Original Effective Date: 09/06/2026
Current Effective Date: 09/06/2026
Last P&T Approval/Version: 07/29/2026
Next Review Due By: 01/2027
Policy Number: C30844-A

Nereus (tradipitant)

PRODUCTS AFFECTED

Nereus (tradipitant)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Motion sickness-induced vomiting prophylaxis

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. This clinical policy will be reviewed along with state and federal requirements, the benefit being administered and formulary preferencing. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available. The Pharmacy and Therapeutics Committee has determined that biosimilars may be preferred.

A. MOTION SICKNESS-INDUCED VOMITING PROPHYLAXIS:
   1. Documented diagnosis of motion sickness with vomiting
      AND

2. Documentation of trial and ineffectiveness/failure after 3 days or serious side effects or contraindication to BOTH of the following treatments for the prevention of motion sickness: an anticholinergic agent (e.g., scopolamine) and an antihistamine (e.g., dimenhydrinate, meclizine diphenhydramine, chlorpheniramine, promethazine)

CONTINUATION OF THERAPY:

A. MOTION SICKNESS-INDUCED VOMITING PROPHYLAXIS:

1. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
2. Documentation of positive or stable clinical response as demonstrated by improvements in the condition's signs and symptoms

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:

None

AGE RESTRICTIONS:

18 years of age and older

QUANTITY:

85 mg or 170 mg as a single dose once daily

Maximum Quantity Limits - The safety of Nereus for the prevention of vomiting induced by motion in adults for more than 90 doses has not been established.

PLACE OF ADMINISTRATION:

The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:

Oral

DRUG CLASS:

Substance P/Neurokinin 1 (NK1) Receptor Antagonists

FDA-APPROVED USES:

Indicated for the prevention of vomiting induced by motion in adults

COMPENDIAL APPROVED OFF-LABELED USES:

None

APPENDIX

APPENDIX:

None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Motion sickness is a physiologic syndrome triggered by real or perceived movement that can produce a range of gastrointestinal, autonomic, and central nervous system effects. The condition is believed to arise from sensory conflict – specifically, a mismatch among signals received from the vestibular, visual, and

proprioceptive systems. This discord activates the substance P pathway and stimulates neurokinin-1 (NK-1) receptors in the brain, ultimately producing nausea and vomiting. While these two symptoms are the hallmark presentation, affected individuals may also experience headache, dizziness, excess salivation, a sensation of warmth, general malaise, and sweating. Symptoms typically develop gradually, though the pace and severity of onset vary depending on the intensity of the motion stimulus and the individual's inherent susceptibility.

Individual susceptibility to motion sickness differs considerably across the population. Certain individuals develop symptoms with minimal provocation, while others tolerate significant motion without any adverse effects. Age plays a role in susceptibility, with peak vulnerability occurring between 7 and 12 years of age and a general decline observed through adulthood. Women tend to be more susceptible than men, with hormonal influences – including pregnancy, menstruation, oral contraceptive use, and cortisol fluctuations – appearing to contribute to this difference. Those with a personal history of migraine, vertigo, or vestibular dysfunction face an elevated risk, and genetic predisposition may also play a role. Motion sickness affects an estimated 65–78 million adults in the United States, with symptoms commonly occurring during car, air, or sea travel. Among those affected, roughly 15% experience symptoms severe enough to require pharmacologic treatment.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Nereus (tradipitant) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Nereus (tradipitant) include: no labeled contraindications.

OTHER SPECIAL CONSIDERATIONS:
Nereus (tradipitant) must be administered on an empty stomach, at least 1 hour prior to or 2 hours after a full meal. Nereus (tradipitant) should be taken as a single oral dose approximately 60 minutes before an event expected to cause vomiting induced by motion. The maximum dosage in a 24-hour period is a single dose of 85 mg or 170 mg.

Nereus (tradipitant) may impair mental and/or physical abilities required for driving a motor vehicle or operating heavy machinery. Concomitant use of drugs that cause central nervous system (CNS) depression or strong CYP3A4 inhibitors may increase this risk and should be avoided when possible. If concomitant use is unavoidable, patients must be warned against driving and other activities requiring complete mental alertness.

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Nereus CAPS 85MG

REFERENCES

1. Nereus (tradipitant) capsules, for oral use [prescribing information]. Washington, DC: Vanda Pharmaceuticals Inc.; March 2026.
2. Polymeropoulos, V.M., et al. Motion Syros: tradipitant effective in the treatment of motion sickness; a multicenter, randomized, double-blind, placebo-controlled study. Frontiers in Neurology. 2025;16:1550670. https://doi.org/10.3389/fneur.2025.1550670
3. Polymeropoulos, V.M., et al. Tradipitant in the treatment of motion sickness: A randomized, double-blind, placebo-controlled study. *Frontiers in Neurology*. 2020;11:563373. https://doi.org/10.3389/fneur.2020.563373
4. Reid, K., et al. Comparison of the neurokinin-1 antagonist GR205171, alone and in combination with the 5-HT3 antagonist ondansetron, hyoscine and placebo in the prevention of motion-induced nausea in man. *British Journal of Clinical Pharmacology*. 2000;50(1):61–64. https://doi.org/10.1046/j.1365-2125.2000.00221.x
5. Spinks, A., et al. Scopolamine (hyoscine) for preventing and treating motion sickness. *Cochrane Database of Systematic Reviews*. 2011;2011(6):CD002851. https://doi.org/10.1002/14651858.CD002851.pub4
6. Brainard, A., et al. Prevention and treatment of motion sickness. *American Family Physician*. 2014;90(1):41–46. PMID: 25077501.
7. Centers for Disease Control and Prevention. Motion sickness. Yellow Book. April 23, 2025. https://www.cdc.gov/yellow-book/hcp/travel-air-sea/motion-sickness.html

SUMMARY OF REVIEW/REVISIONS	DATE
NEW CRITERIA CREATION	Q3 2026