Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Veozah (Fezolinetant)

Clinical Criteria Information included in this Document

- 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

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

Revision Notes

Annual review by staff

Updated references

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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/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 (≤) to 1 tablet daily?

   [ ] Yes – Approve (180 days)

   [ ] No – Deny

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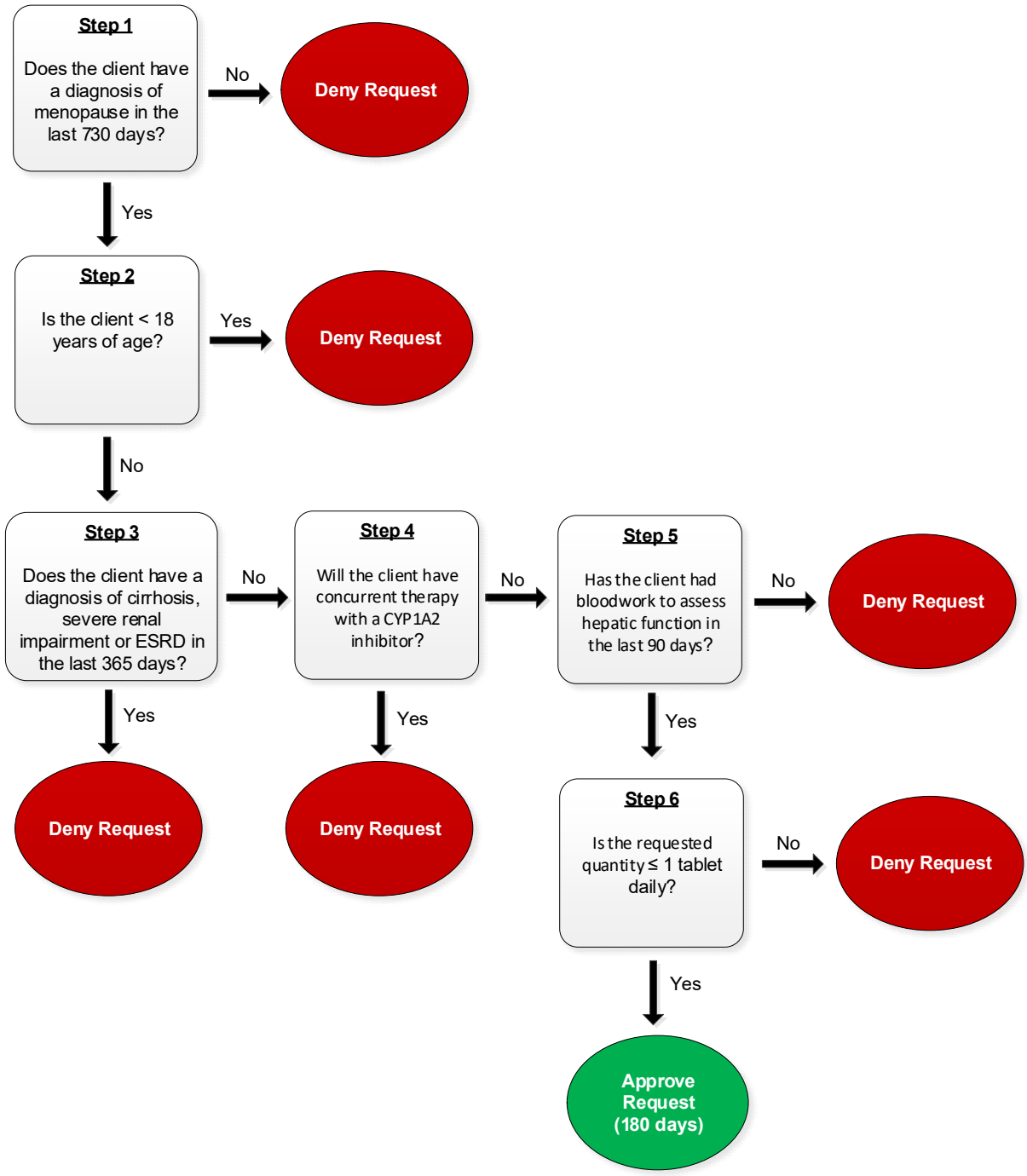
Clinical Criteria Logic Diagram



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Clinical Criteria Supporting Tables

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

Table 3 (diagnosis of cirrhosis, severe renal impairment, or ESRD) Required diagnosis: *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

Table 5 (CYP1A2 inhibitor) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
43790	ACYCLOVIR 200 MG CAPSULE
43731	ACYCLOVIR 200 MG/5 ML SUSP
13724	ACYCLOVIR 400 MG TABLET

Table 5 (CYP1A2 inhibitor) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
13721	ACYCLOVIR 800 MG TABLET
07070	ALLOPURINOL 100 MG TABLET
07071	ALLOPURINOL 300 MG TABLET
46750	CIMETIDINE 200MG TABLET
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
47053	CIPROFLOXACIN HCL 100MG TABLET
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

Table 5 (CYP1A2 inhibitor) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
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
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

Table 5 (CYP1A2 inhibitor) Required claims: *1* Look back timeframe: *current therapy*	
GCN	**Label Name**
03004	VERAPAMIL SR 360 MG CAPSULE
03003	VERELAN 120 MG CAP PELLET
03001	VERELAN 180 MG CAP PELLET
03002	VERELAN 240 MG CAP PELLET
03004	VERELAN 360 MG CAP PELLET
94122	VERELAN PM 100 MG CAP PELLET
94123	VERELAN PM 200 MG CAP PELLET
94124	VERELAN PM 300 MG CAP PELLET
30332	ZELBORAF 240 MG TABLET
98822	ZILEUTON ER 600 MG TABLET

Table 6 (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.; 2025. Available at www.clinicalpharmacology.com. Accessed on February 26, 2025.
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5. Veozah Prescribing Information. Northbrook, IL. Astellas Pharma US, Inc. December 2024.

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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
01/24/2025	• Annual review by staff • Updated references