



HELPING YOUR PATIENTS GET STARTED WITH VEOZAH™ (fezolinetant)

Now that VEOZAH has been prescribed, it's important to facilitate quick and seamless access

This guide provides information about resources that can help patients get started on VEOZAH.

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

WARNING: RISKS OF HEPATOTOXICITY

Hepatotoxicity has occurred with the use of VEOZAH in the postmarketing setting.

- Perform hepatic laboratory tests prior to initiation of treatment to evaluate for hepatic function and injury. Do not start VEOZAH if either aminotransferase is $\geq 2x$ the upper limit of normal (ULN) or if the total bilirubin is $\geq 2x$ ULN for the evaluating laboratory.
- Perform follow-up hepatic laboratory testing monthly for the first 3 months, at 6 months, and 9 months of treatment.
- 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, decreased appetite, nausea, vomiting, pruritus, jaundice, pale feces, dark urine, or abdominal pain).
- Discontinue VEOZAH if transaminase elevations are $> 5x$ ULN, or if 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.

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

Hepatotoxicity

In 3 clinical trials, elevations in serum transaminase [alanine aminotransferase (ALT) and/or aspartate aminotransferase (AST)] levels $> 3x$ 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.

Please see Important Safety Information throughout and click for full [Prescribing Information](#), including **BOXED WARNING**, for VEOZAH (fezolinetant).


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VEOZAH Support Solutions Is Committed to Helping Patients Start On VEOZAH™ (fezolinetant)



Your commercially insured patients could get their first month's prescription at \$0,* plus pay as little as \$30 for future monthly prescriptions.†



It's easy for patients to get started:

- [Text **SAVE** to **90222** to sign up for the VEOZAH Savings Card]; message and data rates may apply
- Request a card or activate it at VEOZAHsavings.com
- Eligible patients can then present the card at their pharmacy for potential savings

*Eligibility requirements and terms and conditions apply. Offer is not health insurance and is void where prohibited by law. A patient must have a valid prescription for VEOZAH, meet the eligibility requirements, and present the VEOZAH Savings Card to their preferred pharmacy. The Program has an annual maximum copay assistance limit of up to **[\$4,000]** per calendar year. Unless prohibited by law, Astellas may reduce the total copay assistance available under the Program to a maximum of **[\$1,250]** for two months (*i.e.*, two 28–31-day fills) if it determines a VEOZAH claim for an enrolled patient is not approved by their commercial health plan. There are no income requirements. This offer is not valid for cash-pay patients or patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program. Astellas reserves the right to revoke, rescind, or amend this offer at any time. For full terms and conditions, visit VEOZAHsavings.com.

†No income requirements. Subject to an annual maximum copay assistance limit of **[\$4000]** per calendar year. Astellas reserves the right to revoke, rescind, or amend this offer without notice for any reason (including to ensure that the offer is utilized solely for the patient's benefit).

WARNINGS AND PRECAUTIONS (continued)

Hepatotoxicity (continued)

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.

In the postmarketing setting, cases of drug-induced liver injury with elevations of ALT, AST, alkaline phosphatase (ALP), and total bilirubin occurred within 40 days of starting VEOZAH. Patients reported a general sense of feeling unwell and symptoms of fatigue, nausea, pruritus, jaundice, pale feces, and dark urine. The patients' signs and symptoms gradually resolved after discontinuation of VEOZAH.

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 ALT or AST is $\geq 2x$ ULN or if the total bilirubin is $\geq 2x$ ULN for the evaluating laboratory.

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

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Understanding PA Requirements for VEOZAH™ (fezolinetant)

It is important to check with the patient's health plan for any prior authorization (PA) requirements. For plans that require PA, you may consider including information like:



- Diagnosis details or chart notes for the patient
- History of non-hormonal treatments (if any)
- History of hormonal treatments (if any)

HCP remains responsible for independently providing all clinical documentation.

If a patient has already tried VEOZAH, consider including pre- and post-treatment results.

Submit documentation using an electronic PA (ePA)

By automating part of the process providers and pharmacists use for PA requests, CoverMyMeds® may help patients access their medications faster.*†

- Demographic information is auto-populated based on pharmacy claim information and sent to the provider for completion
- Pharmacy-initiated PA requests are automatically added to the provider PA queue

With CoverMyMeds (where available), PA requests can be submitted **FASTER than manual PAs, and you can renew previously submitted PA requests.**

It is important to submit your patient's required insurance paperwork, such as a PA or Letter of Medical Necessity (if applicable), as soon as possible to help them avoid potential delays in accessing VEOZAH.

WARNINGS AND PRECAUTIONS (continued)

Hepatotoxicity (continued)

See **BOXED WARNING** for full hepatic laboratory testing protocol and discontinuation criteria. 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%).

*CoverMyMeds is a third-party service provider to Astellas and is not an affiliate of Astellas.

†Compared to phone or fax submission of PA requests.

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VEOZAH™ (fezolinetant) Has Your Patients Covered



More Than 100 Million
Commercial Lives Covered on VEOZAH
Since FDA Approval...and Counting¹

~6 of 10

commercially insured
patients have access
to VEOZAH.¹

Commercially Insured

60%

of Medicare Part D patients
who had a PA submitted were
approved for coverage.^{1*}

Medicare

*Based on data from CoverMyMeds from August 2023 to August 2024.

Reference: 1. Data on file. Astellas Pharma Inc.

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VEOZAH Support SolutionsSM Is Here to Help Your Patients Access VEOZAHTM (fezolinetant)

VEOZAH Support Solutions can provide access support to your:



Commercially insured patients

Address prescription coverage questions and assess potential eligibility for the VEOZAH Savings Card.



Patients with Medicare, Medicaid, or other government insurance

Additional information for patients with Medicare or Medicaid is available at [VEOZAHSupportSolutions.com](https://www.veozahsupport.com).



Patients without prescription insurance

The Astellas Patient Assistance Program* provides VEOZAH at no cost to uninsured patients who meet certain requirements.

*Subject to eligibility restrictions. Program terms and conditions apply. Void where prohibited by law.

If your patient wishes to apply for the VEOZAH Savings Program or the Patient Assistance Program, submit the prescription electronically to PharmaCord at:

PharmaCord
11001 Bluegrass Pkwy, Ste 200
Louisville, KY 40299

Continue to Support Your Patients **With VEOZAH**

Have questions? **VEOZAH Support Solutions** can help.



Call to speak to a Patient Care Coordinator: 1-866-239-1637

Monday through Friday, 8:00 AM to 8:00 PM ET



Visit [VEOZAHSupportSolutions.com](https://www.veozahsupport.com)

for additional resources

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