



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Veozah (fezolinetant) Page: 1 of 2

Effective Date: 1/1/2026 Last Review Date: 5/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> New Jersey
	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Pennsylvania Kids
	<input type="checkbox"/> Michigan	<input type="checkbox"/> 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:

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 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.

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.

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: 30 tablets per 30 days



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Veozah (fezolinetant) Page: 2 of 2

Effective Date: 1/1/2026 Last Review Date: 5/2025

Applies to:	<input checked="" type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input type="checkbox"/> New Jersey
	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> Florida Kids	<input checked="" type="checkbox"/> Pennsylvania Kids
	<input type="checkbox"/> Michigan	<input type="checkbox"/> Virginia	

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).