PREMERA HMO

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PHARMACY POLICY – 5.01.662

Antiemetic Medications

Effective Date:	Apr. 1, 2026	RELATED MEDICAL POLICIES:
Last Revised:	Mar. 10, 2026	N/A
Replaces:	N/A	

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Introduction

Antiemetic medications are used to prevent or treat nausea and vomiting that can result from various medical conditions, such as pregnancy or weight loss related to AIDS. For individuals receiving cancer treatments with a moderate to high risk of causing nausea and vomiting, combination regimens involving multiple antiemetic agents are commonly prescribed. This policy outlines the circumstances under which antiemetic medications may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Drug	Medical Necessity
Cancer Related Antiemetics	
Akynzeo (netupitant and palonosetron) [oral use only]	**Akynzeo (netupitant and palonosetron) may be considered medically necessary for the prevention of nausea and vomiting associated with oncologic treatment when all the following criteria are met:** • The individual is aged 18 years or older **AND** • Has moderate-to-high emetic risk **AND** • Medication is being used in combination with dexamethasone and a serotonin receptor antagonist (e.g., ondansetron) **AND** • Quantity is limited to 1 capsule per fill
Varubi (rolapitant)	**Varubi (rolapitant) may be considered medically necessary for the prevention of nausea and vomiting associated with oncologic treatment when all the following criteria are met:** • The individual is aged 18 years or older **AND** • Has moderate-to-high emetic risk **AND** • Medication is being used in combination with dexamethasone and a serotonin receptor antagonist (e.g., ondansetron)
Emend (aprepitant) [oral use only]	**Emend (aprepitant) may be considered medically necessary for the prevention of nausea and vomiting associated with oncologic treatment when all the following criteria are met:** • The individual is aged 12 years or older **AND** • Has moderate-to-high emetic risk **AND** • Medication is being used in combination with dexamethasone and a serotonin receptor antagonist (e.g., ondansetron) **AND**

	• Has tried generic aprepitant and had an inadequate response or intolerance to generic aprepitant
	AND
	• Quantity is limited to:
	  ○ Two 80 mg capsules per fill
	  ○ One TriPack per fill (contains one 125-mg capsule and two 80 mg capsules)
	
	Emend (aprepitant) may be considered medically necessary for the prevention of nausea and vomiting associated with oncologic treatment when all the following criteria are met:
	• The individual is aged 11 years or younger
	AND
	• Has moderate-to-high emetic risk
	AND
	• Medication is being used in combination with a serotonin receptor antagonist (e.g., ondansetron)
	AND
	• Quantity is limited to:
	  ○ Two 80 mg capsules per fill
	  ○ One TriPack per fill (contains one 125-mg capsule and two 80 mg capsules)
	
	Emend (aprepitant) may be considered medically necessary for the prevention of post-operative nausea and vomiting when all the following criteria are met:
	• The individual is aged 18 years or older
	AND
	• Has tried generic aprepitant and had an inadequate response or intolerance to generic aprepitant
	AND
	• Quantity is limited to:
	  ○ Two 80 mg capsules per fill
	  ○ One TriPack per fill (contains one 125-mg capsule and two 80 mg capsules)

Sancuso (granisetron transdermal system)	**Sancuso (granisetron transdermal system) may be considered medically necessary for the prevention of nausea and vomiting**

	associated with oncologic treatment when all the following criteria are met: • The individual is aged 18 years or older **AND** • Has moderate-to-high emetic risk **AND** • Quantity is limited to 1 transdermal system per fill

Syndros (dronabinol oral solution)	**Syndros (dronabinol oral solution) may be considered medically necessary when all the following are met:**
	• The individual is aged 18 years or older
	AND
	• Requires treatment for 1 of the following:
	  ○ Nausea and vomiting associated with cancer chemotherapy and have failed to respond adequately to conventional antiemetic treatments
	  ○ Anorexia associated with weight loss in individuals with AIDS
	AND
	• Has tried and had an inadequate response or intolerance to generic dronabinol capsules OR documentation is provided that the product is medically necessary (e.g., unable to swallow solid dosage form)

Motion Sickness Related Antiemetics	

Nereus (tradipitant)	**Nereus (tradipitant) may be considered medically necessary for the prevention of vomiting induced by motion sickness when all of the following criteria are met:**
	• The individual is 18 years or older
	AND
	• There is no evidence of another underlying condition causing chronic nausea
	AND
	• Has tried and had an inadequate response or intolerance to all of the following:
	  ○ Two first-generation antihistamines (e,g., dimenhydrinate, diphenhydramine, meclizine)
	  ○ Scopolamine patch
	AND

	• Nereus (tradipitant) will not be used in combination with other anti-nausea or anti-emetic medications **AND** • The dose is limited to 170 mg daily **AND** • Quantity is limited to 30 capsules per 15 days **Initial approval will be for 30 days.** **Each additional treatment course of Nereus (tradipitant) will be evaluated as an initial authorization and the individual must meet the medical necessity criteria as listed above.**
Pregnancy Related Antiemetics	
• **Bonjesta (doxylamine and pyridoxine extended release)** • **Diclegis (doxylamine and pyridoxine delayed release)**	**Bonjesta (doxylamine and pyridoxine extended-release) and Diclegis (doxylamine and pyridoxine delayed-release) may be considered medically necessary for the treatment of nausea and vomiting of pregnancy when all of the following criteria are met:** • The individual has tried and had an inadequate response or intolerance to over-the-counter pyridoxine in combination with over-the-counter doxylamine **AND** • Has tried and had an inadequate response or intolerance to generic doxylamine and pyridoxine delayed-release
Generic doxylamine and pyridoxine delayed release	**Generic doxylamine and pyridoxine delayed-release may be considered medically necessary for the treatment of nausea and vomiting of pregnancy when the individual has tried and had an inadequate response or intolerance to over-the-counter pyridoxine in combination with over-the-counter doxylamine.**

Drug	Investigational
As listed	**All other uses of the drugs for conditions not outlined in this policy are considered investigational.**

Length of Approval	
Approval	**Criteria**
Initial authorization	**Non-formulary exception reviews for all drugs listed in the policy may be approved up to 12 months.** **All other reviews for all drugs listed in the policy, unless noted otherwise for specific drugs under the medical necessity criteria, may be approved up to 12 months.**
Re-authorization criteria	**Non-formulary exception reviews for all drugs listed in the policy may be approved up to 12 months as long as the drug-specific coverage criteria are met and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.** **All other reviews for re-authorization of all drugs listed in the policy, unless noted otherwise for specific drugs under the medical necessity criteria, may be approved up to 12 months as long as the drug-specific coverage criteria are met and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.**

Documentation Requirements
The patient's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following: • Office visit notes that contain the diagnosis, relevant history, physical evaluation and medication history

Coding

N/A

Related Information

Benefit Application

This policy is managed through the pharmacy benefit.

Consideration of Age

Ages stated in this policy for which the drugs are considered medically necessary are based on the FDA labeling for the drug.

Evidence Review

Background

Vomiting is triggered by stimulation of the vomiting center in the brain. Signals are sent from the chemoreceptor trigger zone, pharynx, gastrointestinal tract, and cerebral cortex to the vomiting center located in the medulla. These pathways contain various neurotransmitter receptors. The primary neuroreceptors involved in the emetic response are serotonin (5-hydroxytryptamine [5-HT3]) and dopamine receptors. Other receptors that play a role include acetylcholine, histamine, cannabinoid, opioid, and neurokinin-1 (NK) receptors. While vomiting and nausea are related, they can occur through different mechanisms.

Table 1. Drug Class Comparison for Antiemetic Medications

Class	Drug
N1K RA	Akynzeo (netupitant and palonosetron), Emend (aprepitant), Nereus (tradipitant), Varubi (rolapitant)
Cannabinoid	Marinol (dronabinol capsule), Syndros (dronabinol oral solution)
5-HT3 RA	Posfrea (palonosetron), Sancuso (granisetron transdermal system), Sustol (granisetron), Zofran (ondansetron)
Vitamin B6 analog	Bonjesta (doxylamine and pyridoxine ER), Diclegis (doxylamine and pyridoxine DR)

Summary of Evidence

Nereus (tradipitant)

Nereus (tradipitant) was evaluated in two randomized, double-bind, placebo-controlled studies for the prevention of vomiting induced by motion (NCT04327661 and NCT05903924). Individuals in both studies were randomized 1:1:1 to receive a single dose of Nereus 85 mg, 170 mg, or placebo, administered 60 minutes prior to a scheduled boat trip that would last 2 to 5 hours. Individuals with other conditions causing chronic nausea were excluded from the studies, and concomitant use of other anti-nausea or anti-emetic medications was not allowed. The primary endpoint of interest in both studies was the percentage of subjects with vomiting during the boat trip, assessed every 30 minutes. The percentage of subjects with vomiting during a boat trip in both studies was 20% and 18% for Nereus 85 mg, and 18% and 10% for Nereus 170 mg. Adverse reactions were reported in at least 5% of individuals treated with Nereus 85 mg or 170 mg dose. Most common adverse reactions included somnolence, headache, and fatigue.

Practice Guidelines and Position Statements

National Comprehensive Cancer Network (NCCN)

NCCN Clinical Practice Guidelines in Oncology: Antiemesis – Version 2.2025

NCCN guidelines recommend combination treatment with a serotonin (5-HT3) receptor antagonist (RA) and dexamethasone for individuals undergoing oncologic treatment and receiving an NK1 RA as part of their moderate-to-high risk antiemetic regimen.

- Preferred combination treatment for individuals undergoing oncologic treatment with high emetic risk
    - Olanzapine + NK1 RA + 5-HT3 RA + Dexamethasone
- Combination treatment options for individuals undergoing oncologic treatment with moderate emetic risk
    - 5-HT3 RA + Dexamethasone
    - Olanzapine + Palonosetron + Dexamethasone
    - NK1 RA + 5-HT3 RA + Dexamethasone

References

1. National Comprehensive Cancer Network (NCCN). Antiemesis Version 2.2025. **https://www.nccn.org/professionals/physician_gls/pdf/antiemesis.pdf**. Accessed February 2, 2026.
2. Akynzeo (netupitant and palonosetron). Prescribing Information. Helsinn Birex Pharmaceuticals, Inc. Inselin, NJ. Revised February 2023.
3. Varubi (rolapitant). Prescribing Information. TerSera Therapeutics LLC. Deerfield, IL. Revised August 2020.
4. Emend (aprepitant). Prescribing Information. Merck Sharp & Dohme LLC. Rathway, NJ. Revised May 2022.
5. Sancuso (granisetron transdermal system). Prescribing Information. Cumberland Pharmaceuticals Inc. Nashville, TN. Revised September 2024.
6. Syndros (dronabinol oral solution. Prescribing Information. Benuvia Operations LLC. Round Rock, TX. Revised May 2024.
7. Bonjesta (doxylamine and pyridoxine extended release). Prescribing Information. Duchesnay USA, Inc. Bryn Mawr, PA. Revised March 2022.
8. Diclegis (doxylamine and pyridoxine delayed release). Prescribing Information. Duchesnay USA, Inc. Bryn Mawr, PA. Revised March 2022.
9. Nereus (tradipitant). Prescribing Information. Vanda Pharmaceuticals Inc. Washington, D.C. Revised December 2025.

History

Date	Comments
04/01/26	New policy, approved March 10, 2026. Add to Prescription Drug section. Moved coverage criteria for Akynzeo (netupitant and palonosetron), Bonjesta (doxylamine and pyridoxine extended-release), Diclegis (doxylamine and pyridoxine delayed-release), Emend (aprepitant), Sancuso (granisetron transdermal system), Syndros (dronabinol oral solution), and Varubi (rolapitant) from policy 5.01.605 Medical Necessity Criteria for Pharmacy Edits to policy 5.01.662 Antiemetic Medications. Added new policy criteria for Nereus (tradipitant) for the treatment of vomiting induced by motion sickness. Updated Bonjesta and Diclegis criteria to require the individual has tried and had an inadequate response or intolerance to over-the-counter pyridoxine in combination with over-the-counter doxylamine. Added coverage criteria for generic doxylamine and pyridoxine delayed-release. Updated Akynzeo criteria and added a quantity of 1 capsule per fill. Updated Sancuso criteria and added a quantity limit of 1 transdermal system per fill.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.