SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization may be delayed.**

Drug Requested:

❑ **Lynkuet®** (elinzanetant)	❑ **Veozah®** (fezolinetant)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

Quantity Limit:

- Lynkuet – 2 (60 mg) capsules per day
- Veozah – 1 (45 mg) tablet per day

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

❑ Member has a diagnosis of moderate to severe vasomotor symptoms due to menopause

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- Member must meet **ONE** of the following:
  - **For Lynkuet requests:** Provider attests member has had baseline blood work to evaluate hepatic function and injury prior to start of treatment and will perform follow-up bloodwork at 3 months after initiation of therapy
  - **For Veozah requests:** Provider attests member has had baseline blood work to evaluate hepatic function and injury prior to start of treatment and will perform follow-up bloodwork at 3 months, 6 months, and 9 months after initiation of therapy and if/when symptoms suggest liver injury
- Provider attests member does **NOT** have any of the following contraindications to therapy:
  - **For Lynkuet requests:** Member is not pregnant
  - **For Veozah requests:** Member does not have cirrhosis, a diagnosis of severe renal impairment or end-stage renal disease, and is not receiving concomitant therapy with CYP1A2 inhibitors
- Member must meet **ONE** of the following:
  - Member has tried and failed **30 days of therapy** with **TWO** hormonal medications (e.g., oral estrogen tablets/topical transdermal patch) (**verified by chart notes or pharmacy paid claims**)
  - Member has tried and failed **30 days of therapy** with **ONE** non-hormonal medication (e.g., SNRI, SSRI, gabapentin, clonidine, oxybutynin) (**verified by chart notes or pharmacy paid claims**)

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee**: ~~8/16/2023;~~ 1/22/2026
REVISED/UPDATED/REFORMATTED: ~~9/14/2023; 11/20/2023;~~ 2/18/2026