



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	August 27, 2024

Veozah™ (fezolinetant)

LENGTH OF AUTHORIZATION:

Initial Therapy: 3 months

Continuation of Therapy: 12 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age; **AND**
- Patient must have a diagnosis of menopause with moderate to severe vasomotor symptoms; **AND**
- Patient does not have cirrhosis; **AND**
- Patient must have baseline liver function tests prior to initiating therapy and every 3 months during the first year; **AND**
- Patient does not have severe renal impairment or end-stage renal disease; **AND**
- Patient has documentation of trial and failure or intolerability to hormone therapy.

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of symptom improvement; **AND**
- Patient has not experienced any treatment-restricting adverse effects (e.g., ALT or AST > 3 times the ULN); **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 45mg tablets.