

**Generic Name:** N/A

**Date of Origin:** 2/26/2024

**Applicable Drugs:** Lynkuet (elinzanetant),  
Veozah (fezolinetant)

**Date Last Reviewed / Revised:** 11/07/2025

## PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

- I. Documented diagnosis of moderate to severe vasomotor symptoms due to menopause.
- II. Documentation that member has met A or B.
  - A. If age is < 60 years old and the last menstrual period was within the last 10 years, there must be documentation of i and ii:
    - i. Therapeutic failure or contraindication to menopausal hormonal therapy (HT).
    - ii. Therapeutic failure of at least 2 non-HT medications (e.g., citalopram, escitalopram, paroxetine, desvenlafaxine, gabapentin, and oxybutynin) at suggested dosing range or contraindications to all non-HT medications (See Table 2 in Appendix).
  - B. If age is ≥ 60 years and the last menstrual period was over 10 years ago, there must be documentation of i:
    - i. Therapeutic failure of at least 2 non-HT medications (e.g., citalopram, escitalopram, paroxetine, desvenlafaxine, and gabapentin) at suggested dosing range or contraindications to all non-HT medications (See Table 1 in Appendix).
- III. Baseline serum alanine aminotransferase (ALT), serum aspartate aminotransferase (AST), and total bilirubin are ≤ 2 times the upper limit of normal (ULN).
- IV. Minimum age requirement: 18 years old.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines. Refer to Table 1 for medication-specific criteria.
- VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

## EXCLUSION CRITERIA

- Medication-specific exclusion criteria as listed in Table 1

## OTHER CRITERIA

**Table 1. Quantity limits and Exclusions for Menopause Vasomotor Symptom Agents**

**Lynkuet (elinzanetant)**

- Quantity Limits:
  - Sixty capsules per 30 days
- Exclusions:
  - Pregnancy

**Veozah (fezolinetant)**

- Quantity Limits:
  - Thirty 45 mg tablets per 30 days
- Exclusions:
  - Known cirrhosis.
  - Severe renal impairment or end-stage renal disease (eGFR < 30 ml/min/1.73m<sup>2</sup>).
  - Concomitant use of CYP1A2 inhibitors (e.g., cimetidine, fluvoxamine, mexiletine).
  - Patients to discontinue Veozah immediately and seek medical attention including hepatic laboratory tests if experience signs or symptoms that may suggest liver injury.

**APPROVAL LENGTH**

- **Authorization:** 12 months.
- **Re-Authorization:** 12 months with an updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

**APPENDIX**

**Table 2. Suggested dosage ranges for non-HT for VMS per 2023 North American Menopause Society Advisory Panel Statement <sup>5</sup>**

Medication	Dosage range	Suggested titration
<b>SSRIs</b>		
• Citalopram <sup>a</sup>	10 to 20 mg daily	Start with 10mg daily Start with 10mg daily. May initiate at 5 mg daily but this dose has not been evaluated for efficacy.
• Escitalopram <sup>a</sup>	10 to 20 mg daily	
• Paroxetine mesylate <sup>b</sup>	7.5mg daily	No titration needed
• Paroxetine HCl <sup>a</sup>	10 to 25 mg daily	Start with 10 mg daily
<b>SNRIs</b>		
• Desvenlafaxine <sup>b</sup>	100 to 150 mg daily	Start with 25 to 50 mg daily and titrate up by that dose each day
• Venlafaxine <sup>b</sup>	37.5 to 150 mg daily	Start with 37.5mg daily
<b>Gabapentinoids</b>		

- |                           |                      |   |
|---------------------------|----------------------|---|
| • Gabapentin <sup>b</sup> | 900 to 2400 mg daily | Start with 100 to 300 mg at bedtime, then add 300 mg at night, then a separate dose of 300 mg in the morning). Titrate to effective dose. |
|---------------------------|----------------------|---|

#### Anticholinergics

- |                                 |                          |  |
|---------------------------------|--------------------------|--|
| • Oxybutynin IR/ER <sup>a</sup> | 2.5mg or 5mg twice daily | Start with 2.5mg or 5mg twice daily. May titrate up 15mg ER daily. |
|---------------------------------|--------------------------|--|

<sup>a</sup>Off-label indication, <sup>b</sup>FDA-label indication.

Abbreviations: ER, extended-release; SNRIs, serotonin-norepinephrine reuptake inhibitors; SSRIs, selective serotonin reuptake inhibitors.

#### REFERENCES

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**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.