Out-of-Pocket Program (“the Program”) Terms and Conditions

- To be eligible for the LEMBAZ Out-of-Pocket (OOP) Program (“the Program”), patients must have (1) commercial or private medical insurance, (2) a paid claim as indicated on the explanation of benefits (EOB), (3) a valid prescription on the enrollment form for an FDA-approved ICD-10 code of Niemann-Pick Disease indication of LEMBAZ, and (4) be a resident of the United States, Puerto Rico, or US Territories.
- The Program is not valid for patients enrolled in any state or federal government program, including, but not limited to, Medicaid/Managed Medicaid, Medicare, Medigap, Department of Defense (DoD), Veterans Affairs (VA), TRICARE, Puerto Rico government insurance, or any state pharmaceutical assistance program. Patients may not use this offer if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. Offer is not valid for cash-paying patients.
- Enrolled patients are responsible for all out-of-pocket costs and any other balance not covered by the Program.
- An Explanation of Benefits (EOB) from the patient’s private/commercial medical insurance must be submitted by the caregiver/patient or site of care within 180 days of the date of service as per the EOB for the patient to receive any applicable copay assistance benefit; no EOB may be submitted more than 365 days after the expiration date of the Program. The EOB must reflect the patient’s out-of-pocket cost for LEMBAZ product and administration fees associated with the LEMBAZ intrathecal injection.
- By participating in this Program, the patient authorizes his or her provider or themselves to submit the EOB received from their commercial/private insurance company to the Program and to receive on patient’s behalf, if applicable, any benefit for which the patient is eligible under the Program. The provider agrees to apply any amounts received from the Program toward the satisfaction of patient’s obligation for the cost of LEMBAZ and its administration only. Patient will be responsible for any amount owed to their provider for LEMBAZ that is not covered by the Out of Pocket Program.
- The Program is not insurance. If your insurance status changes, you must notify LEMBAZ Family Support immediately.
- The Program is void where prohibited by law, taxed, or restricted. The Program is not transferable and is limited to one offer per patient. No substitutions are permitted. Not valid if reproduced. This offer cannot be redeemed for cash.
- The Program cannot be combined with any other external 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).
- Not eligible for the Program if rare disease is a benefit exclusion or carve out.
- This Program may not be redeemed for more than the approved dose, max of 26 doses per year, given as an IT every 2 weeks.
- This Program is valid for up to 26 prescription fills for every 2 weeks supply.
- This Program is not conditioned on any past or future purchase, including refills.
- Participating patients and site of care agree not to seek reimbursement from any insurer or third party for all, or any part of the benefit received by the patient through this Program.

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- The Program is valid for 2 years and requires re-enrollment in the 21st month of the Program.
- This Program is managed by Paysign on behalf of Beren Therapeutics. Beren Therapeutics reserves the right to rescind, revoke, or amend the Program or these Terms and Conditions at any time without notice.

Bridge Program ("the Program") Terms and Conditions

- The LEMBAZ Family Support Bridge Program ("the Program") provides LEMBAZ at no cost to eligible patients who are prescribed LEMBAZ for an FDA-approved ICD-10 code of Niemann Pick Disease indication and administration performed in sites of care and are a resident of the United States, Puerto Rico, or US territories.
- Patients and prescribers must complete the LEMBAZ Family Support enrollment form and patient consent form; prescribers must provide a LEMBAZ enrollment form.
- To qualify, patients must meet Program eligibility requirements, which include, but are not limited to: (1) insurance delays due pending initial determination, denials and appeals or (2) insurance changes.
- Patients and prescribers must provide proof of PA submission, denials and appeals from their insurance or proof of insurance changes that caused the delays.
- Participating patients and prescribers agree not to seek reimbursement for all, or any part of, the free product received by the patient through this Program. The medication cannot be sold, traded, or transferred.
- The Program is not health insurance, nor is participation a guarantee of insurance coverage. Other limitations may apply. No purchase is necessary.
- The Program is not available to patients where prohibited by law.
- Beren Therapeutics reserves the right to rescind, revoke, or amend the Program or these Terms and Conditions at any time without notice.

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Patient Assistance Program (PAP) (“the Program”) Terms and Conditions

- The LEMBAZ Family Support Patient Assistance Program (PAP) provides LEMBAZ at no cost to eligible patients who are prescribed LEMBAZ for an FDA-approved ICD-10 code of Niemann Pick disease indication and administration performed in sites of care and are a resident of the United States, Puerto Rico, or US Territories.
- Patients and prescribers must complete the LEMBAZ Family Support enrollment form, patient consent form.
- To qualify, patients must meet PAP eligibility requirements, which include, but are not limited to: (1) having no insurance or inadequate coverage; (2) meeting income guidelines and undergoing income evaluation; (3) undergoing appeals with insurance due to denials; (4) continuation on PAP requires final denial determination.
- If you may be eligible for Medicaid, you will be required to provide documentation of a Medicaid final denial before being evaluated for PAP eligibility.
- Participation in PAP beyond one year requires re-evaluation and re-enrollment. reverifcation of insurance coverage status will occur during the course of PAP, including going through the approvals process when the denial expires.
- Participating patients and prescribers agree not to seek reimbursement for all, or any part of, the free product received by the patient through PAP.
- Patients with government health insurance, including, but not limited to, Medicare, who meet the PAP eligibility criteria are eligible to receive free product for the entire coverage year; Medicare requires notification of PAP participation and PAP will provide such information to Medicare plan.
- PAP does not provide health insurance and participation in PAP does not offer any guarantee of insurance coverage. Other limitations may apply. No purchase necessary.
- Beren Therapeutics reserves the right to rescind, revoke, or amend the Program or these Terms and Conditions at any time without notice.

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