For the treatment of moderate to severe Vasomotor Symptoms (VMS)—commonly referred to as hot flashes and night sweats—due to menopause[1,2]

VMS FIGHT *the* FIRE

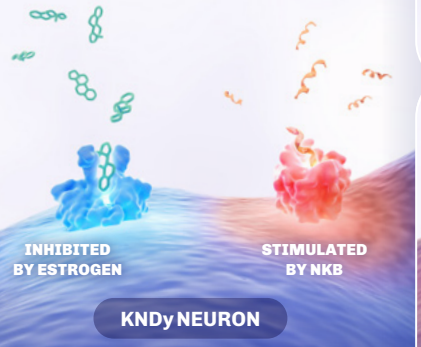
WITH NONHORMONAL VEOZAH

VEOZAH™ (fezolinetant) is a first-in-class selective neurokinin 3 receptor (NK3R) antagonist that works differently to directly block neurokinin B (NKB), a known trigger of VMS, from binding on the KNDy neuron.[1,3,4]

HOW VMS STARTS IN THE HYPOTHALAMUS

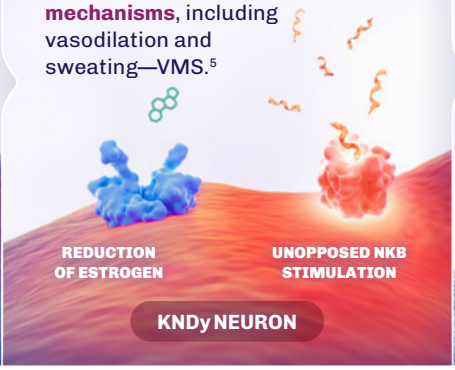
Thermoregulatory homeostasis

KNDy neurons in the hypothalamus are inhibited by estrogen and stimulated by the neuropeptide NKB. This balance contributes to **body temperature regulation**.[5]



Impact of NKB

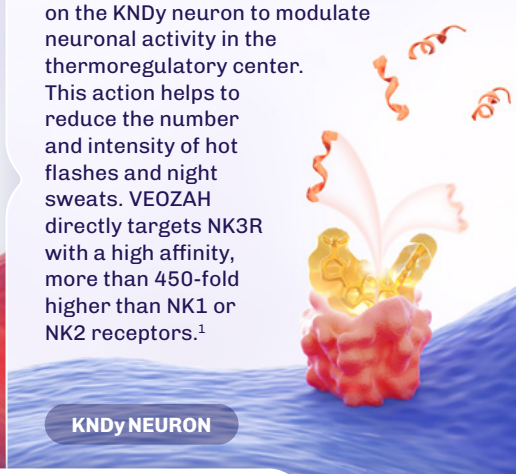
Estrogen decline during the menopause transition disrupts this balance. **Unopposed, NKB signaling** causes heightened KNDy neuronal activity. The thermoregulatory center **triggers heat dissipation mechanisms**, including vasodilation and sweating—VMS.[5]



HOW VEOZAH DISRUPTS HOT FLASHES

VEOZAH inhibits binding of NKB to NK3R

VEOZAH is a nonhormonal selective NK3R antagonist that **blocks NKB** binding on the KNDy neuron to modulate neuronal activity in the thermoregulatory center. This action helps to reduce the number and intensity of hot flashes and night sweats. VEOZAH directly targets NK3R with a high affinity, more than 450-fold higher than NK1 or NK2 receptors.[1]



ESTROGEN · ESTROGEN ALPHA RECEPTOR · NKB · NK3 RECEPTOR

KNDy=kisspeptin/neurokinin B/dynorphin, NK1=neurokinin 1, NK2=neurokinin 2.

Watch the mechanism of action of VEOZAH at VEOZAHhcp.com/MOAvideo

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 next page.

Please click here for full Prescribing Information for VEOZAH (fezolinetant).

VEOZAH™
(fezolinetant) tablets 45mg

A NONHORMONAL OPTION FOR PATIENTS WITH MODERATE TO SEVERE VASOMOTOR SYMPTOMS (VMS) DUE TO MENOPAUSE[1]

REDEFINE *how* YOU TARGET VMS

VEOZAH directly targets a source of VMS—kisspeptin/neurokinin B/dynorphin (KNDy) neurons in the hypothalamus. Give your patients another way to treat the heat day and night.[1,2]

Block
THE BINDING OF NKB

Reduce
KNDy NEURONAL ACTIVITY

Balance
THERMOREGULATORY ACTIVITY

Explore the mechanism of action of VEOZAH at VEOZAHhcp.com/MOAvideo

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 ≥ 2x ULN or if the total bilirubin is elevated (e.g., ≥ 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 ≥ 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%).

Please click here for full Prescribing Information for VEOZAH (fezolinetant).

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. **4.**Jayasena CN, Comninos AN, Stefanopoulou E, et al. Neurokinin B administration induces hot flushes in women. [Published online February 16, 2015]. Sci Rep. 2015. **5.** Depypere H, Lademacher C, Siddiqui E, Fraser GL. Fezolinetant in the treatment of vasomotor symptoms associated with menopause. Expert Opin Investig Drugs 2021;30(7):681-94.

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