

 **RYTELO**[®]
(imetelstat) for Injection 47 mg
188 mg

Not actual patients.

THE REACH4RYTELO[®] COPAY PROGRAM

Save money on your
RYTELO treatment.
See if you qualify for
financial support today.

**REACH4
RYTELO[®]**

Starting RYTELO may come with questions about out-of-pocket costs. If you have commercial insurance, you may be able to save.

The REACH4RYTELO® Copay Program

If you have commercial insurance and qualify for the program, you may be able to pay less for your RYTELO treatment and its infusion. No income information is required to participate.

Terms and conditions apply.^a Please see page 4 for full terms and conditions.

Potential cost savings if you qualify

AS LITTLE AS
\$0
OUT-OF-POCKET

Pay as little as \$0 out-of-pocket for RYTELO until the yearly savings limit is reached.



Save up to \$100 per infusion.

**REACH4
RYTELO®**

Do you qualify?

Talk to your healthcare team to submit the Patient Enrollment Form found at www.reach4rytelo.com or call **1-844-4RYTELO (1-844-479-8356)** to ask about the enrollment process.^b

^aThe REACH4RYTELO Copay Program is not available to patients with any form of government insurance (such as Medicaid, Medicare, TRICARE, and VA). Patients must meet certain eligibility criteria to qualify for this program. This program is subject to a maximum savings limit each calendar year. An itemized explanation of benefits must be provided with a separate line for out-of-pocket cost of administration fee. Residents of MA, MI, MN, and RI are not eligible to receive copay assistance for product administration. If you have a question around eligibility for the Copay Program, contact REACH4RYTELO at 1-844-479-8356.

^bAll programs provided through REACH4RYTELO are subject to eligibility requirements. Geron reserves the right to modify or discontinue REACH4RYTELO at any time without notice.

VA=Veterans Affairs.

Your guide to getting started with RYTELO

If you think you may be eligible, talk to your healthcare provider or call REACH4RYTELO® at **1-844-4RYTELO (1-844-479-8356)** and ask about the enrollment process.



1. Enroll through REACH4RYTELO

You and your healthcare provider will fill out the **REACH4RYTELO Patient Enrollment Form** together. You can find it at www.reach4rytelo.com.

Your provider will send the completed form to REACH4RYTELO for review.



2. REACH4RYTELO reviews your information

After your form is submitted:

- REACH4RYTELO will check your eligibility.
- You and your healthcare provider will be notified once a decision is made.



3. Receive your RYTELO treatment

If approved, you will receive your RYTELO treatment from your healthcare provider as planned.



4. Your provider submits a claim

After your treatment, your healthcare provider will send a claim to your health insurance company for processing.



5. Receive an explanation of benefits (EOB)

Your insurance company will send an **EOB** to both you and your healthcare provider. Your EOB will show:

- What your insurance company paid
- What your insurance company did *not* cover
- The amount you may need to pay out-of-pocket

Your EOB should be **itemized**, meaning:

- One line shows your out-of-pocket cost for **RYTELO**
- Another line shows your out-of-pocket cost for the **administration of the treatment**

If your EOB is **not itemized**, contact your insurance company and request an itemized version.



REACH4RYTELO® Copay Program terms and conditions

1. The REACH4RYTELO Copay Program (“Copay Program”) helps eligible patients with commercial insurance pay their out-of-pocket costs for RYTELO.
 - The program can provide up to \$9450 each year to help with the cost of the medicine (copay or coinsurance).
 - Some patients may also receive up to \$100 per infusion for administration costs, up to \$1200 per year.
 - Your Explanation of Benefits (EOB) must clearly show the out-of-pocket administration cost on a separate line.
2. Patients must be residents of the United States, Puerto Rico, or Guam.
3. Residents of MA, MI, MN, and RI are not eligible to receive copay assistance for product administration. If a patient or healthcare provider (HCP) has a question about a patient’s eligibility for the Copay Program, they should contact REACH4RYTELO at 1-844-479-8356.
4. The Copay Program is available only to commercially insured patients. If a commercial payer denies coverage and/or patient is a cash-pay patient, they are not eligible for the Copay Program.
5. The Copay Program is valid only for prescriptions that are reimbursed by commercial insurance and is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicare or a Medicare Part D plan, Medicaid, TRICARE, VA, DoD, Puerto Rico Government Health Insurance Plan, or any other state or federally funded healthcare benefit program (collectively, “Government Programs”).
6. Patients who begin receiving prescription benefits from Government Programs at any time must notify Geron of this fact by contacting REACH4RYTELO at 1-844-4RYTELO. They will no longer be eligible to participate in the Copay Program.
7. The Copay Program is not insurance and is not intended to substitute for insurance.
8. The Copay Program is only available to patients with a valid prescription for RYTELO and specific diagnosis codes. No other purchase is necessary to participate.
9. The Copay Program will not reimburse any payments made by a Flexible Spending Account (FSA), Health Savings Account (HSA), Health Reimbursement Account (HRA), or any other payer, discount/copay program, or other offer.
10. Void where prohibited by law, taxed, or restricted.
11. For access to the Copay Program, patients must first enroll in REACH4RYTELO (“Hub”).
12. The Copay Program resets on January 1st each year and re-enrollment is required for eligible patients. Throughout the year, monthly benefits investigations will be performed.
13. No patient, pharmacist, or any HCP that administers the product may seek reimbursement from any payer for all, or any part of, the benefit received by the patient through the Copay Program.
14. Geron reserves the right to terminate, rescind, revoke, or modify the Copay Program for any reason at any time without notice.

DoD=Department of Defense.