

Clinical Oversight Review Board (CORB) Criteria for Prescribing/ Criteria-Based Consultation (CBC) Criteria for Coverage

fezolinetant (Veoza)

Notes:

- Quantity Limits: No
- ¹ Adequate trial is defined as 4 weeks of treatment
- ² Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation or can likely be relieved by adjusting the dose and/or frequency or trial of another medication in the class. Also excludes product dosage form issues that can be resolved with education, changes to timing of dose and/or frequency or switching to a different product or manufacturer.
- ³ [CNS-active medication](#) and [anticholinergic medication](#) tables are available upon request

Non-Formulary **fezolinetant (Veoza)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria: Non-formulary **fezolinetant (Veoza)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by Obstetrics/Gynecology or Hematology/Oncology provider
- Patient has a diagnosis of vasomotor symptoms of menopause severe enough to interfere with daily activities and/or sleep or vasomotor symptoms related to hormonal therapy
- Patient has failed an adequate trial¹ of two of the following non-hormonal drug options and at least one trial is a selective serotonin reuptake inhibitor (SSRI), a serotonin-norepinephrine reuptake inhibitor (SNRI) or a gabapentinoid, unless contraindication, allergy or intolerance²
 - Formulary SSRIs (avoid if 64 years of age or older and taking 2 or more CNS-active medications³ that are medically necessary and cannot be discontinued or changed to an alternative)
 - Citalopram
 - Escitalopram
 - Paroxetine (avoid if 64 years of age or older OR if taking tamoxifen)
 - Formulary SNRIs (avoid if 64 years of age or older and taking 2 or more CNS-active medications³ that are medically necessary and cannot be discontinued or changed to an alternative)
 - Desvenlafaxine
 - Venlafaxine
 - Formulary gabapentinoids (avoid if taking a long-term opioid or if 64 years of age or older and taking 2 or more CNS-active medications³ that are medically necessary and cannot be discontinued or changed to an alternative)
 - Gabapentin
 - Pregabalin

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- Oxybutynin (avoid if 64 years of age or older AND taking another anticholinergic medication³ that is medically necessary and cannot be discontinued or changed to an alternative)
- Patient completed a liver function blood test approximately 3 months ago or less. AST and ALT must be no more than 2 times the upper limit of normal and bilirubin must be within normal limits.

Criteria for current or new Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **fezolinetant (Veoza)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a diagnosis of vasomotor symptoms of menopause severe enough to interfere with daily activities and/or sleep
- Patient has failed an adequate trial¹ of one of the following drug options unless contraindication⁴, allergy or intolerance²
 - SSRIs (avoid if 64 years of age or older and taking 2 or more CNS-active medications³ that are medically necessary and cannot be discontinued or changed to an alternative)
 - Citalopram
 - Escitalopram
 - Paroxetine (avoid if 64 years of age or older OR if taking tamoxifen)
 - SNRIs (avoid if 64 years of age or older and taking 2 or more CNS-active medications³ that are medically necessary and cannot be discontinued or changed to an alternative)
 - Desvenlafaxine
 - Venlafaxine
 - Gabapentinoid (avoid if taking a long-term opioid or if 64 years of age or older and taking 2 or more CNS-active medications³ that are medically necessary and cannot be discontinued or changed to an alternative)
 - Gabapentin
 - Pregabalin
 - Oxybutynin (avoid if 64 years of age or older AND taking another anticholinergic medication³ that is medically necessary and cannot be discontinued or changed to an alternative)
- If taking Vezoah for less than 1 year: Patient has completed the most recent liver function blood test (recommended at 1, 2, 3, 6 and 9 months after starting Veozah), or otherwise completes within 1 month of notice given to prescriber. If

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bilirubin is elevated, then AST and ALT must be no more than 3 times the upper limit of normal. Otherwise, defer to clinical judgement of prescriber.

NOTE: If information is not available in Care Everywhere and patient is unable to verify in an interview, the patient or new provider will need to request outside records from previous provider(s).

Continued use criteria (12 months after approval): Non-formulary **fezolinetant (Veoza)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Symptoms are partially or fully resolved
- Starting at 60 years of age: If symptoms have fully resolved, then trial off to determine if symptoms return and drug treatment is still medically necessary. Repeat a trial off every 2 years.