

Ordering and Prescribing VOWST™

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

PRESCRIBING INFORMATION

Consider prescribing VOWST and standard of care antibacterials at the same time to help ensure patients have VOWST by the time their antibacterials are completed. A laxative should be administered once within 2 to 4 days of finishing antibacterials and VOWST should be administered the day after the laxative.

ORDERING AND PRESCRIBING OPTIONS

VOWST is available through a limited network of specialty pharmacies (SP). While you can send a prescription to either SP, you may fax a signed enrollment form, available at vowstvoyage.com, to the VOWST Voyage™ Support Program. The enrollment form may serve as the prescription, ensuring the VOWST prescription is sent in an expedited manner to the SP that is best able to fill the prescription (to confirm, check with the patient's preferred SP). Additionally, when enrolled in the VOWST Voyage Support Program, patients' eligibility for assistance with out-of-pocket costs can be determined.*

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 Pharmacist: 24/7
Orsini	1-800-485-4885	1-877-640-5179	M-F: 9 AM-7 PM ET Pharmacist: 24/7
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:

1. Download the enrollment form on vowstvoyage.com
2. Complete the form, and ensure your patient signs the patient authorization
3. Fax the completed form to VOWST Voyage Support Program (1-888-234-6987)

Coverage and Benefits Assistance

We provide your patients with personalized help:

- Navigating insurance coverage and benefits
- Investigating other options for coverage, including financial assistance programs that can help cover the cost of VOWST

Welcome Kit for Patients

Each patient enrolled in the VOWST Voyage Support Program will be eligible to receive a welcome kit which may contain 10 oz of magnesium citrate laxative, and educational resources to support their treatment journey. In clinical studies, participants with impaired kidney function received polyethylene glycol electrolyte solution (250 mL GoLYTELY, not approved for this use), which is not included in the welcome kit.

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

**VOWST
Voyage™**

Phone: 1-888-356-5444
Fax: 1-888-234-6987
[Placeholder for hours]

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 receive educational resources.

**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 [\$XXXX] 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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