

**Texas Prior Authorization Program
Clinical Criteria**

Veozah (Fezolinetant)

Clinical Criteria Information Included in this Document

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- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Updated criteria as approved by the DUR Board

Updated age on criteria diagram

Added a check for hepatic function



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Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Drugs Requiring Prior Authorization	
Label Name	GCN
VEOZAH 45 MG TABLET	54158



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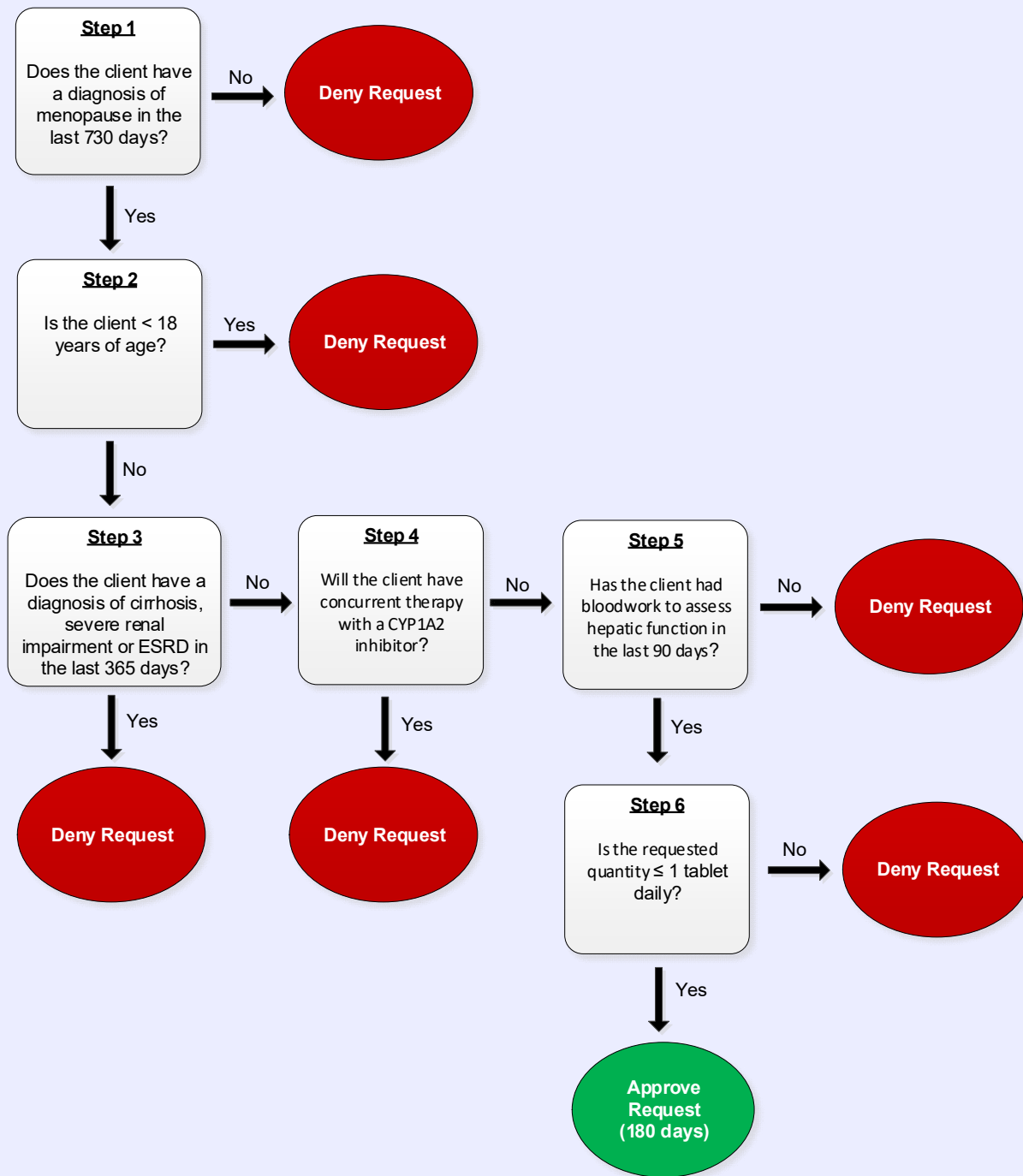
Clinical Criteria Logic

1. Does the client have a diagnosis of **menopause** in the last 730 days?
 Yes – Go to #2
 No – Deny
2. Is the client less than (<) 18 years of age?
 Yes – Deny
 No – Go to #3
3. Does the client have a diagnosis of **cirrhosis, severe renal impairment, or end-stage renal disease (ESRD)** in the last 365 days?
 Yes – Deny
 No – Go to #4
4. Will the client have concurrent therapy with a **CYP1A2 inhibitor**?
 Yes – Deny
 No – Go to #5
5. Has the client had bloodwork to assess **hepatic function** in the last 90 days?
 Yes – Go to #6
 No - Deny
6. Is the requested quantity less than or equal to (\leq) to 1 tablet daily?
 Yes – Approve (180 days)
 No - Deny



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Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of menopause) Required quantity: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
N951	MENOPAUSAL AND FEMALE CLIMACTERIC STATES

Step 3 (diagnosis of cirrhosis, severe renal impairment, or ESRD) Required quantity: 1 Look back timeframe: 365 days	
ICD-10 Code	Description
K7030	ALCOHOLIC CIRRHOSIS OF LIVER WITHOUT ASCITES
K7031	ALCOHOLIC CIRRHOSIS OF LIVER WITH ASCITES
K7460	UNSPECIFIED CIRRHOSIS OF LIVER
K7469	OTHER CIRRHOSIS OF LIVER
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29-15 mL/min)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15 mL/min)
N186	END STAGE RENAL DISEASE

Step 4 (CYP1A2 inhibitor)	
Label Name	GCN
ACYCLOVIR 200 MG CAPSULE	43790
ACYCLOVIR 200 MG/5 ML SUSP	43731
ACYCLOVIR 400 MG TABLET	13724
ACYCLOVIR 800 MG TABLET	13721
ALLOPURINOL 100 MG TABLET	07070
ALLOPURINOL 300 MG TABLET	07071
CIMETIDINE 200MG TABLET	46750
CIMETIDINE 300MG TABLET	46751
CIMETIDINE 300MG/5ML SOLN	46740
CIMETIDINE 400MG TABLET	46752
CIMETIDINE 800MG TABLET	46753
CIPRO 10% SUSPENSION	47057
CIPRO 5% SUSPENSION	47056
CIPROFLOXACIN ER 1000MG TAB	20315

Step 4 (CYP1A2 inhibitor)	
Label Name	GCN
CIPROFLOXACIN ER 500MG TAB	18898
CIPROFLOXACIN HCL 100MG TABLET	47053
CIPROFLOXACIN HCL 250MG TAB	47050
CIPROFLOXACIN HCL 500MG TAB	47051
CIPROFLOXACIN HCL 750MG TAB	47052
CIPROFLOXACIN-D5W 200MG/100ML	52121
CIPROFLOXACIN-D5W 400MG/200ML	52122
FLUVOXAMINE ER 100MG CAPSULE	99481
FLUVOXAMINE ER 150MG CAPSULE	99482
FLUVOXAMINE MALEATE 100MG TAB	16349
FLUVOXAMINE MALEATE 25MG TAB	16347
FLUVOXAMINE MALEATE 50MG TAB	16348
METHOXSALLEN 10 MG SOFTGEL	13302
MEXILETINE 150 MG CAPSULE	12210
MEXILETINE 200 MG CAPSULE	12211
MEXILETINE 250 MG CAPSULE	12212
TRANDOLAPR-VERAPAM ER 1-240 MG	32112
TRANDOLAPR-VERAPAM ER 2-180 MG	32111
TRANDOLAPR-VERAPAM ER 2-240 MG	32113
TRANDOLAPR-VERAPAM ER 4-240 MG	32114
VERAPAMIL 120 MG TABLET	02341
VERAPAMIL 40 MG TABLET	47110
VERAPAMIL 80 MG TABLET	02342
VERAPAMIL ER 120 MG CAPSULE	03003
VERAPAMIL ER 120 MG TABLET	32472
VERAPAMIL ER 180 MG CAPSULE	03001
VERAPAMIL ER 180 MG TABLET	32471
VERAPAMIL ER 240 MG CAPSULE	03002
VERAPAMIL ER 240 MG TABLET	32470
VERAPAMIL ER PM 100 MG CAPSULE	94122
VERAPAMIL ER PM 200 MG CAPSULE	94123
VERAPAMIL ER PM 300 MG CAPSULE	94124
VERAPAMIL SR 120 MG CAPSULE	03003
VERAPAMIL SR 180 MG CAPSULE	03001
VERAPAMIL SR 240 MG CAPSULE	03002
VERAPAMIL SR 360 MG CAPSULE	03004
VERELAN 120 MG CAP PELLETT	03003
VERELAN 180 MG CAP PELLETT	03001
VERELAN 240 MG CAP PELLETT	03002
VERELAN 360 MG CAP PELLETT	03004

Step 4 (CYP1A2 inhibitor)	
Label Name	GCN
VERELAN PM 100 MG CAP PELLETT	94122
VERELAN PM 200 MG CAP PELLETT	94123
VERELAN PM 300 MG CAP PELLETT	94124
ZELBORAF 240 MG TABLET	30332
ZILEUTON ER 600 MG TABLET	98822

Step 5 (hepatic function tests)	
Required quantity: 1	
Look back timeframe: 90 days	
CPT Code	Description
80053	COMPREHENSIVE METABOLIC PANEL
80076	HEPATIC FUNCTION PANEL



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Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on July 21, 2023.
2. 2023 ICD-10-CM Diagnosis Codes, Volume 1. 2023. Available at www.icd10data.com. Accessed on July 21, 2023.
3. Veozah Prescribing Information. Northbrook, IL. Astellas Pharma US, Inc. May 2023.



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Publication History

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/07/2023	Added MCO recommendations for presentation
07/21/2023	Initial publication and presentation to the DUR Board
07/26/2023	Updated criteria as approved by the DUR Board Added a check for hepatic function
08/14/2023	Updated age on criteria diagram