STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

FEZOLINETANT

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
FEZOLINETANT	VEOZAH	48921		GPI-10 (3060603000)	

GUIDELINES FOR USE

INITIAL CRITERIA (FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of moderate to severe menopausal vasomotor symptoms (VMS) and meet **ALL** of the following criteria?
   - The patient experiences 7 or more hot flashes per day
   - The patient had a trial of or contraindication to hormonal therapy (e.g., estradiol transdermal patch [Minivelle, Climara], oral conjugated estrogens [Premarin], micronized progesterone [Prometrium])

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #1 per day.**
   If no, do not approve.
   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **FEZOLINETANT (Veozah)** requires the following rule(s) be met for approval:
   A. You have moderate to severe menopausal vasomotor symptoms (VMS: a type of symptom related to menopause)
   B. You experience 7 or more hot flashes per day
   C. You had a trial of or contraindication (harmful for) to hormonal therapy (such as estradiol transdermal patch [Minivelle, Climara], oral conjugated estrogens [Premarin], micronized progesterone [Prometrium])

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

FEZOLINETANT

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

1. Does the patient have a diagnosis of moderate to severe menopausal vasomotor symptoms (VMS) and meet **ALL** of the following criteria?
   - The patient has a continued need for VMS treatment (i.e., persistently symptomatic with hot flashes)
   - The patient had a reduction in VMS frequency OR severity due to Veozah (fezolinetant) treatment

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity of #1 per day.**
   If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **FEZOLINETANT (Veozah)** requires the following rule(s) be met for renewal:
   A. You have moderate to severe menopausal vasomotor symptoms (VMS: a type of symptom related to menopause)
   B. You have a continued need for VMS treatment (you still experience persistent hot flashes)
   C. You had a reduction in VMS frequency OR severity due to Veozah (fezolinetant) treatment

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Veozah.

REFERENCES

- Veozah [Prescribing Information]. Northbrook, IL: Astellas Pharma US, Inc.; May 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 06/12/23
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