

**Policy and Procedure**

<b>PHARMACY PRIOR AUTHORIZATION POLICY AND CRITERIA ORPTCOTH061.0226</b>	<b>MISCELLANEOUS PRODUCTS LYNKUET (elinzanetant capsule) VEOZAH (fezolinetant tablet)</b>
<b>Effective Date: 4/1/2026</b>	<b>Review/Revised Date: 02/26 (snm)</b>
<b>Original Effective Date: 01/26</b>	<b>P&amp;T Committee Meeting Date: 10/25, 02/26</b>
<b>Approved by: Oregon Region Pharmacy and Therapeutics Committee</b>	

**SCOPE:**

Providence Health Plan and Providence Health Assurance as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Commercial  
Medicaid

**POLICY CRITERIA:****COVERED USES:**

All Food and Drug Administration (FDA)-Approved Indications

**REQUIRED MEDICAL INFORMATION:**

All the following must be met:

1. Diagnosis of moderate to severe vasomotor symptoms due to menopause
2. Documented contraindication, intolerance, or inadequate response both of the following:
  - a. Menopausal hormone therapy (such as estrogen)
  - b. Generic nonhormonal therapy (such as selective serotonin reuptake inhibitor, selective serotonin-norepinephrine reuptake inhibitors, etc.)

**EXCLUSION CRITERIA:** N/A

**AGE RESTRICTIONS:** N/A

**PRESCRIBER RESTRICTIONS:** N/A

**COVERAGE DURATION:**

Authorization will be approved until no longer eligible with the plan, subject to formulary and/or benefit changes.

**QUANTITY LIMIT:**

Lynkuet: Two capsules per day

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Veozah: One tablet per day

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*Requests for indications that were approved by the FDA within the previous six (6) months may not have been reviewed by the health plan for safety and effectiveness and inclusion on this policy document. These requests will be reviewed using the New Drug and or Indication Awaiting P&T Review; Prior Authorization Request ORPTCOPS047.*

*Requests for a non-FDA approved (off-label) indication requires the proposed indication be listed in either the American Hospital Formulary System (AHFS), Drugdex, or the National Comprehensive Cancer Network (NCCN) and is considered subject to evaluation of the prescriber's medical rationale, formulary alternatives, the available published evidence-based research and whether the proposed use is determined to be experimental/investigational.*

*Coverage for Medicaid is limited to a condition that has been designated a covered line item number by the Oregon Health Services Commission listed on the Prioritized List of Health Care Services.*

*Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.*

**INTRODUCTION:**

Fezolinetant and elinzanetant are nonhormonal therapies for the treatment of vasomotor symptoms (VMS) due to menopause. Fezolinetant works by binding to the neurokinin (NK) 3 receptor and blocking it from binding neurokinin B, thereby regulating thermoregulatory neuronal activity in the hypothalamus. Elinzanetant is a dual neurokinin 1 (NK1) and neurokinin 3 (NK3) receptor antagonist that modulates thermoregulatory neuronal activity in the hypothalamus.

**FDA APPROVED INDICATIONS:**

For the treatment of moderate to severe vasomotor symptoms due to menopause.

**POSITION STATEMENT:**

Management of VMS currently includes hormone therapy, nonhormonal therapies, and/or non-pharmacologic interventions. According to the 2023 North American Menopause Society (NAMS), hormone therapy remains the gold standard for VMS and the benefits outweigh the risks in healthy women within 10 years of menopause and less than 60 years of age. In addition, hormone therapy provides additional benefits to patients, including prevention of bone loss and reduced risk of bone fracture, and improved genitourinary symptoms of menopause.<sup>4</sup>

Some women may not be candidates for hormone therapy, such as those with a history or at elevated risk of estrogen-dependent cancers, those with coronary artery disease, or those with a history of stroke or venous thromboembolism. For women who are not good candidates for hormone therapy, it is important for healthcare professionals to be well informed about nonhormone treatment options for reducing

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vasomotor symptoms that are supported by the evidence. Non-pharmacological lifestyle and mind-body techniques that may help to reduce vasomotor symptoms include weight loss and cognitive-behavioral therapy. Non-hormone therapies that have been shown to reduce vasomotor symptoms include selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, gabapentinoids, pregabalin, oxybutynin.<sup>4</sup>

**REFERENCE/RESOURCES:**

1. Relevant package inserts.
2. Fezolinetant. In: DRUGDEX System [Internet database]. Greenwood Village, Colo: Thomson Reuters (Healthcare) Inc. Updated periodically.
3. Lynkuet In: DRUGDEX® System [Internet database]. Ann Arbor, MI: Merative Micromedex. Updated periodically. Accessed December 23, 2025
4. The 2023 nonhormone therapy position statement of The North American Menopause Society. *Menopause*. 2023;30(6):573-590. doi:10.1097/GME.0000000000002200
5. Conklin D, Ramakrishnan A, Yu L, et al. Health Disparities and Hormone Therapy Prescribing for Early, Peri-, and Postmenopausal Women: A Scoping Review. *J Racial Ethn Health Disparities*. 2025 Dec;12(6):4151-4172.
6. Panay N, et al. Elinzanetant for the treatment of vasomotor symptoms associated with menopause: a phase 3 randomized clinical trial. *JAMA Intern Med*. 2025;185(11):13191327.
7. Pinkerton JV, et al. Elinzanetant for the treatment of vasomotor symptoms associated with menopause: OASIS 1 and 2 randomized clinical trials. *JAMA*. 2024;332(16):1343–1354.