Reference number(s)
5992-C

Initial Prior Authorization with Quantity Limit Veozah

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Veozah	fezolinetant

Indications

FDA-approved Indications

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

Coverage Criteria

Vasomotor Symptoms

Authorization may be granted when the requested drug is being prescribed for the treatment of moderate to severe vasomotor symptoms due to menopause.

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Continuation of Therapy

Vasomotor Symptoms

Authorization may be granted when the requested drug is being prescribed for the treatment of moderate to severe vasomotor symptoms due to menopause when ALL of the following criteria are met:

- The patient has achieved or maintained a positive clinical response to the requested drug.
- The patient has been re-evaluated periodically to determine if treatment is still medically necessary.

Quantity Limits Apply

30 tablets per 25 days or 90 tablets per 75 days

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Duration of Approval (DOA)

- 5992-C: DOA: 12 months

References

1. Veozah [package insert]. Northbrook, IL: Astellas Pharma US, Inc.; December 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. https://online.lexi.com. Accessed November 29, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 11/29/2024).