Prior Authorization Criteria

MISSISSIPPI DIVISION OF MEDICAID

VEOZAH® (*fezolinetant*) PA CRITERIA:

VEOZAH® (*fezolinetant*) is a neurokinin 3 (NK3) receptor antagonist indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.

Prior authorization is required for VEOZAH® (*fezolinetant*). Prior authorization approval will be considered when the following criteria are met. Along with the Universal PA Form, please submit any supporting clinical documentation.

Initial Authorization: 6 months

1. Age of the patient is within the age range as recommended by the FDA label; **AND**

2. Patient has a diagnosis of moderate to severe vasomotor symptoms due to menopause; **AND**

3. Patient has an inadequate response after a 30-day trial, unless contraindicated or documented intolerance, to one agent from each of the following categories:
    a. Hormone therapy (e.g., estradiol)**; and**
    b. Non-hormonal therapy [e.g., selective serotonin reuptake inhibitor, serotonin-norepinephrine reuptake inhibitor, gabapentin, oxybutynin]; **AND**

4. Patient does not have cirrhosis, several renal impairment, or end-stage renal disease; **AND**

5. Prescriber attests that baseline hepatic laboratory tests have been performed and that follow up testing will be performed monthly for the first 3 months, at 6 months, and at 9 months of treatment.

Re-Authorization: 12 months

1. Patient demonstrates a positive response to therapy (e.g., decrease in the frequency or severity of vasomotor symptoms); **AND**

2. Prescriber attests that patient receives routine hepatic laboratory monitoring, and the patient has not experienced any treatment adverse effects.

Dosing: VEOZAH® is taken as a single 45 mg tablet by mouth once daily.

Formulation: VEOZAH® (*fezolinetant*) is available as a 45 mg tablet.