

<b>Policy Name:</b>	<b>Veozah (fezolinetant) Step-Edit</b>	<b>Policy#:</b>	<b>3196P</b>
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## Purpose of the Policy

The purpose of this policy is to define coverage criteria for Veozah (fezolinetant)

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Veozah (fezolinetant) under the pharmacy benefit if the following criteria are met.

## Criteria

### 1. Step-Edit Criteria

- 1.1 An electronic step-edit is in place that requires a previous paid claim of TWO level I recommended therapies including: paroxetine, escitalopram, citalopram, gabapentin, venlafaxine or hormone therapy
- 1.2 Provider can submit medical chart documentation of previous trial and subsequent failure of two previous therapies or contraindication to all

### 2. Managed Dose Limit

- 2.1 30 tablets per 30 days

### 3. Approval Period

- 3.1 12 months

## CPT Codes

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## HCPCS Codes

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## References

1. Veozah (fezolinetant) [prescribing information]. Northbrook IL; Astellas Pharma US, Inc. May 2023.
2. Lederman S, Ottery FD, Cano A, et al. Fezolinetant for treatment of moderate-to-severe vasomotor symptoms associated with menopause (SKYLIGHT 1): a phase 3 randomised controlled study. *Lancet*. 2023 Apr 1;401(10382):1091-1102.
3. Johnson KA, Martin N, Nappi RE, et al. Efficacy and Safety of Fezolinetant in Moderate-to-Severe Vasomotor Symptoms Associated With Menopause: A Phase 3 RCT. *J Clin Endocrinol Metab*. 2023 Feb 3;dgad 058.
4. The 2023 nonhormone therapy position statement of The North American Menopause Society. *Menopause*. 2023;30(6):573-590.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary

Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.