AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Nereus	Page:	1 of 2
Effective Date:	8/6/2026	Last Review Date:	7/13/2026
Applies to:	☒Illinois ☒Florida Kids	☒New Jersey ☒Pennsylvania Kids	☒Maryland ☐Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Nereus under the patient's prescription drug benefit.

Description:

FDA-Approved Indication
Nereus is indicated for the prevention of vomiting induced by motion in adults.

Applicable Drug List:

Nereus

Policy/Guideline:

Coverage Criteria:

Prevention of Vomiting

Authorization may be granted when the requested drug is being prescribed for the prevention of vomiting induced by motion in an adult when ALL of the following criteria are met:

- The patient meets ONE of the following:
  - The patient has experienced an inadequate treatment response to a first-generation antihistamine (e.g., dimenhydrinate, meclizine) AND transdermal scopolamine.
  - The patient has experienced an intolerance to a first-generation antihistamine (e.g., dimenhydrinate, meclizine) AND transdermal scopolamine.
  - The patient has a contraindication that would prohibit a trial of a first-generation antihistamine (e.g., dimenhydrinate, meclizine) AND transdermal scopolamine.
- If additional quantities are being requested, then the patient is taking a 170 mg dose or the duration of the event expected to cause vomiting induced by motion exceeds the limit

Approval Duration and Quantity Restrictions:

Approval Duration: One month

Quantity Level Limit:
8 capsules per 30 days

170 mg dose or duration of event exceeds limit: 16 capsules per 30 days

This drug is for short-term acute use; therefore, the intent is for prescriptions of the requested drug to be filled one month at a time; there should be no 3 month supplies filled.

References:

1. Nereus [package insert]. Washington, DC: Vanda Pharmaceuticals Inc.; March 2026.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2026. https://online.lexi.com. Accessed April 21, 2026.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 04/20/2026).
4. Brainard A, Gresham C. Prevention and treatment of motion sickness. American Family Physician. 2014;90(1):41-46.