGA states that as part of shared decision making, patients who place a higher value on the potential risk of adverse events and lower value on the symptomatic improvement may reasonably select not to use metoclopramide. The risks of using metoclopramide are also outlined.

The American College of Gastroenterology (ACG) clinical guidelines for gastroparesis (2022) state that pharmacologic treatment should be considered in patients with idiopathic and diabetic gastroparesis to improve gastric emptying and gastroparesis symptoms while considering the benefits and risks of treatment (low evidence, conditional recommendation).[2] ACG suggests treatment with metoclopramide over no treatment for the management of refractory symptoms of gastroparesis (low evidence, conditional recommendation). The guidelines do not make specific recommendations regarding utilization between available dosage forms of metoclopramide (injection, tablets, or nasal spray).

POLICY STATEMENT

Due insufficient clinical efficacy data, **approval is not recommended** for Gimoti. The current Gimoti efficacy information is insufficient to determine if the medication demonstrates any clinically meaningful benefits.

- **Gimoti® (metoclopramide nasal spray - Evoke)**

is(are) covered as medically necessary when the following criteria is(are) met for fda-approved indication(s) or other uses with supportive evidence (if applicable):

None.

CONDITIONS NOT COVERED

- **Gimoti® (metoclopramide nasal spray - Evoke)**

is(are) considered not medically necessary for ANY other use(s) including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Diabetic gastroparesis.** Due to the lack of clinically significant efficacy data, approval is not recommended for Gimoti.

   Gimoti was approved by the FDA under the 505(b)(2) pathway relying on existing safety and efficacy data for oral metoclopramide.[1] No pivotal data with Gimoti are included in the prescribing information. The data leveraged with oral metoclopramide tablets are from US approval in 1979, involved small sample sizes, and with a short duration of therapy (< 4 weeks).

   A published (2024), double-blind, placebo-controlled, parallel-group, multicenter, Phase III study was conducted in adult females who were 18 to 75 years of age with a diagnosis of type 1 or type 2 diabetes and symptoms of gastroparesis and delayed gastric emptying (n = 205).[4] Patients were randomized 1:1 to receive metoclopramide nasal spray 10 mg or placebo for a 28 day treatment period. Of note, Gimoti is available in a 15 mg nasal spray and a 10 mg nasal spray is not commercially available. Enrolled patients were mostly White (69%), postmenopausal, and < 65 years of age. The average age of patients was 52.7 years and the majority had type 2 diabetes (88%). The primary efficacy end point was the change in mean daily Gastroparesis Symptom Assessment total score from baseline to Week 4. The Gastroparesis Symptom Assessment daily diary is a patient-reported outcome questionnaire that averages scores of nausea, early satiety, prolonged fullness, bloating, and upper abdominal pain on a 5-point scale. The daily Gastroparesis Symptom Assessment total score is the average of the individual symptom scores during the treatment period. The mean daily Gastroparesis Symptom Assessment total score at baseline was 2.29 and a score > 2.7 was considered indicative of moderate to severe symptoms. Approximately half of all enrolled patients (49%) had not previously tried any diabetic gastroparesis treatment. Overall, the primary endpoint was not reached in the study as the metoclopramide nasal spray group did not experience a significant reduction in symptoms compared with the placebo group from baseline to Week 4 (P = 0.881). In a post hoc analysis, approximately 100 patients with moderate to severe symptoms at baseline had a significant treatment effect from Weeks 1 to 3 (P < 0.05) and experienced a significant reduction in nausea and upper abdominal pain for all 4 Weeks compared with placebo (P < 0.05). There were 190 patients who completed the study. The most common reasons for discontinuation were occurrence of adverse events, withdrawal of consent, loss to follow-up, or abnormal electrocardiograms. In general, adverse events were considered mild to moderate with headache and abdominal pain reported most frequently over 28-day treatment period. Examples of limitations of the study include the patient population, which was limited to only women in the United States, and the dose of the metoclopramide nasal spray evaluated (10 mg) is not commercially available. The study also used a different gastroparesis symptom scale from each of the Phase II studies which evaluated metoclopramide nasal spray and are briefly summarized below. Current FDA guidelines suggest a 12-week study period for efficacy results, yet metoclopramide is not recommended for a treatment duration longer than 12 weeks. The study duration was 4 weeks, which may be too short to identify TD as an adverse event or efficacy. Also, the

post hoc analysis results for the moderate to severe subgroup were not powered for statistical significance.

A previously published (2014), open-label, active-controlled, parallel-group, multicenter, Phase IIa study was performed in adults with a diagnosis of type 1 or type 2 diabetes and diabetic gastroparesis who were randomized to metoclopramide 10 mg or 20 mg nasal spray, or 10 mg oral tablets (3:3:1, respectively) for 6 Weeks (n = 89).[5] The primary efficacy endpoint was the change from baseline to Day 42 in the total symptom score. The total symptom score consisted of the sum of a patient-reported questionnaire regarding symptoms of nausea, vomiting, loss of appetite, bloating, early satiety, and persistent fullness and an investigator-scored symptom severity rating from 0 to 4 (none, mild, moderate, marked, or severe; respectively). Metoclopramide 20 mg nasal spray demonstrated significantly greater improvement in symptom control from baseline to Week 6 compared to the oral 10 mg tablet (P = 0.026). A pharmacokinetic analysis indicated comparable rates of rapid absorption of metoclopramide on Day 1 following a single treatment dose and on Day 42 for all three treatment groups. There were no statistically significant differences identified between the pharmacokinetic parameters of the nasal spray and oral tablet groups.

A subsequently published (2015), double-blind, placebo-controlled, parallel-group, dose-ranging, multicenter, Phase IIb study was completed in adults with diabetic gastroparesis (n = 285).[6] Adult patients ≤ 75 years of age were randomized 1:1:1 to metoclopramide nasal spray 10 mg, 14 mg, or placebo for 4 weeks. The primary endpoint was in the change from baseline to Week 4 in the modified Gastroparesis Cardinal Symptom Index-Daily Dairy which consisted of 4 patient-reported symptoms (nausea, bloating, early satiety and upper abdominal pain). There was no statistically significant difference in reduction of symptoms between the metoclopramide groups and placebo group. A subgroup analysis indicated a significant difference in female patients between placebo and both dose groups of metoclopramide nasal spray (P = 0.0215). In contrast, notably male patients had a greater decrease in the gastroparesis symptom scores in the placebo group than metoclopramide groups.

2. **Gastroesophageal reflux.** Gimoti has not been evaluated for the treatment of gastroesophageal reflux disease.[1]

REFERENCES

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HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	03/19/2025
Annual Revision	No criteria changes.	03/18/2026

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