

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class**

**Vasomotor Symptoms Agents**

**Clinical Criteria Information included in this Document**

**Lynkuet (Elinzanetant)**

- [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); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Veozah (Fezolinetant)**

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

## Revision Notes

Changed the guide's name from "Veozah" to "Vasomotor Symptoms Agents"

Added criteria for Lynkuet as approved by the DUR Board

Removed age check from Veozah criteria to align with Lynkuet criteria

Removed ciprofloxacin (47053) from the CYP1A2 Inhibitor supporting table – product discontinued

Updated Veozah criteria lookback language to say, "in past medical and/or pharmacy claims history?"

Updated references



## Lynkuet (Elinzanetant)

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](https://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
LYNKUET 60 MG CAPSULE	58263

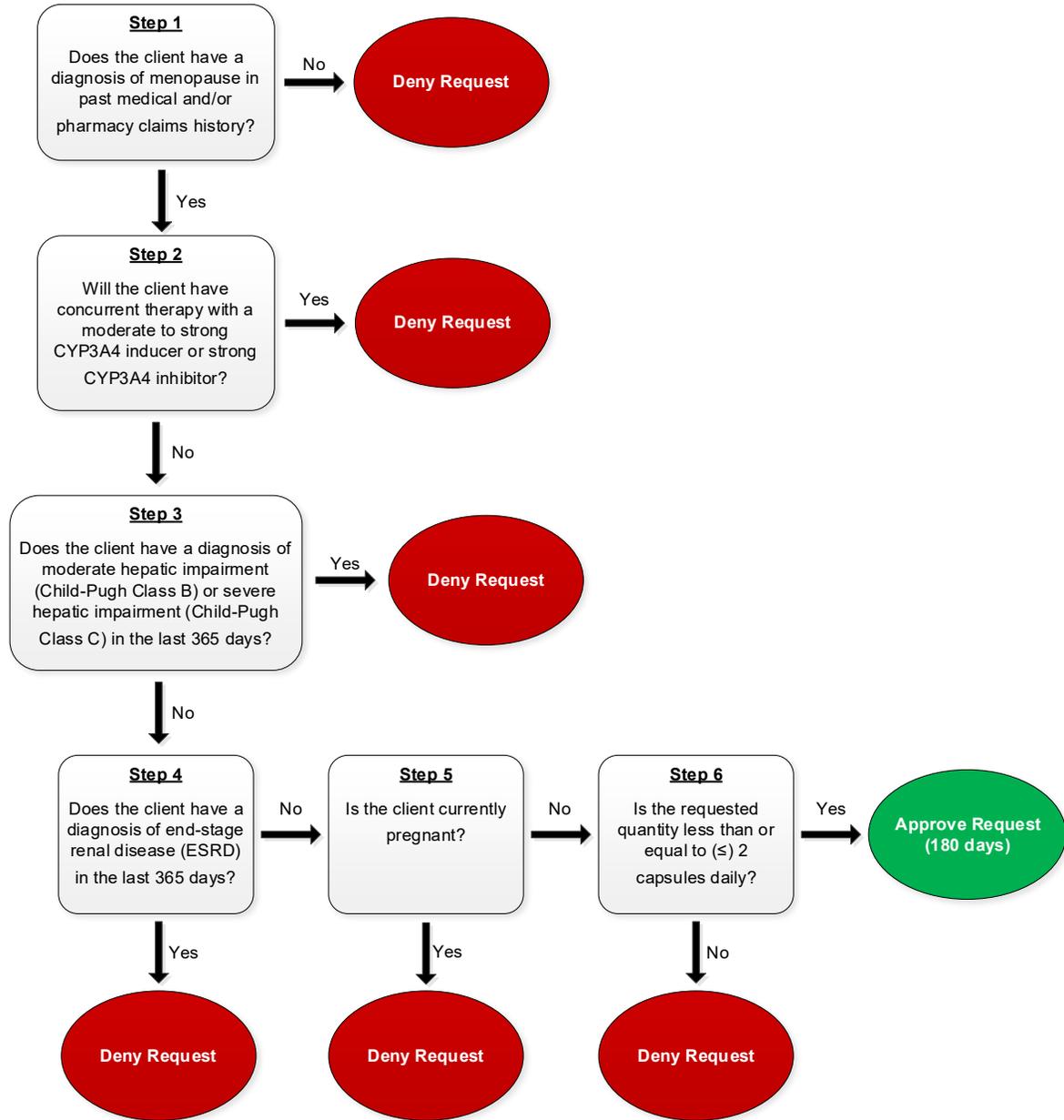


## Lynkuet (Elinzanetant)

### Clinical Criteria Logic

1. Does the client have a [diagnosis of menopause](#) in past medical and/or pharmacy claims history?  
 Yes – Go to #2  
 No – Deny
2. Will the client have concurrent therapy with a [moderate to strong CYP3A4 inducer](#) or [strong CYP3A4 inhibitor](#)?  
 Yes – Deny  
 No – Go to #3
3. Does the client have a diagnosis of moderate hepatic impairment (Child-Pugh Class B) or severe hepatic impairment (Child-Pugh Class C) in the last 365 days?  
 Yes – Deny  
 No – Go to #4
4. Does the client have a [diagnosis of end-stage renal disease \(ESRD\)](#) in the last 365 days?  
 Yes – Deny  
 No – Go to #5
5. Is the client currently pregnant?  
 Yes – Deny  
 No – Go to #6
6. Is the requested quantity less than or equal to ( $\leq$ ) 2 capsules daily?  
 Yes – Approve (180 days)  
 No – Deny

**PA<sub>X</sub>PRESS™** **Lynkuet (Elinzanetant)**  
**Clinical Criteria Logic Diagram**





## Lynkuet (Elinzanetant)

### Clinical Criteria Supporting Tables

**Table 1 (diagnosis of menopause)**

ICD-10 Code	Description
N951	MENOPAUSAL AND FEMALE CLIMACTERIC STATES

**Table 2a (moderate to strong CYP3A4 inducer)**

GCN	Label Name
25445	ACTOPLUS MET 15-850MG TABLET
25444	ACTOPLUS MET 15-500MG TABLET
28620	ACTOPLUS MET XR 15-1000MG TABLET
28622	ACTOPLUS MET XR 30-1000MG TABLET
92991	ACTOS 15MG TABLET
93001	ACTOS 30MG TABLET
93011	ACTOS 45MG TABLET
34080	ALOGLIPTIN-PIOGLIT 12.5-15 MG
34083	ALOGLIPTIN-PIOGLIT 12.5-30 MG
34084	ALOGLIPTIN-PIOGLIT 12.5-45 MG
34077	ALOGLIPTIN-PIOGLIT 25-15 MG TB
34078	ALOGLIPTIN-PIOGLIT 25-30 MG TB
34079	ALOGLIPTIN-PIOGLIT 25-45 MG TB
36098	APTOM 200MG TABLET
36099	APTOM 400MG TABLET
36106	APTOM 600MG TABLET
27409	APTOM 800MG TABLET

Table 2a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
27346	ATRIPLA TABLET
92373	BEXAROTENE 75MG CAPSULE
14978	BOSENTAN 125 MG TABLET
14979	BOSENTAN 62.5 MG TABLET
17460	CARBAMAZEPINE 100 MG TAB CHEW
47500	CARBAMAZEPINE 100 MG/5 ML SUSP
17450	CARBAMAZEPINE 200 MG TABLET
23934	CARBAMAZEPINE ER 100 MG CAP
23932	CARBAMAZEPINE ER 200 MG CAP
27820	CARBAMAZEPINE ER 100 MG TABLET
27821	CARBAMAZEPINE ER 200 MG TABLET
23933	CARBAMAZEPINE ER 300 MG CAP
27822	CARBAMAZEPINE ER 400 MG TABLET
23934	CARBATROL ER 100 MG CAPSULE
23932	CARBATROL ER 200 MG CAPSULE
23933	CARBATROL ER 300 MG CAPSULE
17700	DILANTIN 100 MG CAPSULE
17241	DILANTIN 125 MG/5 ML SUSP
17701	DILANTIN 30 MG CAPSULE
17250	DILANTIN 50 MG INFATAB
97181	DUETACT 30-2MG TABLET
97180	DUETACT 30-4MG TABLET
15555	EFAVIRENZ 600 MG TABLET
44425	EFAVIR-LAMIV-TENOF 400-300-300

Table 2a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
27346	EFAVIR-EMTRI-TENOF 600-200-300
44548	EFAVIR-LAMIV-TENOF 600-300-300
17450	EPITOL 200 MG TABLET
13781	EQUETRO 100 MG CAPSULE
13805	EQUETRO 200 MG CAPSULE
13818	EQUETRO 300 MG CAPSULE
53749	ERLEADA 240 MG TABLET
44446	ERLEADA 60 MG TABLET
99318	ETRAVIRINE 100 MG TABLET
29424	ETRAVIRINE 200 MG TABLET
99318	INTELENCE 100MG TABLET
29424	INTELENCE 200MG TABLET
32035	INTELENCE 25MG TABLET
45688	LORBRENA 100 MG TABLET
45687	LORBRENA 25 MG TABLET
38710	LYSODREN 500MG TABLET
26101	MODAFINIL 100MG TABLET
26102	MODAFINIL 200MG TABLET
29810	MYCOBUTIN 150 MG CAPSULE
17310	MYSOLINE 250 MG/5 ML SUSP
17321	MYSOLINE 250MG TABLET
17322	MYSOLINE 50MG TABLET
31420	NEVIRAPINE 200MG TABLET
31421	NEVIRAPINE 50MG/5ML SUSPENSION

Table 2a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
29767	NEVIRAPINE ER 400MG TABLET
30935	NEVIRAPINE ER 100 MG TABLET
42366	ORKAMBI 100-125MG TABLET
39008	ORKAMBI 200-125MG TABLET
36937	ORKAMBI 100-125 MG GRANULE PKT
42848	ORKAMBI 150-188 MG GRANULE PKT
52865	ORKAMBI 75-94 MG GRANULE PKT
34080	OSENI 12.5-15MG TABLET
34083	OSENI 12.5-30MG TABLET
34084	OSENI 12.5-45MG TABLET
34077	OSENI 25-15MG TABLET
34078	OSENI 25-30MG TABLET
34079	OSENI 25-45MG TABLET
12975	PHENOBARBITAL 100 MG TABLET
12892	PHENOBARBITAL 130 MG/ML VIAL
12971	PHENOBARBITAL 15 MG TABLET
97706	PHENOBARBITAL 16.2 MG TABLET
12956	PHENOBARBITAL 20 MG/5 ML ELIX
12973	PHENOBARBITAL 30 MG TABLET
97965	PHENOBARBITAL 32.4 MG TABLET
12972	PHENOBARBITAL 60 MG TABLET
97966	PHENOBARBITAL 64.8 MG TABLET
12894	PHENOBARBITAL 65 MG/ML VIAL
97967	PHENOBARBITAL 97.2 MG TABLET

Table 2a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
15038	PHENYTEK 200 MG CAPSULE
15037	PHENYTEK 300 MG CAPSULE
17241	PHENYTOIN 125 MG/5 ML SUSP
17250	PHENYTOIN 50 MG TABLET CHEW
17200	PHENYTOIN 50 MG/ML VIAL
17700	PHENYTOIN SOD EXT 100 MG CAP
15038	PHENYTOIN SOD EXT 200 MG CAP
15037	PHENYTOIN SOD EXT 300 MG CAP
92991	PIOGLITAZONE HCL 15 MG TABLET
93001	PIOGLITAZONE HCL 30 MG TABLET
93011	PIOGLITAZONE HCL 45 MG TABLET
97181	PIOGLITAZONE-GLIMEPIRIDE 30-2
97180	PIOGLITAZONE-GLIMEPIRIDE 30-4
25444	PIOGLITAZONE-METFORMIN 15-500
25445	PIOGLITAZONE-METFORMIN 15-850
45911	PRIFTIN 150MG TABLET
21726	PRIMIDONE 125 MG TABLET
17321	PRIMIDONE 250MG TABLET
17322	PRIMIDONE 50MG TABLET
26101	PROVIGIL 100MG TABLET
26102	PROVIGIL 200MG TABLET
29810	RIFABUTIN 150 MG CAPSULE
41260	RIFADIN 150 MG CAPSULE
41261	RIFADIN 300 MG CAPSULE

Table 2a (moderate to strong CYP3A4 inducer)	
GCN	Label Name
41470	RIFADIN IV 600 MG VIAL
89800	RIFAMATE CAPSULE
41260	RIFAMPIN 150 MG CAPSULE
41261	RIFAMPIN 300 MG CAPSULE
41470	RIFAMPIN IV 600 MG VIAL
14142	RIFATER TABLET
43302	SUSTIVA 100 MG CAPSULE
43303	SUSTIVA 200MG CAPSULE
43301	SUSTIVA 50MG CAPSULE
15555	SUSTIVA 600MG TABLET
44548	SYMFI 600-300-300 MG TABLET
44425	SYMFI LO 400-300-300 MG TABLET
53863	TAFINLAR 10 MG TABLET FOR SUSP
34723	TAFINLAR 50MG CAPSULE
34724	TAFINLAR 75MG CAPSULE
92373	TARGRETIN 75 MG SOFTGEL
92373	TARGRETIN 75MG CAPSULE
17460	TEGRETOL 100 MG TABLET CHEW
47500	TEGRETOL 100 MG/5 ML SUSP
17450	TEGRETOL 200 MG TABLET
27820	TEGRETOL XR 100 MG TABLET
27821	TEGRETOL XR 200 MG TABLET
27822	TEGRETOL XR 400 MG TABLET
45016	TIBSOVO 250 MG TABLET

<b>Table 2a (moderate to strong CYP3A4 inducer)</b>	
<b>GCN</b>	<b>Label Name</b>
14978	TRACLEER 125MG TABLET
14979	TRACLEER 62.5MG TABLET
43819	TRACLEER 32 MG TABLET FOR SUSP
31420	VIRAMUNE 200MG TABLET
31421	VIRAMUNE 50MG/5ML SUSPENSION
30935	VIRAMUNE XR 100MG TABLET
29767	VIRAMUNE XR 400MG TABLET
47395	XCOPRI 100 MG TABLET
47409	XCOPRI 12.5-25 MG TITRATION PK
47396	XCOPRI 150 MG TABLET
47414	XCOPRI 150-200 MG TITRATION PK
47397	XCOPRI 200 MG TABLET
55041	XCOPRI 25 MG TABLET
49574	XCOPRI 250 MG DAILY DOSE PACK
47416	XCOPRI 350 MG DAILY DOSE PACK
47394	XCOPRI 50 MG TABLET
47413	XCOPRI 50-100 MG TITRATION PAK
33183	XTANDI 40MG CAPSULE
46626	XTANDI 40 MG TABLET
48452	XTANDI 80 MG TABLET

<b>Table 2b (strong CYP3A4 inhibitor)</b>	
<b>GCN</b>	<b>Label Name</b>
19952	ATAZANAVIR SULFATE 150MG CAP
19953	ATAZANAVIR SULFATE 200MG CAP

Table 2b (strong CYP3A4 inhibitor)	
GCN	Label Name
97430	ATAZANAVIR SULFATE 300MG CAP
11670	CLARITHROMYCIN 125 MG/5 ML SUS
48852	CLARITHROMYCIN 250 MG TABLET
11671	CLARITHROMYCIN 250 MG/5 ML SUS
48851	CLARITHROMYCIN 500 MG TABLET
48850	CLARITHROMYCIN ER 500 MG TAB
26820	CRIXIVAN 200 MG CAPSULE
26822	CRIXIVAN 400 MG CAPSULE
37797	EVOTAZ 300-150MG TABLET
40092	GENVOYA TABLET
23952	INVIRASE 500 MG TABLET
49100	ITRACONAZOLE 10 MG/ML SOLUTION
49101	ITRACONAZOLE 100 MG CAPSULE
99101	KALETRA 100-25 MG TABLET
25919	KALETRA 200-50 MG TABLET
31782	KALETRA 400-100/5 ML ORAL SOLU
15175	KETEK 400 MG TABLET
25905	KETEK 300 MG TABLET
42590	KETOCONAZOLE 200 MG TABLET
31485	KORLYM 300 MG TABLET
64269	LANSOPRAZOL-AMOXICIL-CLARITHRO
99101	LOPINA VIR-RITONAVIR 100-25MG TB
25919	LOPINA VIR-RITONAVIR 200-50MG TB
31782	LOPINA VIR-RITONAVIR 80-20MG/ML

Table 2b (strong CYP3A4 inhibitor)	
GCN	Label Name
16406	NEFAZODONE 100MG TABLET
16407	NEFAZODONE 150MG TABLET
16408	NEFAZODONE 200MG TABLET
16409	NEFAZODONE 250MG TABLET
16404	NEFAZODONE 50MG TABLET
40309	NORVIR 100 MG POWDER PACKET
26812	NORVIR 100 MG CAPSULE
28224	NORVIR 100 MG TABLET
26810	NORVIR 80 MG/ML SOLUTION
26502	NOXAFIL 40 MG/ML SUSPENSION
35649	NOXAFIL DR 100 MG TABLET
36248	NOXAFIL 300 MG/16.7 ML VIAL
49744	NOXAFIL 300 MG POWDERMIX SUSP
32137	OMECLAMOX-PAK COMBO PACK
26502	POSACONAZOLE 200 MG/5 ML SUSP
35649	POSACONAZOLE DR 100 MG TABLET
36248	POSACONAZOLE 300 MG/16.7 ML VL
37367	PREZCOBIX 150MG TABLET
31201	PREZISTA 100MG/ML SUSPENSION
23489	PREZISTA 150MG TABLET
99434	PREZISTA 600MG TABLET
16759	PREZISTA 75MG TABLET
33723	PREZISTA 800MG TABLET
19952	REYATAZ 150MG CAPSULE

Table 2b (strong CYP3A4 inhibitor)	
GCN	Label Name
19953	REYATAZ 200MG CAPSULE
37430	REYATAZ 300MG CAPSULE
36647	REYATAZ 50MG POWDER PACK
28224	RITONAVIR 100 MG TABLET
16406	SERZONE 100 MG TABLET
16407	SERZONE 150 MG TABLET
16408	SERZONE 200 MG TABLET
16409	SERZONE 250 MG TABLET
16404	SERZONE 50 MG TABLET
49100	SPORANOX 10 MG/ML SOLUTION
49101	SPORANOX 100 MG CAPSULE
91170	SPORANOX 250 MG KIT
33130	STRIBILD TABLET
43968	SYMTUZA 800-150-200-10 MG TAB
45848	TOLSURA 65 MG CAPSULE
36468	TYBOST 150MG TABLET
17498	VFEND 200 MG TABLET
21513	VFEND 40 MG/ML SUSPENSION
17497	VFEND 50 MG TABLET
17499	VFEND IV 200 MG VIAL
37614	VIEKIRA PAK
41932	VIEKIRA XR TABLET
40312	VIRACEPT 250 MG TABLET
19717	VIRACEPT 625 MG TABLET

<b>Table 2b (strong CYP3A4 inhibitor)</b>	
<b>GCN</b>	<b>Label Name</b>
17498	VORICONAZOLE 200 MG TABLET
17499	VORICONAZOLE 200 MG VIAL
21513	VORICONAZOLE 40 MG/ML SUSP
17497	VORICONAZOLE 50 MG TABLET
36884	ZYDELIG 100MG TABLET
36885	ZYDELIG 150MG TABLET

<b>Table 4 (diagnosis of end-stage renal disease (ESRD))</b>	
<b>ICD-10 Code</b>	<b>Description</b>
N185	CHRONIC KIDNEY DISEASE, STAGE 5
N186	END STAGE RENAL DISEASE



## Veozah (Fezolinetant)

### Drugs Requiring Prior Authorization

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



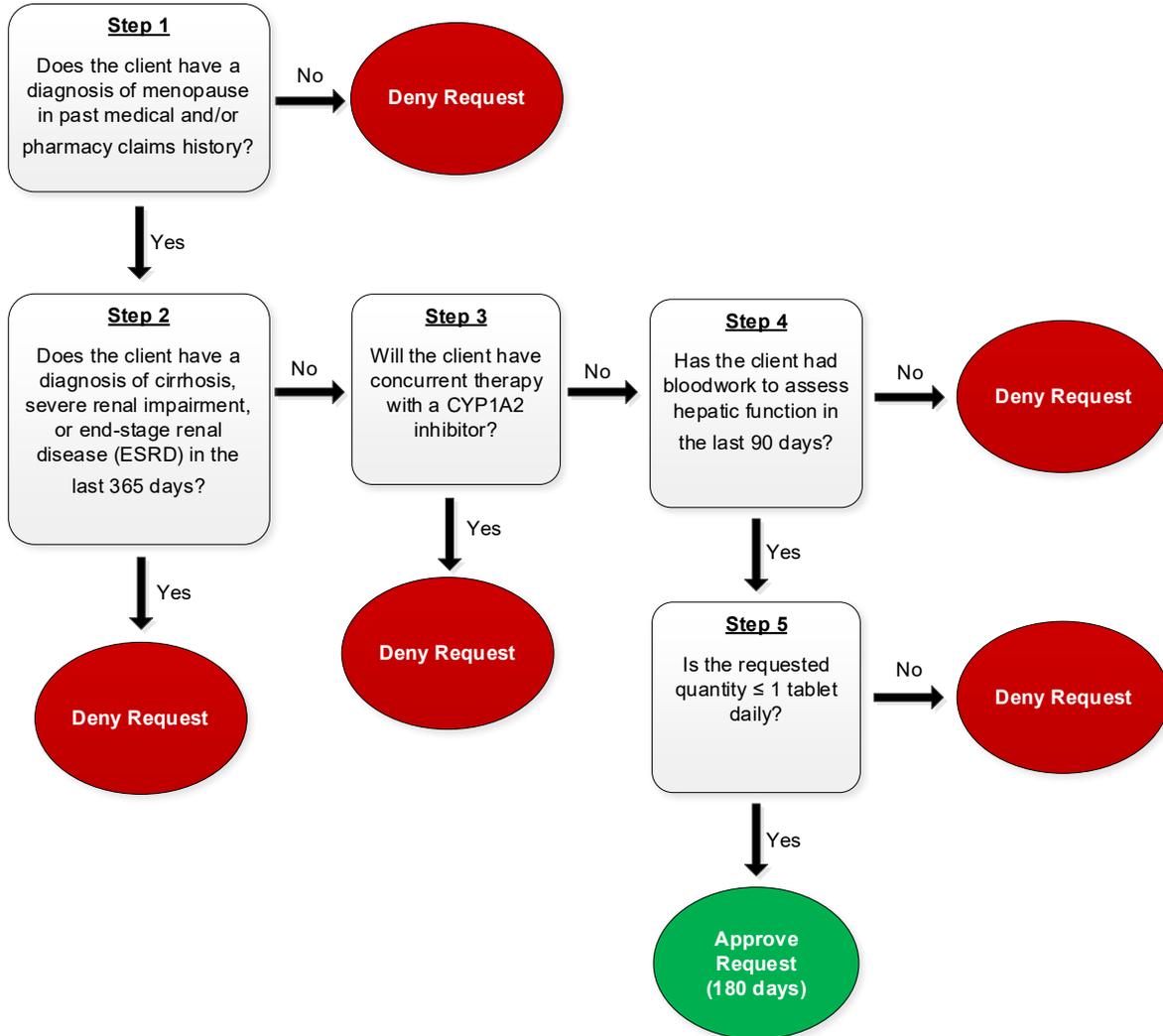
## Veozah (Fezolinetant)

### Clinical Criteria Logic

1. Does the client have a [diagnosis of menopause](#) in past medical and/or pharmacy claims history?  
 Yes – Go to #2  
 No – Deny
2. 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 #3
3. Will the client have concurrent therapy with a [CYP1A2 inhibitor](#)?  
 Yes – Deny  
 No – Go to #4
4. Has the client had bloodwork to assess [hepatic function](#) in the last 90 days?  
 Yes – Go to #5  
 No – Deny
5. Is the requested quantity less than or equal to ( $\leq$ ) to 1 tablet daily?  
 Yes – Approve (180 days)  
 No – Deny



**Veozah (Fezolinetant)**  
Clinical Criteria Logic Diagram





## Veozah (Fezolinetant)

### Clinical Criteria Supporting Tables

Table 1 (diagnosis of menopause)	
ICD-10 Code	Description
N951	MENOPAUSAL AND FEMALE CLIMACTERIC STATES

Table 2 (diagnosis of cirrhosis, severe renal impairment, or ESRD)	
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

Table 3 (CYP1A2 inhibitor)	
GCN	Label Name
43790	ACYCLOVIR 200 MG CAPSULE
43731	ACYCLOVIR 200 MG/5 ML SUSP
13724	ACYCLOVIR 400 MG TABLET
13721	ACYCLOVIR 800 MG TABLET
07070	ALLOPURINOL 100 MG TABLET
07071	ALLOPURINOL 300 MG TABLET
46750	CIMETIDINE 200MG TABLET

Table 3 (CYP1A2 inhibitor)	
GCN	Label Name
46751	CIMETIDINE 300MG TABLET
46740	CIMETIDINE 300MG/5ML SOLN
46752	CIMETIDINE 400MG TABLET
46753	CIMETIDINE 800MG TABLET
47057	CIPRO 10% SUSPENSION
47056	CIPRO 5% SUSPENSION
20315	CIPROFLOXACIN ER 1000MG TAB
18898	CIPROFLOXACIN ER 500MG TAB
47050	CIPROFLOXACIN HCL 250MG TAB
47051	CIPROFLOXACIN HCL 500MG TAB
47052	CIPROFLOXACIN HCL 750MG TAB
52121	CIPROFLOXACIN-D5W 200MG/100ML
52122	CIPROFLOXACIN-D5W 400MG/200ML
99481	FLUVOXAMINE ER 100MG CAPSULE
99482	FLUVOXAMINE ER 150MG CAPSULE
16349	FLUVOXAMINE MALEATE 100MG TAB
16347	FLUVOXAMINE MALEATE 25MG TAB
16348	FLUVOXAMINE MALEATE 50MG TAB
13302	METHOXSALEN 10 MG SOFTGEL
12210	MEXILETINE 150 MG CAPSULE
12211	MEXILETINE 200 MG CAPSULE
12212	MEXILETINE 250 MG CAPSULE
32112	TRANDOLAPR-VERAPAM ER 1-240 MG
32111	TRANDOLAPR-VERAPAM ER 2-180 MG

Table 3 (CYP1A2 inhibitor)	
GCN	Label Name
32113	TRANDOLAPR-VERAPAM ER 2-240 MG
32114	TRANDOLAPR-VERAPAM ER 4-240 MG
02341	VERAPAMIL 120 MG TABLET
47110	VERAPAMIL 40 MG TABLET
02342	VERAPAMIL 80 MG TABLET
03003	VERAPAMIL ER 120 MG CAPSULE
32472	VERAPAMIL ER 120 MG TABLET
03001	VERAPAMIL ER 180 MG CAPSULE
32471	VERAPAMIL ER 180 MG TABLET
03002	VERAPAMIL ER 240 MG CAPSULE
32470	VERAPAMIL ER 240 MG TABLET
94122	VERAPAMIL ER PM 100 MG CAPSULE
94123	VERAPAMIL ER PM 200 MG CAPSULE
94124	VERAPAMIL ER PM 300 MG CAPSULE
03003	VERAPAMIL SR 120 MG CAPSULE
03001	VERAPAMIL SR 180 MG CAPSULE
03002	VERAPAMIL SR 240 MG CAPSULE
03004	VERAPAMIL SR 360 MG CAPSULE
03003	VERELAN 120 MG CAP PELLETT
03001	VERELAN 180 MG CAP PELLETT
03002	VERELAN 240 MG CAP PELLETT
03004	VERELAN 360 MG CAP PELLETT
94122	VERELAN PM 100 MG CAP PELLETT
94123	VERELAN PM 200 MG CAP PELLETT

<b>Table 3 (CYP1A2 inhibitor)</b>	
<b>GCN</b>	<b>Label Name</b>
94124	VERELAN PM 300 MG CAP PELLETT
30332	ZELBORAF 240 MG TABLET
98822	ZILEUTON ER 600 MG TABLET

<b>Table 4 (hepatic function tests)</b>	
<b>CPT Code</b>	<b>Description</b>
80053	COMPREHENSIVE METABOLIC PANEL
80076	HEPATIC FUNCTION PANEL



## Vasomotor Symptoms Agents

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2026. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on January 23, 2026.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on January 23, 2026.
3. 2026 ICD-10-CM Diagnosis Codes, Volume 1. 2026. Available at [www.ICD10data.com](http://www.ICD10data.com). Accessed on January 23, 2026.
4. Lynkuet Prescribing Information. Whippany, NJ. Bayer HealthCare Pharmaceuticals Inc. October 2025.
5. Casper RF. Menopausal hot flashes. In: UpToDate, Post TW (Ed), UpToDate. Waltham, MA. Accessed October 31, 2024.
6. Veozah Prescribing Information. Northbrook, IL. Astellas Pharma US, Inc. December 2024.



## Vasomotor Symptoms Agents

### 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	<ul style="list-style-type: none"> <li>Added MCO recommendations for presentation</li> </ul>
07/21/2023	<ul style="list-style-type: none"> <li>Initial publication and presentation to the DUR Board</li> </ul>
07/26/2023	<ul style="list-style-type: none"> <li>Updated criteria as approved by the DUR Board</li> <li>Added a check for hepatic function</li> </ul>
08/14/2023	<ul style="list-style-type: none"> <li>Updated age on criteria diagram</li> </ul>
01/24/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
01/23/2026	<ul style="list-style-type: none"> <li>Changed the guide's name from "Veozah" to "Vasomotor Symptoms Agents"</li> <li>Added criteria for Lynkuet as approved by the DUR Board</li> <li>Removed age check from Veozah criteria to align with Lynkuet criteria</li> <li>Removed ciprofloxacin (47053) from the CYP1A2 Inhibitor supporting table – product discontinued</li> <li>Updated Veozah criteria lookback language to say, "in past medical and/or pharmacy claims history?"</li> <li>Updated references</li> </ul>