AllCare CCO - Prior Authorization Criteria Summary:

Criteria number: 140.1

Criteria title: Drug Specific: tradipant

Date of origin: 06/18/2026

Classification: Drug Specific

Date of Last Review: 06/18/2026

Drug: tradipant (Nereus)

Date of Next Review: 06/17/2028

References:
- Oregon Health Authority, Department of Medical Assistance, OAR 410-120-0250 (3)
- Oregon Medicaid Pharmaceutical Services Prior Authorization Criteria
- Nereus (tradipant) topical gel [package labeling]. Washington, DC. Vanda Pharmaceuticals Inc.; Dec 2025.
- Uptodate: Motion sickness. UpToDate [database online]. Waltham, MA. Updated Feb 23, 2026. Available at: http://www.uptodate.com/home/index.html. Accessed on 04/17/26.

FDA approved indication: for the prevention of vomiting induced by motion in adults. Off-label indication: n/a

Purpose: To have a consistent process for covering tradipant

Clinical Rationale: Nereus is a first in class neurokinin 1 (NK 1) receptor antagonist approved for motion sickness prevention, that has demonstrated relatively low sedative effects.

Policy: Cover tradipant for members 18 years and older who meet criteria below

Approval Criteria for tradipant (Nereus):		**Met**	**Not Met**
Criteria #1:	Is the request for renewal of a previously approved prior authorization	Go to renewal criteria	Go to #2
Criteria #2:	Member is ≥18 years of age	Go to #3	Do not approve- Refer to MD if EPSDT
Criteria #3:	Is there documentation to support a diagnosis of vomiting induced by motion	Go to #4	Deny
Criteria #4:	Member has documented past medical history of severe symptoms	Go to #5	Deny
Criteria #5:	Member has had failure with (or contraindication to) all formulary agents indicated per compendia for the FDA indication	Approve x 1 fill	Deny

Renewal Criteria for tradipant (Nereus):		**Met**	**Not Met**
Renewal #1:	Did member meet initial criteria	Go to #2	Review under initial criteria
Renewal #2:	Is there documentation to support the patient has experienced clinical benefit with documented need for continuation	Approve for 1-3 fills	Deny

Reviewed and approved by: AllCare CCO P&T Committee

Date: 06/18/2026