

**VEOZAH**<sup>®</sup>  
(fezolinetant) tablets 45mg

**SUPPORT  
SOLUTIONS**<sup>SM</sup>



# STARTING VEOZAH? POTENTIAL SAVINGS AND SUPPORT ARE HERE FOR YOU

## Have commercial prescription insurance?

You could be eligible to save on your out-of-pocket costs with the VEOZAH Savings Program.\*

- You may pay \$0 for the first monthly prescription and as little as \$30 per monthly refill
- The maximum copay assistance is \$1,300 per calendar year
- There are no income requirements



### REQUEST YOUR CARD NOW

Scan the QR code  
Or visit [www.VEOZAHsavings.com/ts](http://www.VEOZAHsavings.com/ts)

You can also reach out for assistance,  
Just call 1-866-239-1637, option 4.



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**VEOZAH Savings Program**

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

**Get your first  
monthly prescription  
at no cost!\***

\*Eligibility criteria apply. Terms and conditions apply.  
†Subject to an annual maximum copay assistance limit of \$1,300 per calendar year.

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



**Show your card to the pharmacy to receive savings**

## Ineligible for the Savings Card or your insurance doesn't cover VEOZAH at this time?

See other side for more ways to get support even if you don't have insurance or your insurance doesn't cover VEOZAH.



\*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<sup>™</sup> (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 transferrable, 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).

# VEOZAH SUPPORT SOLUTIONS AWAITS YOU

Enrolling is easy and takes less than 5 minutes for most people

If your insurance does not cover VEOZAH at this time, VEOZAH Support Solutions can help you identify other savings options that may be able to help. Before you can enroll, your doctor will need to send in a valid prescription.

Tell your doctor to send your prescription to:

Sonexus Health Pharmacy Services  
2730 Edmonds Ln, Ste 300, Lewisville, TX 75067  
NPI Number: 1447680210  
NCPDP: 5910206

If your doctor is having trouble sending the prescription to VEOZAH Support Solutions electronically, ask them to call in the prescription to 866-239-1637 or fax the prescription to 866-781-4998.



## ENROLL NOW

Simply scan the QR code  
Or visit [www.VEOZAHaccess.com](http://www.VEOZAHaccess.com)

For fastest results, enroll the same day your doctor sends your prescription.

## WHEN YOU ENROLL

- First, confirm that your doctor has sent in your VEOZAH prescription
- You'll be asked 6 Yes/No questions
- Then, you'll provide personal details (Name, Address, Email, Phone, Date of Birth)

If you don't complete your enrollment, VEOZAH Support Solutions (Sonexus) may call you.  
Be sure to accept the call—it will show as 866-239-1637.

### Questions? Need help enrolling?

Call VEOZAH Support Solutions to speak with a Patient Care Coordinator. Translators are available.  
**866-239-1637, Monday–Friday, 8:00 AM–8:00 PM ET**

## Don't have prescription insurance?

You may be eligible for the Astellas Patient Assistance Program,<sup>†</sup> which provides VEOZAH at no cost. Enroll in VEOZAH Support Solutions to find out if you are eligible.

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

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