Fezolinetant (Veozah®)

Goal(s):

- To ensure appropriate and safe use of fezolinetant in specified patient populations.

Length of Authorization:

- 6 to 12 months

Requires PA:

- Fezolinetant 45 mg tablets.

Step Therapy Required Prior to Coverage:

- Prevention of vasomotor symptoms: conventional hormone therapy (see preferred drug list options at (www.orpdl.org)
- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this a request for continuation of therapy previously approved by the FFS program?	**Yes:** Go to **Renewal Criteria**	**No:** Go to #3
3. Is the request to treat vasomotor symptoms in a post-menopausal person?	**Yes**: Go to #4	**No:** Pass to RPh. Deny; medical appropriateness
4. Does the patient have intolerance or contraindications to hormone replacement therapy (e.g., estrogen/progestin)? *Contraindications to estrogen include history of breast cancer, hepatic disease, cardiovascular disease, or a venous thromboembolism event. Intolerance to progestin include breast tenderness and vaginal bleeding.	**Yes:** Go to #5	**No:** Pass to RPh. Deny; medical appropriateness Refer provider to preferred drug list option for conventional hormone therapy at www.orpdl.org
5. Is the patient currently taking a CYP1A2 inhibitor (i.e., cimetidine, amiodarone, mexiletine, ciprofloxacin, or fluvoxamine)?	**Yes:** Pass to RPh. Deny; medical appropriateness. Note: CYP1A2 inhibitors are contraindicated with fezolinetant therapy.	**No:** Go to #6

Approval Criteria		
6. Have baseline renal function tests been obtained?	**Yes:** Go to #7 and document baseline labs_____	**No:** Pass to RPh. Deny; medical appropriateness.
7. Is the estimated glomerular filtration rate (eGFR) < 30 mL/min?	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Go to #8
8. Have baseline liver function tests (LFTs) been obtained?	**Yes:** Go to #9 and document baseline labs_____	**No:** Pass to RPh. Deny; medical appropriateness.
9. Do LFTs indicate presence of severe cirrhosis (i.e., serum transaminase concentrations greater than 2 times the upper limit of normal)?	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Approve for 6 months.

Renewal Criteria		
1. Have frequency and severity of vasomotor symptoms been reduced with fezolinetant treatment?	**Yes:** Go to #2	**No:** Pass to RPh. Deny; medical appropriateness.
2. Have liver function tests (LFTs) been requested at 3-, 6-, and 9-month intervals after starting treatment with fezolinetant? *Note LFTs should be obtained during fezolinetant treatment if symptoms (such as nausea, vomiting, or yellowing of the skin and eyes) suggest liver injury.	**Yes:** Go to #3 and document LFT results_____	**No:** Pass to RPh. Deny; medical appropriateness.
3. Do LFTs indicate severe cirrhosis (i.e., serum transaminase concentrations greater than 2 times the upper limit of normal)?	**Yes**: Pass to RPh. Deny; medical appropriateness.	**No:** Approve for 12 months**.**