CO-PAY COUPON TERMS AND CONDITIONS

Eligible, privately insured patients may pay as little as $0 per prescription. The coupon is valid on qualifying prescriptions for OHTUVAYRE® (ensifentrine). Maximum annual program savings is $10,000 per patient. Maximum single-fill benefit is $2,925.

The coupon is valid for up to a 90-day supply per prescription fill. The coupon may be redeemed only once every 21 days.

Patient must have private insurance. Not valid for uninsured patients or patients covered under Medicaid (including Medicaid patients enrolled in a qualified health plan purchased through a health insurance exchange [marketplace] established by a state government or the federal government), Medicare, a Medicare Part D or Medicare Advantage plan (regardless of whether a specific prescription is covered), TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan ("Healthcare Reform"), or any other state or federal medical or pharmaceutical benefit program or pharmaceutical assistance program (collectively, "Government Programs").

By participating in the OHTUVAYRE Co-Pay Coupon Program, the patient is confirming they are privately insured. The patient is responsible for notifying Verona Pharma Inc., a subsidiary of Merck & Co., Inc. (Rahway, NJ, USA), or any of its affiliates (collectively "Verona Pharma") if their insurance status changes.

The Co-Pay Coupon Program is void where prohibited by law, taxed, or restricted.

Subject to changes in state law, the coupon may become invalid for residents of Massachusetts prior to its expiration date.

This offer is non-transferable, no substitutions are permissible, and this offer cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. No other purchase necessary.

Verona Pharma Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice.

The Co-Pay Coupon Program for OHTUVAYRE is not insurance and is not intended to substitute for insurance.

Patient must be 18 years of age or older to redeem the coupon. Patients, pharmacists, and healthcare providers must not seek reimbursement from health insurance or any third party for any part of the benefit received by the patient through this Co-Pay Coupon Program. Patients must not seek reimbursement from any health savings, flexible

spending, or other healthcare reimbursement accounts for the amount of assistance received from the Co-Pay Coupon Program.

The coupon can be used only by eligible residents of the United States at participating eligible retail or mail-order pharmacies in the United States. Product must originate in the United States.

Certain information pertaining to the use of the Co-Pay Coupon Program will be shared with Verona Pharma. The information disclosed will include the date the prescription is filled, the quantity of product dispensed by the pharmacist, and the amount of co-pay that will be covered by this Co-Pay Coupon Program. Additional information may be found in the Verona Pharma Privacy Policy at https://www.veronapharma.com/pages/privacy.

Acceptance in this Program is not dependent on any past, present, or future purchase, including additional doses of OHTUVAYRE.

Enrollment in the Co-Pay Coupon Program is valid throughout the patient's treatment with OHTUVAYRE if they continue to meet the eligibility requirements, including having commercial insurance. Verona Pharma reserves the right to change Program terms at any time.

Verona Pharma Inc., a subsidiary of Merck & Co., Inc. (Rahway, NJ, USA)