

Here are some of the ways we offer assistance

GETTING YOUR PATIENT 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**. For detailed instructions on how to complete the Enrollment Form, click [here](#)



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

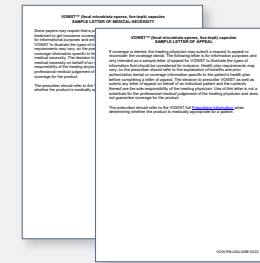
COVERAGE AND BENEFITS ASSISTANCE

We can help your patients:

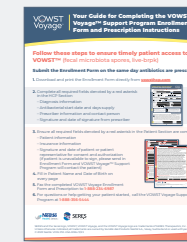
- Navigate insurance coverage and benefits
- Investigate other options for coverage, including financial assistance programs that may help cover some of the out-of-pocket cost of VOWST for eligible patients

INFORMATIONAL RESOURCES

We offer education and resources to help you navigate the VOWST treatment journey



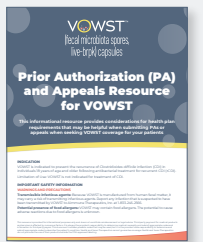
Sample Letters of Medical Necessity and Appeal



Enrollment Checklist



How to Access VOWST



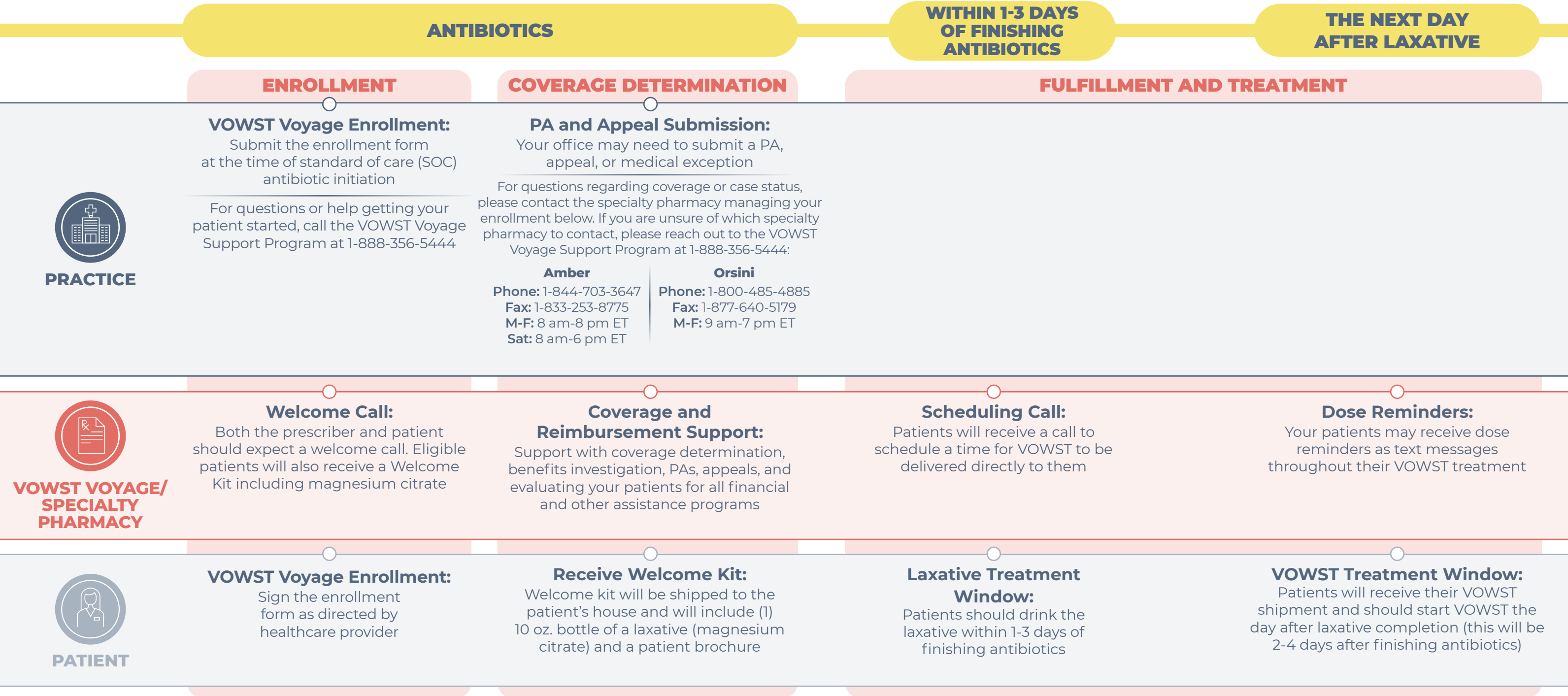
Prior Authorization (PA) and Appeals Guide

TREATMENT FOR PATIENTS



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

Steps to Engage in the VOWST Voyage Support Program



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