

How to Access VOWST®

VOWST®
(fecal microbiota spores,
live-brpk) capsules

PRESCRIBING AND ORDERING VOWST

It is recommended to prescribe VOWST on the same day antibiotics are prescribed to help ensure patients have VOWST by the time their antibiotics are completed.

The VOWST Enrollment Form may serve as the prescription and can be sent directly to the VOWST Voyage™ Support Program. This ensures that the VOWST prescription is sent in an expedited manner to one of the specialty pharmacies (SP) that is best able to fill the prescription.

VOWST NETWORK OF SPECIALTY PHARMACIES

Specialty Pharmacy	Phone	Fax	Hours
Amber	1-844-703-3647	1-833-253-8775	M-F: 8 AM-8 PM ET Sat: 8 AM-6 PM ET
Orsini	1-800-485-4885	1-877-640-5179	M-F: 9 AM-7 PM ET
Exclusive Specialty Distributor (for institutional pharmacy customers only)			
Cardinal Health	1-855-855-0708	1-614-553-6301	M-F: 8 AM-7 PM ET

THE VOWST VOYAGE™ SUPPORT PROGRAM HELPS YOUR PATIENTS GET ACCESS TO VOWST

Getting Started:

Complete and submit the VOWST Enrollment Form and Prescription through the VOWST Voyage prescriber portal at VowstStart.com

If you cannot access the portal, you may also download the form on vowsthcp.com and fax the completed form to **1-888-234-6987**



Phone: 1-888-356-5444
Fax: 1-888-234-6987

Coverage and Benefits Assistance

We can help your patients:

- Navigate insurance coverage and benefits
- Investigate other options for coverage, including financial assistance programs that may help cover some of the out-of-pocket cost of VOWST for eligible patients

Treatment Support and Education

Each patient enrolled in the VOWST Voyage Support Program may be eligible to receive a welcome kit, which may include laxative

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

THE VOWST VOYAGE™ SUPPORT PROGRAM ALSO OFFERS FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS*



**VOWST
CO-PAY SAVINGS
PROGRAM**

The VOWST Co-Pay Savings Program may be used to reduce a patient's out-of-pocket cost for VOWST to as little as \$0, with a maximum savings amount of \$9100 per calendar year. Offer not valid for patients whose prescriptions are reimbursed by Medicare, Medicaid, or other state or federal healthcare program, or where prohibited by law



**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

*These programs are only available to eligible patients with outpatient prescriptions for VOWST. To learn more about the programs VOWST Voyage offers and to see the full terms, conditions, and eligibility requirements, visit vowstvoyage.com or call 1-888-356-5444.



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