



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2023 P 2312-1
Program	Prior Authorization/Medical Necessity
Medication	Veozah™ (fezolinetant)
P&T Approval Date	8/2023
Effective Date	11/1/2023

**1. Background:**

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

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Veozah** will be approved based on **both** of the following criteria:

a. Diagnosis of moderate to severe vasomotor symptoms due to menopause

**-AND-**

b. History of failure (after a 30-day trial), contraindication or intolerance to **one** of the following:

- 1) Hormonal therapy (e.g., estradiol, Premarin, Prempro)
- 2) Non-hormonal therapy [e.g., clonidine, gabapentin, selective serotonin inhibitors (e.g., paroxetine), serotonin and norepinephrine reuptake inhibitors (e.g., venlafaxine)]

**Authorization will be issued for 12 months.**

**B. Reauthorization**

1. **Veozah** will be approved based on the following criterion:

a. Documentation of positive clinical response to therapy (e.g., decrease in frequency and severity of vasomotor symptoms from baseline)

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.

**4. References:**

1. Veozah [package insert]. Northbrook, IL: Astellas US LLC. May 2023.
2. Khan, SJ, Kapoor, E, Faubion, SS, Kling, JM. Vasomotor Symptoms During Menopause: A Practical Guide on Current Treatments and Future Perspectives. *Int J Womens Health*.2023; 15: 273-87.

Program	Prior Authorization/Medical Necessity - Veozah
<b>Change Control</b>	
8/2023	New program.