Pharmacy Medical Policy
Veozah Step Policy

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Policy Number: 014
BCBSA Reference Number: None

Related Policies
- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621A

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.
Prior Authorization Information

☐ Prior Authorization
☒ Step Therapy
☒ Quality Care Dosing

Pharmacy Operations:
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Policy last updated | 9/2023

Pharmacy (Rx) or Medical (MED) benefit coverage
☒ Rx
☐ MED

To request for coverage: Providers may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.
Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration

Policy applies to Commercial Members:
- Managed Care (HMO and POS),
- PPO and Indemnity
- MEDEX with Rx plan
- Managed Major Medical with Custom BCBSMA Formulary
- Comprehensive Managed Major Medical with Custom BCBSMA Formulary
- Managed Blue for Seniors with Custom BCBSMA Formulary

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Formulary Information</th>
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<tbody>
<tr>
<td>Standard</td>
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<tr>
<td></td>
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<tr>
<td>Formulary Status</td>
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<table>
<thead>
<tr>
<th>STEP 1</th>
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<tbody>
<tr>
<td>Paroxetine 7.5mg</td>
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<tr>
<td>Covered</td>
</tr>
<tr>
<td>Any Hormone Replacement Therapy (HRT) [ie Premarin®, estradiol, medroxyprogesterone, Prempro®, Climara®, and Estring®]</td>
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<table>
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<tr>
<th>STEP 2</th>
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<tr>
<td>Veozah™ (tezolinetant)</td>
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Step Criteria:

We may cover the following medications listed in the chart above for new starts* in the following stepped approach:

*New start is defined as no previous paid claim for the requested medication within the past 130 days.

Step 1 - : Formulary step 1 medications will be covered as designated in the status table above.

Step 2 - : Formulary step 2 medications may be covered when one of the following criteria is met:
• There must be evidence of a BCBSMA paid claim of a Step 1 drug within the previous 130 days or previous treatment.
• There must be evidence of a BCBSMA paid claim by the patient of a Step 2 drug within the previous 130 days or previous treatment.

**NOTE:** If a Provider submits a request and BCBSMA issues an approval for a step medication, the authorization will be granted for up to two (2) years. If the Member has claims history verifying a fill of a formulary step 1 or formulary step 2 medication within the past 130 days, and no break in coverage, then formulary step 2 medications will continue to pay at point of sale. If the Member has claims history verifying a fill of a formulary step 2 or formulary step 3 medication within the past 130 days, and no break in coverage, then formulary step 3 medications will continue to pay at point of sale. Non-formulary (not covered) medications within a step policy will not have any automation and a paper, electronic or phone call is required.

For non-formulary/non-covered medications, requests must meet criteria above and the member must have had a previous treatment failure with or a contraindication to two covered formulary alternatives when available.

We do not cover the medications listed above for other conditions not listed above.

**Individual Consideration**

Our medical policies are written for most people with a given condition. Each policy is based on peer reviewed clinical evidence. We also take into consideration the needs of atypical patient populations and diagnoses.

If the coverage criteria outlined is unlikely to be clinically effective for the prescribed purpose, the health care provider may request an exception to cover the requested medication based on an individual’s unique clinical circumstances. This is also referred to as “individual consideration” or an “exception request.”

Some reasons why you may need us to make an exception include: therapeutic contraindications; history of adverse effects; expected to be ineffective or likely to cause harm (physical, mental, or adverse reaction).

To facilitate a thorough and prompt review of an exception request, we encourage the provider to include additional supporting clinical documentation with their request. This may include:

- Clinical notes or supporting clinical statements.
- The name and strength of formulary alternatives tried and failed (if alternatives were tried) and specifics regarding the treatment failure, if applicable.
- Clinical literature from reputable peer reviewed journals.
- References from nationally recognized and approved drug compendia such as American Hospital Formulary Service® Drug Information (AHFS-DI), Lexi-Drug, Clinical Pharmacology, Micromedex or Drugdex®; and
- References from consensus documents and/or nationally sanctioned guidelines.

Providers may call, fax or mail relevant clinical information, including clinical references for individual patient consideration, to:

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Phone: 1-800-366-7778  
Fax: 1-800-583-6289
We may also use prescription claims records to establish prior use of formulary alternatives or to show if step therapy criteria has been met. We will require the provider to share additional information when prescription claims data is either not available or the medication fill history fails to establish use of preferred formulary medications or that step therapy criteria has been met.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>9/2023</td>
<td>Implement new policy for Veozah™.</td>
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References


To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below: