

## VOWST Co-Pay Savings Program Terms and Conditions

1. **Patients must have commercial health insurance. This Program is not valid for patients whose prescription drugs are reimbursed by any state or federally funded healthcare program, such as Medicare (including Medicare Advantage), Medicaid (including Managed Medicaid plans), Medigap, VA, DOD, TRICARE, any state pharmaceutical assistance program, or any private indemnity or HMO insurance plan that reimburses, in whole or in part, the entire cost of a prescription drug.**
2. The VOWST Co-Pay Savings Program (“Program”) may be used only with a valid prescription for VOWST™ (fecal microbiota spores, live-brpk) to reduce your out-of-pocket costs for VOWST. Eligible patients may pay as little as \$0, up to a maximum of \$9,100 savings while the program remains in effect. This Program may be used up to two times per calendar year, up to the aggregate, annual maximum savings of \$9,100. The Program will not provide savings for claims with a VOWST dispensing date that precedes Program enrollment by more than 90 days.
3. This Program is only valid for patients who are 18 years of age or older and who are residents of the United States (excluding any Territory of the United States).
4. This Program is not valid for uninsured or cash-paying patients or for commercially insured patients without coverage for VOWST.
5. This Program is void outside the United States or where prohibited by law, taxed, or restricted.
6. For California and Massachusetts residents, the Program will terminate automatically upon the introduction of a therapeutically equivalent product, as that term is defined under applicable state law. Absent a change in Massachusetts law, the Program will no longer be valid for Massachusetts residents as of January 1, 2026.
7. No other purchase is necessary.
8. **THIS PROGRAM IS NOT HEALTH INSURANCE.**
9. Nestlé reserves the right to rescind, revoke, or amend the Program without notice.
10. Enrollment in the Program is not transferable.
11. The Program may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for VOWST, and the amount of the savings shall not exceed the patient's out-of-pocket cost for VOWST.
12. Health plans, pharmacy benefit managers, and vendors or agents of any of the foregoing (individually and collectively “Plan Agents”) are prohibited from enrolling patients in the co-pay Program or assisting patients with enrollment in the Program. The patient, or a legal representative of the patient who is not a Plan Agent, must personally enroll the patient in the Program in order for the patient to be eligible for Program savings.
13. By enrolling in the Program, you (patient or legal representative) understand and agree that:
  - You have not submitted and will not submit a claim for reimbursement under any federal, state, or other government-funded healthcare program (e.g., Medicare, Medicaid, Medigap, VA, DOD or TRICARE) for your VOWST prescription.

- Enrollment in the Program must be consistent with the terms of any drug benefit provided by your commercial health insurer, health plan, or third-party payor. You agree to report the use of the Program to your insurer or health plan if required.
- Should you begin receiving prescription drug benefits from any federal or state government-funded program, you will withdraw from the Program.
- You may not seek reimbursement for all or any part of the savings received by the patient through this Program from any third party payer or from any health savings, flexible spending, or other healthcare reimbursement account.