Neurokinin Receptor Antagonists

Goal(s):
To ensure appropriate and safe use of neurokinin receptor antagonists in specified patient populations.

Length of Authorization:
- 6 to 12 months

Requires PA:
- Fezolinetant and elinzanetant

Step Therapy Required Prior to Coverage:
- Prevention of vasomotor symptoms: conventional hormone therapy (see preferred drug list options at (www.orpdl.org)
- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this a request for continuation of therapy previously approved by the FFS program?	**Yes:** Go to **Renewal Criteria**	**No:** Go to #3
3. Is the request to treat moderate to severe vasomotor symptoms due to menopause?	**Yes**: Go to #4 Document baseline frequency and severity of vasomotor symptoms___	**No:** Pass to RPh. Deny; medical appropriateness
4. Does the patient have inadequate effect, intolerance or contraindication to a 30-day trial of menopausal hormone therapy (e.g., estrogen/progestin)? *Contraindications to estrogen include history of breast cancer, hepatic disease, cardiovascular disease, or a venous thromboembolism event. Intolerance to progestin include breast tenderness and vaginal bleeding.	**Yes:** Go to #5	**No:** Pass to RPh. Deny; medical appropriateness Refer provider to preferred drug list option for conventional hormone therapy at www.orpdl.org
5. If patient has an intolerance or contraindication to hormonal therapy, do they have an inadequate effect, intolerance or contraindication to a 30-day trial of paroxetine, escitalopram, citalopram, venlafaxine, desvenlafaxine, or gabapentin?	**Yes**: Go to #6	**No:** Pass to RPh. Deny; medical appropriateness

Approval Criteria		
6. Is the request for fezolinetant?	**Yes:** Go to # 7	**No:** Go to #10
7. Is the patient currently taking a CYP1A2 inhibitor (i.e., cimetidine, amiodarone, mexiletine, ciprofloxacin, or fluvoxamine)?	**Yes:** Pass to RPh. Deny; medical appropriateness. Note: CYP1A2 inhibitors are contraindicated with fezolinetant therapy.	**No:** Go to #8
8. Have baseline renal function tests been obtained?	**Yes:** Go to #9. Document baseline labs	**No:** Pass to RPh. Deny; medical appropriateness.
9. Is the estimated glomerular filtration rate less than 30 mL/min?	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Go to #14
10. Is the request for elinzanetant?	**Yes:** Go to #11	**No:** Pass to RPh. Deny; medical appropriateness
11. Is the patient taking a strong CYP3A4 inhibitor, strong CYP3A4 inducer, or moderate CYP3A4 inducer?	**Yes:** Pass to RPh. Deny; medical appropriateness	**No:** Go to #12
12. Is the patient taking a moderate CYP3A4 Inhibitor?	**Yes:** Go to #13	**No:** Go to #14
13. Has the dose of elinzanetant been reduced to 60 mg once a day?	**Yes:** Go to #14	**No:** Pass to RPh. Deny; medical appropriateness
14. Have baseline liver function tests (AST, ALT, Alk Phos, and total bilirubin) been obtained?	**Yes:** Go to #15 Document baseline labs_____	**No:** Pass to RPh. Deny; medical appropriateness.
15. Do liver function tests indicate presence of hepatic injury (i.e., serum transaminase concentrations or total bilirubin greater than 2-times the upper limit of normal)?	**Yes:** Pass to RPh. Deny; medical appropriateness.	**No:** Approve for 3 months

Renewal Criteria		
1. Have frequency and severity of vasomotor symptoms been reduced from baseline with treatment?	**Yes:** Go to #2	**No:** Pass to RPh. Deny; medical appropriateness.
2. Have LFTs been requested at months 1-, 2-, and 3 after starting treatment with fezolinetant or 3 months after starting elinzanetant?	**Yes:** Go to #3 and document LFT results_____	**No:** Pass to RPh. Deny; medical appropriateness.
3. Do LFTs indicate hepatic injury (i.e., serum transaminase concentrations or total bilirubin greater than 2-times the upper limit of normal)?	**Yes**: Pass to RPh. Deny; medical appropriateness.	**No:** Approve for 12 months**.**

P&T/DUR Review: 4/26 (DM); 2/25; 6/24
Implementation: 6/1/26; 3/10/25; 7/1/24