



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Veozah (fezolinetant)

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Effective Date: 2/10/2024

Last Review Date: 11/21/2023

Applies to: New Jersey

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Veozah under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

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

Applicable Drug List:

Veozah

Policy/Guideline:

Criteria for Approval:

- The requested drug is being prescribed for the treatment of moderate to severe vasomotor symptoms due to menopause
 - AND**
 - The patient is unable to take the required number of formulary alternative (2) for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication. Documentation is required for approval
 - AND**
 - The request is NOT for continuation of therapy
 - OR**
 - The request is for continuation of therapy
 - AND**
 - The patient has achieved or maintained a positive clinical response to the requested drug
 - AND**
 - The patient has been re-evaluated periodically to determine if treatment is still necessary

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days

References:

1. Veozah [package insert]. Northbrook, IL: Astellas Pharma US, Inc.; May 2023.