



FIGHT *the* FIRE WITH NONHORMONAL VEOZAH

The only NK3R antagonist for VMS³

NK3R=neurokinin 3 receptor.

To request samples:

01

REGISTER

Visit [VEOZAHsamples.com](https://www.veozahsamples.com).

02

ORDER

Once your credentials and signature have been verified, you can order product samples by your specialty.

03

RECEIVE

Samples can be delivered by your local Sales Representative or mailed directly to your office.



Tablet is not actual size.

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INDICATIONS AND USAGE

VEOZAH™ (fezolinetant) is a neurokinin 3 (NK3) receptor antagonist indicated for the treatment of moderate to severe vasomotor symptoms due to menopause.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

VEOZAH is contraindicated in women with any of the following: • Known cirrhosis • Severe renal impairment or end-stage renal disease • Concomitant use with CYP1A2 inhibitors

WARNINGS AND PRECAUTIONS

Hepatic Transaminase Elevation and Hepatotoxicity

In 3 clinical trials, elevations in serum transaminase [alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST)] levels > 3x the upper limit of normal (ULN) occurred in 2.3% of women receiving VEOZAH and 0.9% of women receiving placebo. No elevations in serum total bilirubin (> 2x ULN) occurred. Women with ALT or AST elevations were generally asymptomatic. Transaminase levels returned to pretreatment levels (or close to these) without sequelae with dose continuation, and upon dose interruption, or discontinuation. Women with cirrhosis were not studied.

Please see additional Important Safety Information on page 2.

[Please click here for full Prescribing Information for VEOZAH \(fezolinetant\).](#)


VEOZAH™
(fezolinetant) tablets 45 mg



(fezolinetant) tablets 45mg

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

In the postmarketing setting, a case of acute mixed hepatocellular cholestatic drug-induced liver injury with elevations of ALT, AST, alkaline phosphatase (ALP), and total bilirubin with symptoms of fatigue, nausea, pruritus, jaundice, pale feces, and dark urine occurred in a woman receiving VEOZAH. The individual's signs and symptoms gradually resolved after discontinuation of the drug.

Perform baseline hepatic laboratory tests to evaluate for hepatic function and injury [including serum ALT, serum AST, serum ALP, and serum bilirubin (total and direct)] prior to VEOZAH initiation. Do not start VEOZAH if the concentration of ALT or AST is $\geq 2x$ ULN or if the total bilirubin is elevated (e.g., $\geq 2x$ ULN) for the evaluating laboratory. If baseline hepatic transaminase evaluation is $< 2x$ ULN and the total bilirubin is normal, VEOZAH can be started.

Perform follow-up hepatic laboratory tests monthly for the first 3 months, at 6 months, and 9 months after initiation of therapy.

Advise patients to discontinue VEOZAH immediately and seek medical attention including hepatic laboratory tests if they experience signs or symptoms that may suggest liver injury: New onset fatigue, nausea, vomiting, pruritus, jaundice, pale feces, dark urine, or upper right quadrant pain.

Discontinue VEOZAH if: • Transaminase elevations are $> 5x$ ULN • Transaminase elevations are $> 3x$ ULN and the total bilirubin level is $> 2x$ ULN

If transaminase elevations $> 3x$ ULN occur, perform more frequent follow-up hepatic laboratory tests until resolution.

Exclude alternative causes of hepatic laboratory test elevations.

ADVERSE REACTIONS

The most common adverse reactions with VEOZAH $\geq 2\%$ and $>$ placebo (VEOZAH % vs. placebo %) are: abdominal pain (4.3% vs. 2.1%), diarrhea (3.9% vs. 2.6%), insomnia (3.9% vs. 1.8%), back pain (3.0% vs. 2.1%), hot flush (2.5% vs. 1.6%), and hepatic transaminase elevation (2.3% vs. 0.8%).

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REFERENCES: 1. VEOZAH [package insert]. Northbrook, IL: Astellas Pharma US, Inc. 2. Thurston RC. Vasomotor symptoms. In: Crandall CJ, Bachman GA, Faubion SS, et al., eds. Menopause Practice: A Clinician's Guide. 6th ed. Pepper Pike, OH: The North American Menopause Society, 2019:43-55. 3. The North American Menopause Society. The 2023 nonhormone therapy position statement of the North American Menopause Society. Menopause 2023;30(6):573-90.

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