



VOWST Voyage™ Support Program helps patients access VOWST™ (fecal microbiota spores, live-brpk) capsules

Please contact the VOWST Voyage Support Program
for any questions at 1-888-356-5444.

INDICATION

VOWST is indicated to prevent the recurrence of *Clostridioides difficile* infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI).

Limitation of Use: VOWST is not indicated for treatment of CDI.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Transmissible infectious agents: Because VOWST is manufactured from human fecal matter, it may carry a risk of transmitting infectious agents. Report any infection that is suspected to have been transmitted by VOWST to Aimmune Therapeutics, Inc. at 1-833-246-2566.

Potential presence of food allergens: VOWST may contain food allergens. The potential to cause adverse reactions due to food allergens is unknown.

ADVERSE REACTIONS

The most common adverse reactions (reported in $\geq 5\%$ of participants) were abdominal distension (31.1%), fatigue (22.2%), constipation (14.4%), chills (11.1%), and diarrhea (10.0%). To report SUSPECTED ADVERSE REACTIONS, contact Aimmune Therapeutics at 1-833-AIM-2KNO (1-833-246-2566), or the FDA at 1-800-FDA-1088, or visit www.fda.gov/MedWatch.

DRUG INTERACTIONS

Do not administer antibacterials concurrently with VOWST.

Please see full [Prescribing Information](#) and [Patient Information](#).

The VOWST Voyage Support Program offers assistance to patients to help navigate insurance coverage and help your patients start and complete treatment with VOWST.

Here are some of the ways we offer assistance

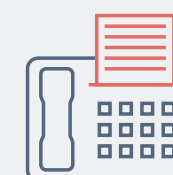
GETTING YOUR PATIENT STARTED



Download the Enrollment Form and Enrollment Checklist on vowsthcp.com



Complete the form and ensure your patient signs the patient authorization



Fax the completed form to 1-888-234-6987

Once VOWST Voyage Support Program receives the Enrollment Form, your patient will be contacted by a case manager to discuss insurance coverage and benefits, financial assistance options, and will be provided educational resources.

COVERAGE AND BENEFITS ASSISTANCE

We provide your patient with individual help:

- Understand insurance coverage and benefits for VOWST
- Determine eligibility for assistance programs that can help reduce their out-of-pocket costs associated with VOWST

INFORMATIONAL RESOURCES

We provide your office with information about the different approval processes specific health plans may need.



Sample Letters of Medical Necessity and Appeal



Prior Authorization and Appeals Guide

TREATMENT FOR PATIENTS



Each patient enrolled in VOWST Voyage Support Program will be eligible to receive a Welcome Kit containing 1 dose of 10 oz. of magnesium citrate laxative and educational resources to support their treatment journey.

For assistance with questions or getting your patient started on VOWST, visit vowsthcp.com or call 1-888-356-5444.

Steps to Engage in the VOWST Voyage Support Program

SOC ANTIBACTERIAL TREATMENT WINDOW: DAYS 1-10

DAYS 10-11

DAYS 12-14

ENROLLMENT

COVERAGE DETERMINATION

FULFILLMENT AND TREATMENT



PRACTICE

VOWST Voyage Enrollment:

Submit the enrollment form at the time of standard of care (SOC) antibacterial initiation

PA and Appeal Submission:

Your office may need to submit a PA, appeal, or medical exception



**VOWST VOYAGE/
SPECIALTY
PHARMACY**

Welcome Call:

Both the prescriber and patient should expect a welcome call. Eligible patients will also receive a Welcome Kit including magnesium citrate

Coverage and Reimbursement Support:

Support with coverage determination, benefits investigation, PAs, appeals, and evaluating your patients for all financial and other assistance programs

Scheduling Call:

Patients will receive a call to schedule a time for VOWST to be delivered directly to them

Dose Reminders:

Your patients may receive dose reminders as text messages throughout their VOWST treatment



PATIENT

VOWST Voyage Enrollment:

Sign the enrollment form as directed by healthcare provider

Receive Welcome Kit:

Welcome kit will be shipped to the patient's house and will include (1) 10 oz. bottle of a laxative (magnesium citrate) and a patient brochure

Laxative Treatment Window:

Patients should drink the laxative within 1-3 days of finishing antibacterials

VOWST Treatment Window:

Patients will receive their VOWST shipment and should start VOWST the day after laxative completion (this will be 2-4 days after finishing antibacterials)

Refer to vowsthcp.com for patient resources regarding dosing regimen.

Coverage Assistance

The VOWST Voyage Support Program offers financial assistance to eligible patients



VOWST CO-PAY SAVINGS PROGRAM

Eligible commercially insured patients may pay as little as \$0 for VOWST with a maximum benefit of \$9,100 per calendar year. To learn the full Terms, Conditions, and Eligibility requirements visit VOWSTcopay.com or call 1-888-356-5444



VOWST PATIENT ASSISTANCE PROGRAM (PAP)

Uninsured or underinsured patients may be eligible to receive VOWST at no cost if they meet financial and other eligibility requirements



VOWST VOUCHER PROGRAM

Eligible patients experiencing significant access issues related to insurance coverage may receive VOWST for free. Offer not valid where prohibited by law

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