

**VEOZAH<sup>®</sup>**  
(fezolinetant) tablets 45mg



**SUPPORT<sup>SM</sup>  
SOLUTIONS**



## HELP YOUR PATIENTS GET VEOZAH<sup>®</sup> (fezolinetant)

### Your commercially insured patients may be eligible for the VEOZAH Savings Program

The VEOZAH Savings Card may help patients pay  
**\$0 for the first monthly prescription** and as little as  
**\$30 per monthly refill<sup>a</sup>:**

- Savings of **up to \$4000** per calendar year
- No income requirements

#### It's easy to get started:

- Patients can request a card or activate it at **VEOZAHsavings.com**
- Eligible patients can then present the card at their pharmacy for potential savings



Submit your patients' required insurance paperwork, such as a Prior Authorization or Letter of Medical Necessity (if applicable), as soon as possible to help them avoid potential delays in accessing VEOZAH.

If your patient does not qualify for the VEOZAH Savings Program, has government insurance, or does not have prescription insurance, see the other side of this card.

**VEOZAH Support Solutions may be able to help.**

<sup>a</sup>For commercially insured patients. Eligibility criteria, terms, and conditions apply. The program is not valid for patients whose prescription claims are reimbursed by any state or federal government program. View the full [terms and conditions](#) of the VEOZAH Savings Program.

# VEOZAH Support Solutions<sup>SM</sup> is here to help your patients access VEOZAH<sup>®</sup> (fezolinetant)

Patients can enroll in VEOZAH Support Solutions at [VEOZAHAccess.com](https://VEOZAHAccess.com) to find out what other savings options or additional information may be available.

VEOZAH Support Solutions may be able to help:



Commercially insured patients who do not qualify for the VEOZAH Savings Program described on the other side of this card



Patients with Medicare Part D, Medicaid, or other government insurance



Patients without prescription insurance

The Astellas Patient Assistance Program<sup>a</sup> provides VEOZAH at no cost to uninsured patients who meet certain requirements.

For fastest results, patients should enroll in VEOZAH Support Solutions the same day you submit their prescription for VEOZAH.

<sup>a</sup>Subject to eligibility restrictions. Program terms and conditions apply. Void where prohibited by law.

## Submit a prescription for VEOZAH to VEOZAH Support Solutions



Electronic medical record system:

**Sonexus Health Pharmacy Services**

2730 S. Edmonds Lane, Suite 300  
Lewisville, TX 75067

**NPI Number: 1447680210**

**NCPDP: 5910206**



Phone: **1-866-239-1637**



Fax: **1-866-781-4998**

Your patient must be enrolled in VEOZAH Support Solutions to fill their prescription through Sonexus Health Pharmacy Services.

## Contact VEOZAH Support Solutions:



Call to speak to a  
**Patient Care Coordinator**

**1-866-239-1637**

Monday–Friday

8:00 AM–8:00 PM ET



Visit  
**[VEOZAHSupportSolutions.com](https://VEOZAHSupportSolutions.com)**

If you have further questions, ask your Astellas Sales Representative to connect you with an Astellas Account Manager.



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