

How to Access VOWST[®]

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

PRESCRIBING 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

*For hospitals/clinics with their own specialty pharmacy, VOWST may be acquired by one of the specialty distributors below

VOWST NETWORK OF SPECIALTY DISTRIBUTORS

VOWST is also accessible for hospital, long term care, government, and 340b accounts from our network of specialty distributors.

Specialty Distributor	Phone	Fax	Hours	Item Numbers
Cardinal Health Specialty Distribution pdlogin.cardinalhealth.com	1-855-855-0708	1-614-553-6301	M-F: 8 AM-8 PM ET S: 8 AM-6 PM ET	5845151
Besse www.besse.com	1-800-543-2111	1-800-543-8695	M-Th: 8:30 AM-7 PM ET F: 8:30 AM-5 PM ET	10290258
ASD Healthcare https://asdorder.amerisourcebergen.com	1-800-746-6273	1-800-547-9413	M-Th: 7 AM-6:30 PM CT F: 7 AM-6 PM CT	10290311
McKesson Plasma and Biologics (MPB) https://connect.mckesson.com	1-877-625-2566	1-888-752-7626	M-F: 8 AM - 6:30 PM CT	2969988

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

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

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

VOWST
Voyage™

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.