GENOTROPIN COPAY PROGRAM TERMS AND CONDITIONS

By using this copay card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

Patients are not eligible to use this card if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, or a state prescription drug assistance program. Patient must have private insurance. Offer is not valid for cash-paying patients. Patients are responsible for as little as a $0 monthly copayment based upon program utilization. The value of this copay card is limited to a maximum benefit of $500 - $1,500 per calendar year depending on insurance, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum is reached, you will be responsible for paying the remaining out-of-pocket costs. This copay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs. You must deduct the value of this copay card from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. You are responsible for reporting use of the copay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the copay card, as may be required. You should not use the co-pay card if your insurer or health plan prohibits use of manufacturer copay cards. This copay card is not valid where prohibited by law. Copay card cannot be combined with any other savings, free trial or similar offer for the specified prescription (including any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as "accumulator" or "maximizer" programs). Third party payers, pharmacy benefit managers, or agents of either, are prohibited from assisting patients with enrolling in the copay program. **Copay card will be accepted only at participating pharmacies**. **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer. This copay card is not health insurance.** Offer good only in the U.S. (excluding Puerto Rico, the U.S. Virgin Islands, and Guam). Copay card is limited to 1 per person during this offering period and is not transferable. A copay card may not be redeemed more than once per 30 days per patient. No other purchase necessary. Data related to your redemption of the copay card may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer's programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other copay card redemptions and will not identify you. Pfizer reserves the right to rescind, revoke or amend this offer without notice. Offer expires 12/31/2025.

For more information on the Genotropin Copay Program, visit our website www.genotropin.com, call the Pfizer Bridge Program at 1-800-645-1280 or visit Pfizer.com. GENOTROPIN Copay Program, 430 Mountain Avenue, Suite 105, New Providence, NJ 07974.

NGENLA COPAY PROGRAM TERMS AND CONDITIONS

By using this copay card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

Patients are not eligible to use this card if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, or a state prescription drug assistance program. Patient must have private insurance. Offer is not valid for cash-paying patients. Patients are responsible for as little as a $0 monthly copayment based upon program utilization. The value of this copay card is limited to a maximum benefit of $6,000 per calendar year depending on insurance, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum is reached, you will be responsible for paying the remaining out-of-pocket costs. This copay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs. You must deduct the value of this copay card from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. You are responsible for reporting use of the copay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the copay card, as may be required. You should not use the co-pay card if your insurer or health plan prohibits use of manufacturer copay cards. This copay card is not valid where prohibited by law. Copay card cannot be combined with any other savings, free trial or similar offer for the specified prescription (including any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as "accumulator" or "maximizer" programs). Third party payers, pharmacy benefit managers, or agents of either, are prohibited from assisting patients with enrolling in the copay program. **Copay card will be accepted only at participating pharmacies**. **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer. This copay card is not health insurance.** Offer good only in the U.S. (excluding Puerto Rico, the U.S. Virgin Islands, and Guam). Copay card is limited to 1 per person during this offering period and is not transferable. A copay card may not be redeemed more than once per 21 days per patient. No other purchase necessary. Data related to your redemption of the copay card may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer's programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other copay card redemptions and will not identify you. Pfizer reserves the right to rescind, revoke or amend this offer without notice. Offer expires 12/31/2025.

For more information on the Ngenla Copay Program, visit our website www.ngenla.com, call the Pfizer Bridge Program at 1-800-645-1280 or visit Pfizer.com. NGENLA Copay Program, 430 Mountain Avenue, Suite 105, New Providence, NJ 07974.

SOMAVERT COPAY PROGRAM TERMS AND CONDITIONS

By using this copay card, you acknowledge that you currently meet the eligibility criteria and will comply with the terms and conditions described below:

Patients are not eligible to use this card if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, or a state prescription drug assistance program or the Government Health Insurance Plan available in Puerto Rico (formerly known as “La Reforma de Salud”). Patient must have private insurance. Offer is not valid for cash-paying patients. Patients are responsible for as little as a $5 monthly copayment based upon program utilization. The value of this copay card is limited to a maximum benefit of $20,000 per calendar year depending on insurance, which is defined by the date of enrollment through December 31st of the enrollment year. After a maximum is reached, you will be responsible for paying the remaining out-of-pocket costs. This copay card is not valid when the entire cost of your prescription drug is eligible to be reimbursed by your private insurance plan or other private health or pharmacy benefit programs. You must deduct the value of this copay card from any reimbursement request submitted to your private insurance plan, either directly by you or on your behalf. You are responsible for reporting use of the copay card to any private insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the copay card, as may be required. You should not use the co-pay card if your insurer or health plan prohibits use of manufacturer copay cards. You must be 18 years of age or older to redeem the copay card. This copay card is not valid where prohibited by law. Copay card cannot be combined with any other savings, free trial or similar offer for the specified prescription (including any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations, through arrangements that may be referred to as "accumulator" or "maximizer" programs). Third party payers, pharmacy benefit managers, or agents of either, are prohibited from assisting patients with enrolling in the copay program. **Copay card will be accepted only at participating pharmacies**. **If your pharmacy does not participate, you may be able to submit a request for a rebate in connection with this offer. This copay card is not health insurance.** Offer good only in the U.S. and Puerto Rico. Copay card is limited to 1 per person during this offering period and is not transferable. A copay card may not be redeemed more than once per 30 days per patient. No other purchase necessary. Data related to your redemption of the copay card may be collected, analyzed, and shared with Pfizer, for market research and other purposes related to assessing Pfizer’s programs. Data shared with Pfizer will be aggregated and de-identified; it will be combined with data related to other copay card redemptions and will not identify you. Pfizer reserves the right to rescind, revoke or amend this offer without notice. Offer expires 12/31/2025

For more information on the Somavert Copay Program, visit our website www.somavert.com, call the Pfizer Bridge Program at 1-800-645-1280 or visit Pfizer.com. Somavert Copay Program, 430 Mountain Avenue, Suite 105, New Providence, NJ 07974.