



## REACH4RYTELO<sup>™</sup> PATIENT SUPPORT PROGRAM

Providing patient assistance and support throughout  
treatment with RYTELO: A program summary for HCPs



For more information about REACH4RYTELO, call  
**1-844-4RYTELO (1-844-479-8356)** Monday through  
Friday, 8 AM to 8 PM ET, or visit [www.reach4rytelo.com](http://www.reach4rytelo.com).<sup>a</sup>

HCP=healthcare provider.

<sup>a</sup>All programs provided through REACH4RYTELO are subject to eligibility requirements. Geron reserves the right to modify or discontinue REACH4RYTELO at any time without notice.

# REACH4RYTELO Patient Support Program Overview



The REACH4RYTELO Patient Support Program helps your patients who have been prescribed RYTELO navigate access and reimbursement.



## Benefits Investigation

Support during the process of determining a patient's insurance benefits for RYTELO and eligibility for affordability programs.



## Prior Authorization

Provide information relevant to navigating the PA approval process from the patient's insurance company.



## Appeals Support

Provide information relevant to navigating appeals of any denied PA requests.

**The accurate completion of reimbursement or coverage-related documentation is the responsibility of the healthcare provider and patient. REACH4RYTELO and its agents make no guarantee regarding coverage and reimbursement for RYTELO.**

## Getting Started With REACH4RYTELO

Download the [REACH4RYTELO Patient Enrollment Form](#). Complete the form with your patient and submit via fax or email. A completed form includes signatures from both the patient and the healthcare provider.



**Fax:** 1-888-224-2518



**Email:** [Support@REACH4RYTELO.com](mailto:Support@REACH4RYTELO.com)

Once your patient has been enrolled in REACH4RYTELO and their benefits investigation has been conducted, you will receive their summary of healthcare benefits. If information is missing, a case manager will follow up with you.



Please respond promptly to a request for further information from a Case Manager to avoid any delays.

PA=Prior Authorization.

# 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.<sup>a</sup> There are no income requirements to participate in the program.

Terms and conditions apply. See page 5 for terms and conditions.

AS LITTLE AS

**\$0**  
OUT-OF-POCKET

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



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

## How to Apply for the REACH4RYTELO Copay Program

If you determine RYTELO is right for your patient, download the [REACH4RYTELO Patient Enrollment Form](#) or call **1-844-4RYTELO (1-844-479-8356)**.<sup>b</sup> Complete the form with your patient and submit via fax or email.



**Fax:** 1-888-224-2518



**Email:** [Support@REACH4RYTELO.com](mailto:Support@REACH4RYTELO.com)

Once the patient has been enrolled in REACH4RYTELO, a Case Manager will evaluate their Copay Program eligibility.

<sup>a</sup>The 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 the 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.

<sup>b</sup>All 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.



# The REACH4RYTELO Patient Assistance Program (PAP)



If your patient needs help paying for RYTELO, they may be eligible for the PAP.

## Eligibility

To qualify, a patient must<sup>a</sup>



Meet one of the following income eligibility requirements.

- Have an income less than 500% of the Federal Poverty Level (FPL).
- Have an income greater than 500% of the FPL, but 3% or more of their adjusted gross income was spent on the annual cost of prescription drugs in the prior calendar year.
- Have an income greater than 500% of the FPL, but 10% or more of their adjusted gross income was spent on out-of-pocket healthcare costs in the prior calendar year.



Be a resident of the United States, Puerto Rico, or Guam.



Be 18 years of age or older.



Not be receiving financial support for RYTELO from any third-party.

## How to Apply for the PAP

Download the [REACH4RYTELO Patient Enrollment Form](#). Complete the form with your patient and submit via fax or email. A completed form includes signatures from both the patient and the healthcare provider.



**Fax:** 1-888-224-2518



**Email:** [Support@REACH4RYTELO.com](mailto:Support@REACH4RYTELO.com)

Once the patient has been enrolled in REACH4RYTELO, a Case Manager will evaluate their PAP eligibility.

If your patient is eligible for the PAP, the Patient Enrollment Form will serve as a prescription for the first treatment. For subsequent prescriptions, a written or electronic script will be required prior to each shipment to reverify the patient's eligibility for PAP assistance and to confirm appropriate weight-based dosing.

<sup>a</sup>All programs provided through REACH4RYTELO may be subject to additional eligibility requirements. Geron reserves the right to modify or discontinue REACH4RYTELO at any time without notice.

# 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.



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