Pharmacy Medical Necessity Guidelines:
Non-Hormonal Medications for Menopause

Effective: May 1, 2026

Prior Authorization Required	√	Type of Review – Care Management	
Not Covered		Type of Review – Clinical Review	√
Pharmacy (RX) or Medical (MED) Benefit	RX	Department to Review	RXUM
These pharmacy medical necessity guidelines apply to the following: ☒ Tufts Health RITogether – A Rhode Island Medicaid Plan		**Fax Numbers:** RXUM: 617.673.0939	

Note: This guideline does not apply to Medicare Members (includes dual eligible Members).

OVERVIEW

FDA-APPROVED INDICATIONS

Veozah (fezolinetant) is a neurokinin 3 receptor (NK3R) antagonist approved for the treatment of moderate to severe vasomotor symptoms due to menopause. Veozah is dosed once daily.

Lynkuet (elinzanetant) is a neurokinin 1 (NK1) and neurokinin 3 (NK3) receptor antagonist indicated for the treatment of moderate to severe vasomotor symptoms due to menopause. Lynkuet is dosed once daily.

Veozah and Lynkuet have been associated with elevations in ALT and AST levels greater than three times the upper limit of normal. Veozah is contraindicated in patients with cirrhosis. Baseline bloodwork should be conducted to evaluate ALT, AST, and serum bilirubin before initiating treatment with Veozah and Lynkuet. Follow-up blood work should be conducted at 3 months, 6 months, and 9 months after starting therapy with Veozah and at 3 months after starting therapy with Lynkuet, and then when symptoms like nausea, vomiting, and jaundice suggest liver injury.

Per the 2023 North American Menopause Society (NAMS) nonhormone therapy position statement, hormone therapy is the most effective treatment for vasomotor symptoms. For women who are not good candidates for hormone therapy (e.g., contraindications), use of nonhormone treatment such as selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine reuptake inhibitors (SNRIs), gabapentin, and fezolinetant can be considered.

COVERAGE GUIDELINES

The plan may authorize coverage of Veozah (fezolinetant) or Lynkuet (elinzanetant) for Members when **ALL** of the following criteria are met and limitations do not apply:

Initial:

1. Documentation of diagnosis of moderate to severe vasomotor symptoms associated with menopause

AND

2. Documentation the Member has had an inadequate response, adverse reaction, or contraindication to at least one agent from BOTH of the following classes:
    a. Menopausal hormone therapy (e.g., estradiol, conjugated equine estrogen)
    b. Non-hormonal therapy (e.g, paroxetine, venlafaxine, clonidine, gabapentin)

Reauthorization:

First Reauthorization:

1. For Veozah, documentation the Member had follow-up laboratories to assess hepatic function

AND

2. Documentation Member has been reassessed for this condition within the previous six months, has demonstrated a positive response to therapy, and treatment with the requested agent continues to be medically necessary

Subsequent Reauthorizations:

1. Documentation the Member has been reassessed for this condition within the previous year, has demonstrated a positive response to therapy, and treatment with the requested agent continues to be medically necessary

LIMITATIONS

1. Veozah is limited to 30 capsules per 30 days. Lynkuet is limited to 60 capsules per 30 days.
2. Initial request will be approved 6 months. Reauthorization requests will be approved for 12 months.

CODES

None

REFERENCES

1. Lynkuet (elinzanetant) [prescribing information]. Whippany, NJ: Bayer HealthCare Pharmaceuticals Inc.; October 2025.
2. "The 2023 Nonhormone Therapy Position Statement of the North American Menopause Society" Advisory Panel. The 2023 nonhormone therapy position statement of the North American Menopause Society. *Menopause*. 2023;30:573-590.
3. Veozah (fezolinetant) [prescribing information]. Northbrook, IL: Astellas Pharma US, Inc.; December 2024.

APPROVAL HISTORY

October 10, 2023: Reviewed by Pharmacy & Therapeutics Committee.

Subsequent endorsement date(s) and changes made:

1. October 8, 2024: Administrative change to fax number.
2. December 2025 E-vote: No changes.
3. April 14, 2026: Effective May 1, 2026, added Lynkuet to the MNG and renamed MNG title from "Veozah (fezolinetant)" to "Non-Hormonal Medications for Menopause". Updated reauthorization criteria for first reauthorization to specify that follow-up laboratories to assess hepatic function applies for Veozah.

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Pharmacy Medical Necessity Guidelines have been developed for determining coverage for plan benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. The plan makes coverage decisions on a case-by-case basis considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Pharmacy Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of members. The use of this policy is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.

Provider Services