



Prior Authorization Approval Criteria

Metozolv (metoclopramide)

Generic name: Metoclopramide

Brand name: Metozolv

Medication class: Dopamine antagonist; antiemetic

FDA-approved uses: Relief of symptomatic gastroesophageal reflux and diabetic gastroparesis

Available dosage forms: 5mg and 10mg oral disintegrating tablets

Usual dose: 10-15mg four times daily at least 30 minutes before eating and at bedtime

Approximate monthly cost: \$158.40 for 120 pills
(based on AWP 2010)

Duration of therapy: Maximum 12 weeks

Criteria for use (*bullet points below are all inclusive unless otherwise noted*):

- The indicated diagnosis (including any applicable labs and /or tests) and medication usage must be supported by documentation from the patient's medical records.
- Diabetic gastroparesis
- or
- Symptomatic gastroesophageal reflux
- or
- Nausea and vomiting due to chemotherapeutic agents
 - Must have failed or been intolerant to ondansetron tablets
- or
- Use in pregnant woman who have failed conventional antiemetic therapy (ie. promethazine, prochlorperazine)
- Tried and failed or was intolerant to generic metoclopramide oral tablet
- Tried and failed or was intolerant to generic metoclopramide oral solution
- Treatment must not exceed 12 weeks
- Patient must be 18 years of age or older

Caution:

- Patients with renal impairment may required a reduced dose

Monitoring:

- Monitor for signs and symptoms of tardive dyskinesia

Contraindication:

- Intestinal obstruction
- Pheochromocytoma
- Epilepsy

Not approved if:

- Patient does not meet the above stated criteria

- Patient has any contraindications to the use of metoclopramide

Special considerations:

- Dystonias and other extrapyramidal reactions are more common in the pediatric population
- Neonates are at an increase risk of developing methemoglobinemia

FCHP Pharmacy and Therapeutics Committee approval: _____

Date: _____

Adopted: 09/08/10