



Your treatment

# DISCUSSION GUIDE



It's important to know that your VMS (Vasomotor Symptoms)—the medical name for hot flashes and night sweats due to menopause—are real and valid. Talking to your doctor about how you are impacted by these symptoms may be helpful. To help make the most of your upcoming doctor's appointment, use your responses below to guide your conversation.

## VMS Impact

### QUIZ QUESTIONS

1. How many hot flashes and night sweats do you experience in a 24-hour period?

0 per day

1-5 per day

6-10 per day

10+ per day

2. I sweat when I'm having a hot flash.

Never

Rarely

Often

Always

3. My hot flashes make it difficult to continue my daily activities.

Never

Rarely

Often

Always

4. Hot flashes and night sweats impact my sleep.

Never

Rarely

Often

Always

### IMPORTANT SAFETY INFORMATION

**What is the most important information I should know about VEOZAH?**

**VEOZAH can cause serious side effects, including:**

- **Liver Problems.** Your healthcare provider will do a blood test to check your liver before you start taking VEOZAH. Your healthcare provider will also do this blood test monthly for the first 3 months, at month 6, and month 9 after you start taking VEOZAH or if you have signs or symptoms that suggest liver problems. If your liver blood test values are elevated, your healthcare provider may advise you to stop treatment or request additional liver blood tests.

Please see [full Prescribing Information and Patient Information](#), including **BOXED WARNING** on page 4. | 1



**Questions to ask your doctor about hot flashes and night sweats:**

- ✓ How long could I expect to experience symptoms?
- ✓ Are there any triggers that may worsen my symptoms?
- ✓ What are my prescription treatment options?

*Did you know?*

**HOT FLASHES ARE CATEGORIZED BY SEVERITY — MILD, MODERATE, AND SEVERE.**



**What is VEOZAH™ (fezolinetant)?**

VEOZAH is a prescription medicine used to reduce moderate to severe vasomotor symptoms due to menopause. VEOZAH is not a hormone. Vasomotor symptoms are the feelings of warmth in the face, neck, and chest, or sudden intense feelings of heat and sweating ("hot flashes" or "hot flushes").



## VMS Impact QUIZ QUESTIONS

5. My hot flashes impact my confidence.

Never	Rarely	Often	Always
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6. My hot flashes impact my mood.

Never	Rarely	Often	Always
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7. My hot flashes impact my ability to work.

Never	Rarely	Often	Always
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8. My hot flashes impact my social and leisure activities.

Never	Rarely	Often	Always
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Did you know?

**NEARLY HALF OF WOMEN  
GOING THROUGH  
MENOPAUSE MAY  
EXPERIENCE MODERATE TO  
SEVERE HOT FLASHES**

### Questions about treatment:

- How does VEOZAH work?
- How do I take VEOZAH?
- Is VEOZAH right for me?

### Questions about results:

- What should I expect with VEOZAH?
- How quickly do patients see results with VEOZAH?
- Can VEOZAH help improve my VMS?

### Any other questions?

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### IMPORTANT SAFETY INFORMATION (continued)

Stop VEOZAH right away and call your healthcare provider if you have the following signs or symptoms of liver problems:

- feeling more tired than you do usually
- decreased appetite
- nausea
- vomiting
- itching
- yellowing of the eyes or skin (jaundice)
- pale feces
- dark urine
- pain in the stomach (abdomen)

Please see [full Prescribing Information and Patient Information](#), including **BOXED WARNING** on page 4.



## HOW TO ACCESS VEOZAH AFTER YOUR DOCTOR PRESCRIBES IT

When discussing VEOZAH insurance coverage with your doctor, there are a few things to remember:

1. Your doctor may need to submit a Prior Authorization to your insurance provider.
2. Tell your doctor about any previous medications you have taken for hot flashes due to menopause.
3. Call your insurance provider to understand your personal coverage and costs for VEOZAH.
4. Follow up with your doctor to make sure all documents have been submitted.

FOR COMMERCIALLY INSURED PATIENTS  
Scan the QR Code to learn about  
the VEOZAH Savings Card



[VISIT VEOZAH.COM/SAVINGS](https://www.veozah.com/savings)

Commercially insured and  
prescribed VEOZAH?  
**GET THE SAVINGS CARD**

**VEOZAH™**  
(fezolinetant) tablets 45mg

**VEOZAH Savings Program**

Group #: 50778083 RxPCN: Loyalty  
BIN: 610524 ISSUER: (80840)

ID: **XXXXXXXXXX**

Get your first  
monthly prescription  
at no cost!\*

Plus pay as little as  
**\$30** for future monthly  
prescriptions!\*

\*Eligibility criteria apply. Terms and conditions apply.  
†Subject to an annual maximum copay assistance limit of  
\$4,000 per calendar year.

Please see full Prescribing Information and  
Patient Information, including BOXED WARNING.



You may pay

**\$0\***

for the first month's prescription  
and as little as \$30 per monthly refill  
with the VEOZAH Savings Card.†

\*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. For full terms  
and conditions, visit VEOZAHSAVINGS.com

†Subject to an annual maximum copay assistance limit of  
\$4,000 per calendar year.

Full terms and conditions are available at [VEOZAHSAVINGS.com](https://www.veozah.com/savings)

### IMPORTANT SAFETY INFORMATION (continued)

Do not use VEOZAH if you:

- have cirrhosis.
- have severe kidney problems or kidney failure.
- are taking certain medicines called CYP1A2 inhibitors. Ask your healthcare provider if you are not sure.

Please see [full Prescribing Information and Patient Information](#), including **BOXED WARNING** on page 4. | 3

### **What is VEOZAH™ (fezolinetant)?**

VEOZAH is a prescription medicine used to reduce moderate to severe vasomotor symptoms due to menopause. VEOZAH is not a hormone. Vasomotor symptoms are the feelings of warmth in the face, neck, and chest, or sudden intense feelings of heat and sweating (“hot flashes” or “hot flushes”).

### **IMPORTANT SAFETY INFORMATION**

#### **What is the most important information I should know about VEOZAH?**

#### **VEOZAH can cause serious side effects, including:**

- **Liver Problems.** Your healthcare provider will do a blood test to check your liver before you start taking VEOZAH. Your healthcare provider will also do this blood test monthly for the first 3 months, at month 6, and month 9 after you start taking VEOZAH or if you have signs or symptoms that suggest liver problems. If your liver blood test values are elevated, your healthcare provider may advise you to stop treatment or request additional liver blood tests.

#### **Stop VEOZAH right away and call your healthcare provider if you have the following signs or symptoms of liver problems:**

- feeling more tired than you do usually
- decreased appetite
- nausea
- vomiting
- itching
- yellowing of the eyes or skin (jaundice)
- pale feces
- dark urine
- pain in the right upper stomach (abdomen)

#### **Do not use VEOZAH if you:**

- have cirrhosis.
- have severe kidney problems or kidney failure.
- are taking certain medicines called CYP1A2 inhibitors. Ask your healthcare provider if you are not sure.

#### **Before you use VEOZAH, tell your healthcare provider about all of your medical conditions, including if you:**

- have liver disease or problems.
- have kidney problems.
- have any medical conditions that may become worse while you are using VEOZAH.

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VEOZAH may affect the way other medicines work, and other medicines may affect how VEOZAH works.

#### **The most common side effects of VEOZAH include:**

- stomach (abdominal) pain
- diarrhea
- difficulty sleeping (insomnia)
- back pain
- hot flashes or hot flushes

These are not all the possible side effects of VEOZAH. Tell your healthcare provider if you have any side effect that bothers you or does not go away.

**Call your healthcare provider for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**

**Please see [full Prescribing Information and Patient Information](#), including **BOXED WARNING**.**

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