

 **RYTELO**[™]
(imetelstat) for Injection ^{47 mg}
^{188 mg}



**THE REACH4RYTELO[™]
COPAY PROGRAM**

**REACH4
RYTELO[™]**

The REACH4RYTELO™ Copay Program

For eligible, commercially insured patients, the REACH4RYTELO Copay Program offers savings up to \$10,650 per calendar year subject to certain conditions.^a There are no income requirements to participate in the program.

Terms and conditions apply. Please see page 4 for terms and conditions.

REACH4RYTELO Copay Program Savings up to \$10,650 Annually

AS LITTLE AS
\$0
OUT-OF-POCKET

If eligible, you may pay as little as \$0 out-of-pocket for RYTELO, which includes copay and coinsurance, up to \$9450 annually.



If eligible, you may save up to \$100 per infusion, up to \$1200 annually. Your itemized explanation of benefits (EOB) must have a separate line for the out-of-pocket cost of administration.



Are you eligible? Talk to your healthcare provider 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

The Patient Enrollment Form can be found at www.reach4rytelo.com.

^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, including requirements related to the diagnosis for which the patient is receiving treatment and the patient's insurance status. To enroll in the Copay Program, patients must first enroll in REACH4RYTELO. If eligible for the Copay Program, the patient may pay as little as \$0 out-of-pocket for RYTELO with a maximum benefit of \$9450 per year for the cost of the drug and a maximum benefit of \$1200 per year for the cost of administration (up to \$100 per infusion). An itemized EOB must be provided with a separate line for out-of-pocket cost of administration. Residents of MA, MI, MN, and RI are not eligible to receive copay assistance for product administration and are therefore only eligible for a maximum benefit of \$9450 per year for the cost of the drug. For Copay Program eligibility questions, contact a representative from 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.

How the REACH4RYTELO™ Copay Program Works

If your healthcare provider determines RYTELO is right for you, you can work with your healthcare provider to complete and submit an enrollment form.

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:



STEP 1

You can work with your healthcare provider to complete and submit the REACH4RYTELO Patient Enrollment Form available at www.reach4rytelo.com. Your healthcare provider will submit the Patient Enrollment Form to REACH4RYTELO for review.



STEP 2

REACH4RYTELO will determine your eligibility and notify you and your healthcare provider.



STEP 3

You receive your RYTELO treatment.



STEP 4

Your healthcare provider will submit a claim to your insurance plan.



STEP 5

You and your healthcare provider will receive an explanation of benefits (EOB), which shows the amount paid by your health insurance plan, the amount not covered by your health plan, and the amount you are responsible for paying. The EOB should be itemized, which means there is a separate line for the out-of-pocket cost for RYTELO and the out-of-pocket cost of administration. If you do not receive an itemized EOB, please contact your insurance company.



STEP 6

Eligible patients may save up to \$10,650 per calendar year by the REACH4RYTELO Copay Program. Your healthcare provider may collect any remaining balance from you.

REACH4RYTELO Copay Program Benefits

Subject to the REACH4RYTELO Copay Program Terms and Conditions, this program provides the following financial assistance for the out-of-pocket costs for eligible, commercially insured patients. The eligible patient pays as little as \$0 out-of-pocket for up to \$10,650 per calendar year, subject to the following details:

- Eligible patients may pay as little as \$0 out-of-pocket for RYTELO, including copay and coinsurance, with a maximum drug benefit of up to \$9450 annually.^a
- Certain eligible patients may save up to \$100 per infusion to assist with the cost of administration with a maximum benefit of up to \$1200 annually.^a
 - An itemized EOB must be provided with a separate line for the out-of-pocket cost of administration.
- Geron reserves the right to terminate, rescind, revoke, or modify the Copay Program for any reason at any time without notice.

^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, including requirements related to the diagnosis for which the patient is receiving treatment and the patient's insurance status. To enroll in the Copay Program, patients must first enroll in REACH4RYTELO. If eligible for the Copay Program, the patient may pay as little as \$0 out-of-pocket for RYTELO with a maximum benefit of \$9450 per year for the cost of the drug and a maximum benefit of \$1200 per year for the cost of administration (up to \$100 per infusion). An itemized EOB must be provided with a separate line for out-of-pocket cost of administration. Residents of MA, MI, MN, and RI are not eligible to receive copay assistance for product administration and are therefore only eligible for a maximum benefit of \$9450 per year for the cost of the drug. For Copay Program eligibility questions, contact a representative from REACH4RYTELO at 1-844-479-8356.

REACH4RYTELO™ Copay Program Terms and Conditions

1. The REACH4RYTELO Copay Program (“Copay Program”) provides financial assistance for the out-of-pocket costs for eligible, commercially insured patients. Copay Program benefits are limited to financial assistance of up to \$9450 per year toward the cost of the drug (copay or coinsurance). Certain patients are also eligible for assistance of up to \$100 per infusion for the cost of administration, with a maximum benefit of \$1200 per year. An itemized explanation of benefits (EOB) must have a separate line for the out-of-pocket cost of administration.
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.

