



The VOWST Voyage™ Support Program helps patients access VOWST

HERE ARE SOME OF THE WAYS WE OFFER ASSISTANCE*

Getting Started

Complete and submit the VOWST Enrollment Form and Prescription at www.vowsthcp.com

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 receiving VOWST will also receive a welcome kit, which can include a patient brochure and one 10 oz. bottle of laxative, if eligible

*Patients are not required to enroll in VOWST Voyage to access VOWST.



Phone: 1-888-356-5444

Fax: 1-888-234-6987

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 an eligible, commercially insured patient's out-of-pocket cost for VOWST to as little as \$0, with a maximum savings amount of \$9,100 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

†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.

INFORMATIONAL RESOURCES

We offer education and resources to help you navigate the VOWST treatment journey. Some examples that can be accessed by scanning the QR code include:

- Sample Letters of Medical Necessity and Appeal
- Enrollment Checklist
- How to Access VOWST
- Prior Authorization (PA) and Appeals Guide



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



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STEPS TO ENGAGE IN THE VOWST VOYAGE SUPPORT PROGRAM

ANTIBIOTICS (1-14+ DAYS)

LAXATIVE (WITHIN 1-3 DAYS OF FINISHING ANTIBIOTICS)

VOWST (THE NEXT DAY AFTER LAXATIVE)

ENROLLMENT

COVERAGE DETERMINATION

FULFILLMENT AND TREATMENT



PRACTICE

VOWST Voyage Enrollment:

Submit the Enrollment Form at the time of standard of care (SOC) antibiotic initiation and ensure the patient signs the Enrollment Form while in the office

Patient should have a sufficient supply of antibiotics to last until the Welcome Kit is delivered

PA and Appeal Submission:

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

For questions regarding coverage or case status, please contact the specialty pharmacy managing your enrollment below. If you are unsure of which specialty pharmacy to contact, please reach out to the VOWST Voyage Support Program at 1-888-356-5444:

Amber

Phone: 1-844-703-3647

Fax: 1-833-253-8775

M-F: 8 am-8 pm ET

Sat: 8 am-6 pm ET

Orsini

Phone: 1-800-485-4885

Fax: 1-877-640-5179

M-F: 9 am-7 pm ET



VOWST VOYAGE/
SPECIALTY
PHARMACY

Welcome Call:

HCP can expect a Welcome Call to review any missing information, discuss program resources, and guide you through the process

Patient will receive a Welcome Call to review any missing information, confirm antibiotics on hand, provide an overview of financial assistance programs, and set up text reminders

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:

Once coverage is determined, the patient will receive a scheduling call to coordinate the Welcome Kit shipment

Text Messages:

Patients may receive text messages, if they've opted in, throughout their treatment



PATIENT

VOWST Voyage Enrollment:

Patient should sign the Enrollment Form as directed by the prescriber

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), patient brochure, and VOWST

Laxative Treatment Window:

Patient should drink the laxative within 1-3 days of finishing antibiotics

VOWST Treatment Window:

Patient should start VOWST the day after laxative completion (this will be 2-4 days after finishing antibiotics)

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



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