

Veozah (fezolinetant)
Effective 02/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

Veozah is indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.

Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

OR

Authorization may be granted when the following criteria is met:

1. The requested drug is being prescribed for the treatment of moderate to severe vasomotor symptoms due to menopause.
2. Member has had a trial and failure, inadequate response, OR contraindication to another medication for the treatment of vasomotor symptoms (e.g., hormone replacement therapy, SSRI, etc.).

Continuation of Therapy

Reauthorization may be granted for members who have achieved or maintained a positive clinical response to the requested drug AND have been re-evaluated periodically to determine if treatment is still necessary.

Limitations

1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

Veozah	30 tablets per 30 days
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References

1. Veozah [package insert]. Northbrook, IL: Astellas Pharma US, Inc.; May 2023.

Review History

12/13/2023: Created for December P&T; Effective 2/1/2024.