AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Veozah (fezolinetant)	Page:	1 of 1
Effective Date:	2/10/2024	Last Review Date:	11/21/2023

Applies to:	☒ Illinois	☐ Florida	☐ New Jersey
	☒ Maryland	☒ Florida Kids	☒ Pennsylvania Kids
	☐ Michigan	☒ Virginia	

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 (3) 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.