

VEOZAH[®]
(fezolinetant) tablets 45mg



HELP YOUR PATIENTS ACCESS VEOZAH

{{customText[Dear |Hello |Good afternoon |Good morning]}}
{{customText[Dr |Prof |Mr |Mrs |Ms |]}}
{{customText[##accFname##|##accLname##|##accFname##
##accLname##|]}},

{{customText [I hope all is well! |I hope you're doing well. |I'm sorry we haven't had a chance to connect.]]}} I wanted to inform you about **VEOZAH Support SolutionsSM**. With VEOZAH Support SolutionsSM, you can offer your patients who have been prescribed VEOZAH help in addressing potential access and affordability challenges, whether they have commercial prescription insurance, government insurance (eg, Medicare or Medicaid), or are uninsured.

For more information, you and your patients can call **1-866-239-1637** or visit **VEOZAHSupportSolutions.com**.

GET PATIENTS STARTED

Copay assistance is available for eligible patients with commercial prescription insurance **with the VEOZAH Savings Card**.

GET STARTED



ELIGIBLE COMMERCIALLY-INSURED PATIENTS

Could pay **\$0** for the first monthly prescription and may pay as little as **\$30** per monthly refill.*

PATIENTS WITH NO PRESCRIPTION INSURANCE

The Astellas Patient Assistance Program (PAP)[†] provides VEOZAH at no cost to uninsured patients who meet the program eligibility requirements.

PATIENTS WITH MEDICARE PART D, MEDICAID, OR OTHER GOVERNMENT INSURANCE

Information is provided about other assistance options that may be available, such as Medicare Extra Help.‡

* Eligibility requirements and terms and conditions apply.§

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

‡ VEOZAH Support Solutions has no control over the decisions of, and does not guarantee support from, independent third parties.

VEOZAH Support Solutions can also help with benefits verification and provide information regarding prior authorization processes and potential eligibility for various VEOZAH Support Solutions programs.

How to submit a prescription for VEOZAH® (fezolinetant)

OPTION 1

- ✓ Submit the prescription directly to the patient's preferred pharmacy.
- ✓ Your patient can then fill the prescription at their preferred pharmacy and begin treatment.

OPTION 2

- ✓ If you experience an insurance-related delay, **submit the prescription electronically** to Sonexus Health Pharmacy Services.



Sonexus Health Pharmacy Services
NPI Number: 1447680210

If you would like to schedule a visit to discuss VEOZAH, please contact me directly at the number or email below.

{{customText[Sincerely|Regards|Best]}},

{{userName}}, Sales Representative

Phone: {{User.Phone}}

Email: {{userEmailAddress}}

§By enrolling in the VEOZAH Savings Program ("Program"), the patient acknowledges that they currently meet the eligibility criteria and will comply with the following terms and conditions: The Program is for eligible patients with commercial prescription insurance and is good for use only with a valid prescription

for VEOZAH® (fezolinetant) at the time the prescription is dispensed by the pharmacy. The Program has an annual maximum copay assistance limit of \$1,300 per calendar year. After the annual maximum on copay assistance is reached, patient will be responsible for the remaining monthly out-of-pocket costs for VEOZAH. **The Program is not valid for patients whose prescription claims are reimbursed, in whole or in part, by any state or federal government program, including, but not limited to, Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico Government Insurance, or any state patient or pharmaceutical assistance program.**

Patients who move from commercial insurance to federal or state prescription health insurance will no longer be eligible, and agree to notify the Program of any such change. Patients agree not to seek reimbursement from any health insurance or third party for all or any part of the benefit received by the patient through the Program. This offer is not conditioned on any past, present, or future purchase of VEOZAH. This offer is not transferable, has no cash value, and cannot be combined with any other offer, free trial, prescription savings card, or discount (including any program offered by a third party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as “accumulator” or “maximizer” programs). The full value of the Program benefits is intended to pass entirely to the eligible patient. No other individual or entity (including, without limitation, third party payers, pharmacy benefit managers, or the agents of either) is entitled to receive any benefit, discount or other amount in connection with this Program. This offer is not health insurance and is only valid for patients in the 50 United States, Washington DC, and Puerto Rico. This offer is not valid for cash paying patients. This Program is void where prohibited by law. No membership fees. It is illegal to sell, purchase, trade, counterfeit, duplicate, or reproduce, or offer to sell, purchase, trade, counterfeit, duplicate or reproduce the card. This offer will be accepted only at participating pharmacies. Certain rules and restrictions apply. 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).

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

If you would like to schedule a visit to discuss VEOZAH, please contact me directly at the number or email below.

{{customText[Sincerely|Regards|Best]}},

{{userName}}, Sales Representative

Phone: {{User.Phone}}

Email: {{userEmailAddress}}

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