geron®

RYTELO™ (imetelstat) FDA Approval Conference Call

June 7, 2024

Forward-Looking Statements

During the course of this presentation and question-and-answer session, there will be forward-looking statements regarding future events, performance, plans, expectations and other projections, including those relating to:

- the therapeutic and commercial potential of RYTELO;
- the expected market for RYTELO;
- launch timing, availability of supply and patient access for RYTELO;
- key success factors for the commercial launch of RYTELO; and
- other statements that are not historical fact.

Actual events or results could differ materially; refer to the discussion under the heading “Risk Factors” in Geron’s most recent periodic report filed with the SEC, which identifies important factors that could cause actual results to differ materially from those contained in the forward-looking statements. Geron undertakes no duty or obligation to update our forward-looking statements.

Agenda

Opening Remarks

John Scarlett, M.D., Chairman and Chief Executive Officer

U.S. Prescribing Information

Faye Feller, M.D., EVP, Chief Medical Officer

U.S. Market Opportunity & Launch Plans

Anil Kapur, EVP Corporate Strategy and Chief Commercial Officer

Closing Remarks

John Scarlett, M.D., Chairman and Chief Executive Officer

Q&A

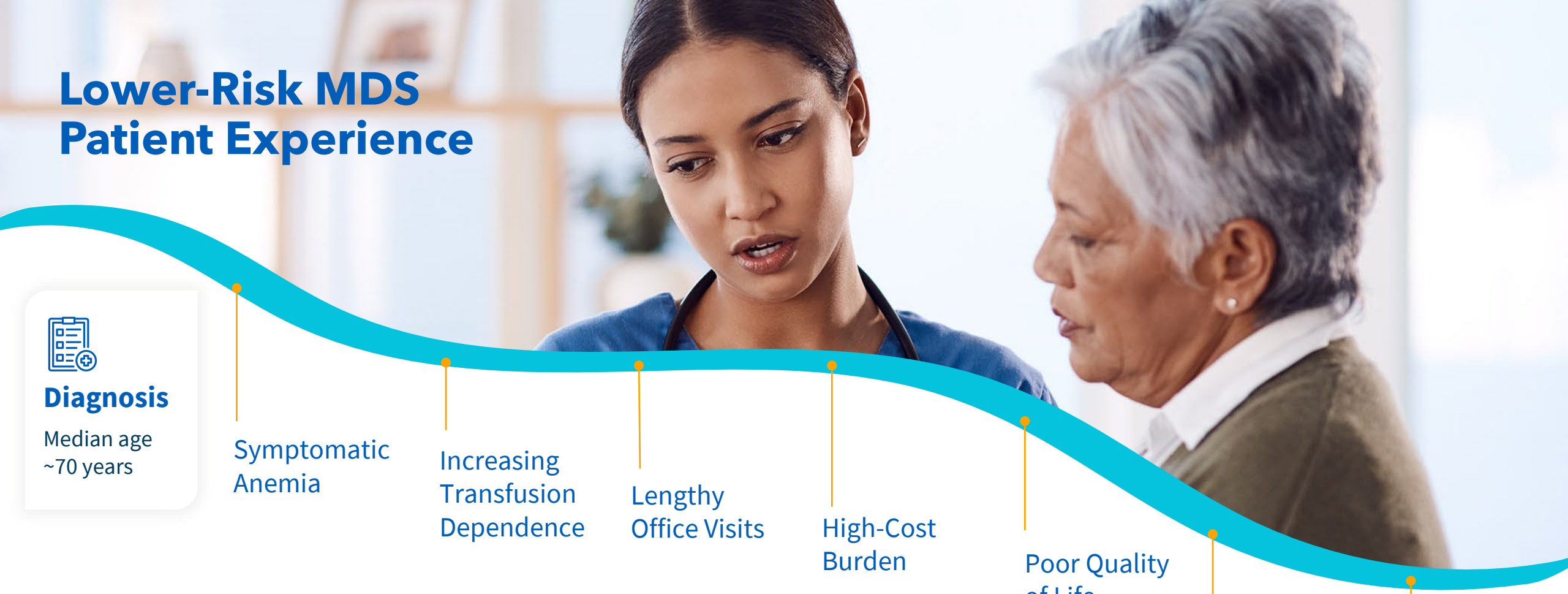
Introductory Remarks

John A. Scarlett, M.D.
Chairman and Chief Executive Officer

RYTELO is now the first and only FDA-approved telomerase inhibitor*

See U.S. Prescribing Information: https://pi.geron.com/products/US/pi/rytelo_pi.pdf

Lower-Risk MDS Patient Experience



Diagnosis

Median age ~70 years

- Symptomatic Anemia
- Increasing Transfusion Dependence
- Lengthy Office Visits
- High-Cost Burden
- Poor Quality of Life
- Higher Risk of Progression to AML
- Shortened Survival

Symptomatic anemia and transfusion dependence are key drivers of patient burden and poor quality of life

DRG MDS Landscape & Forecast 2022, Mangaonkar, et al., Blood Cancer Journal 2018; Giagounidis, et al. Clinical Cancer Research 2016; Incidence and Outcomes for Low Risk MDS, ASH 2012; Greenberg et al, Blood 2012; Feneaux et al, JCO 2017; Platzbecker et al, Blood 2019; Cogle et al, Curr Hematol Malig Rep 2015; Greenberg et al Blood 1997; Greenberg et al, Blood 1997.

Approval Across ESA Ineligible and ESA Relapsed/Refractory Patients with LR-MDS with Transfusion-Dependent Anemia, Regardless of Ring Sideroblast (RS) Status

RYTELO a Potential Standard-of-Care Across High Unmet Need LR-MDS Subgroups

Front-Line ESA ineligible patients

__1 in 10__ LR-MDS patients are __ESA-ineligible__ and have very limited treatment options.[1]

RS+ ESA relapsed/refractory patients

__~25%__ of LR-MDS patients are __RS+__ and continue to experience high transfusion burden despite available therapies.[2]

RS- ESA relapsed/refractory patients

__~75%__ of LR-MDS patients are __RS-__ and particularly vulnerable to poor clinical outcomes.[2]

~13,200 U.S. patients with lower-risk MDS need treatment for symptomatic anemia

ESA = erythropoietin stimulating agents; R/R = Relapsed/Refractory; RS = ring sideroblast

[1]Platzbecker U. Treatment of MDS. Blood. 2019.; [2]Papaemmanuil E, Gerstung M, Malcovati L, et al. Blood. 2013. [3]Platzbecker U, Kubasch AS, Homer-Bouthiette C, Prebet T. Leukemia. 2021. [4]Sangerman MA, Pomares H, Alonso E, et al. Blood. 2019. [5]Cadenas FL, del Castillo TB, Sanz G, et al. Blood. 2021.

Highlights of RYTELO U.S. Prescribing Information

Faye Feller, M.D.
Executive Vice President, Chief Medical Officer

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use RYTELO safely and effectively. See full prescribing information for RYTELO.

RYTELO (imetelstat) for injection, for intravenous use.
Initial U.S. Approval: 2024

INDICATIONS AND USAGE

RYTELO is an oligonucleotide telomerase inhibitor indicated for the treatment of adult patients with low- to intermediate-1 risk myelodysplastic syndromes (MDS) with transfusion-dependent anemia requiring 4 or more red blood cell units over 8 weeks who have not responded to or have lost response to or are ineligible for erythropoiesis-stimulating agents (ESA). (1)

DOSAGE AND ADMINISTRATION

- The recommended dosage of RYTELO is 7.1 mg/kg administered as an intravenous infusion over 2 hours every 4 weeks. (2.1)
- Premedicate prior to dosing with RYTELO for potential infusion-related reactions. (2.2)
- See full prescribing information for preparation and administration instructions. (2.4)

DOSAGE FORMS AND STRENGTHS

- For injection: 47 mg powder in a single-dose vial for reconstitution. (3)
- For injection: 188 mg powder in a single-dose vial for reconstitution. (3)

CONTRAINDICATIONS

None. (4)

WARNINGS AND PRECAUTIONS

- Thrombocytopenia: Grade 3 and Grade 4 thrombocytopenia occurred; obtain complete blood cell counts prior to initiation of RYTELO, weekly for the first two cycles, and prior to each cycle thereafter to monitor. Delay or dose reduce as recommended. (2.3, 5.1)
- Neutropenia: Grade 3 and Grade 4 neutropenia occurred; obtain complete blood cell counts prior to initiation of RYTELO, weekly for the first two cycles, and prior to each cycle thereafter to monitor. Delay or dose reduce as recommended. (2.3, 5.2)
- Infusion-Related Reactions: Premedicate before infusion. Interrupt, decrease the rate of infusion, or permanently discontinue RYTELO based on severity. (2.2, 2.3, 5.3)
- Embryo-Fetal Toxicity: Can cause embryo-fetal harm. Advise females of reproductive potential of potential risk to a fetus and to use effective contraception. (5.4, 8.1, 8.3)

ADVERSE REACTIONS

Most common adverse reactions (incidence ≥10% with a difference between arms of >5% compared to placebo), including laboratory abnormalities are decreased platelets, decreased white blood cells, decreased neutrophils, increased AST, increased alkaline phosphatase, increased ALT, fatigue, prolonged partial thromboplastin time, arthralgia/myalgia, COVID-19 infections, and headache. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Geron Corporation at 1-855-437-6664 (1-855-GERONMI) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

Lactation: Advise not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION and Medication Guide.

U.S. Market Opportunity & Launch Plans

Anil Kapur
Executive Vice President, Corporate Strategy and
Chief Commercial Officer

RYTELO Offers a Compelling Value Proposition for Stakeholders

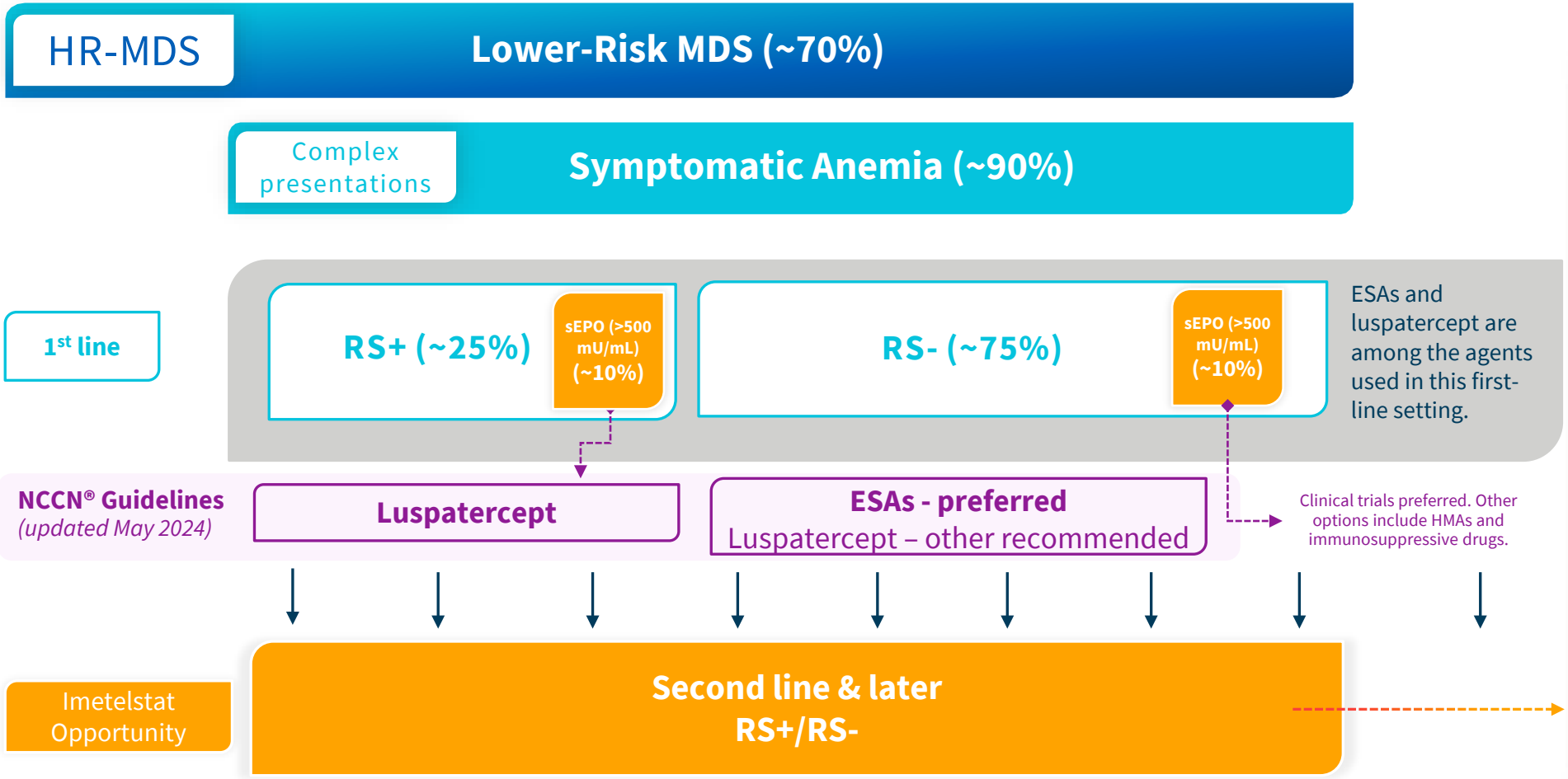
Significant burden of RBC transfusion dependence and anemia for people with LR-MDS

High unmet treatment need, especially among select subgroups

Totality of clinical benefit across subgroups

Well-characterized and generally manageable safety profile

We Believe RYTELO is Uniquely Positioned to Address Unmet Need in LR-MDS Patients with TD Anemia



Significant potential opportunity for RYTELO*:

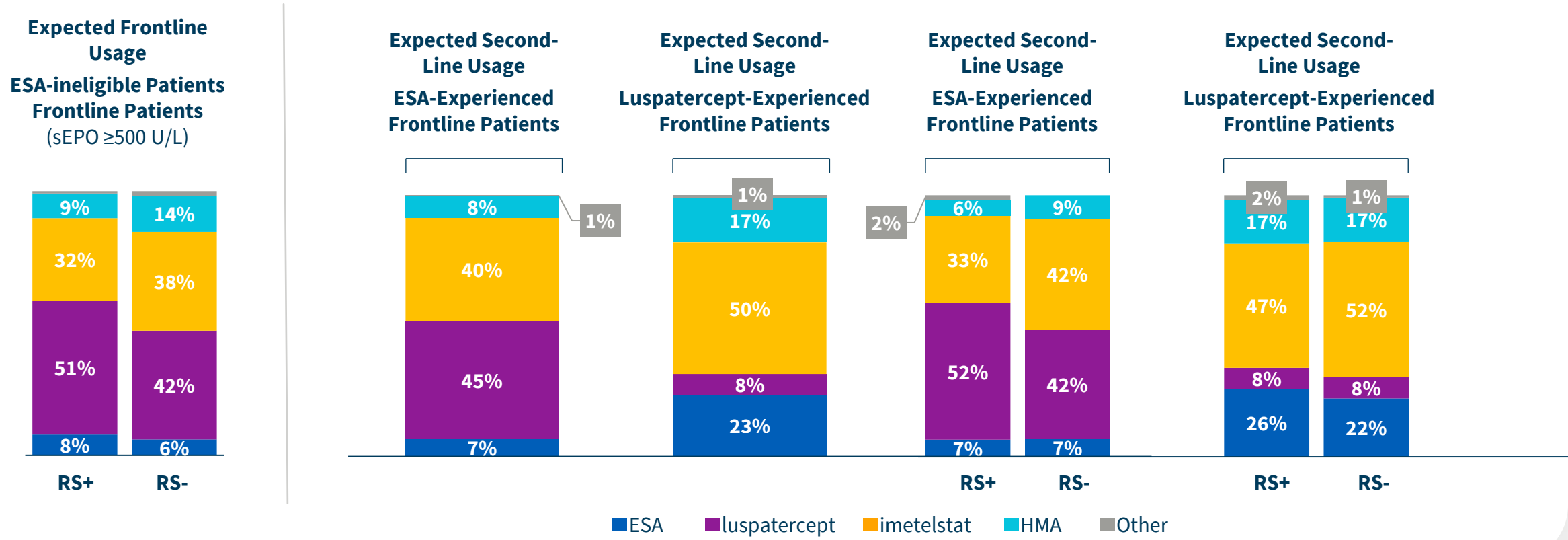
- Frontline ESA ineligible, RS+/RS-
- ESA-failed, RS+
- ESA-failed, RS-

* RYTELO is indicated for patients requiring 4 or more RBC transfusions over 8 weeks. Ring sideroblasts present in ~23%–33% of patients with MDS and are associated with anemia (references: 2. Papaemmanuil E, Gerstung M, Malcovati L, et al. Clinical and biological implications of driver mutations in myelodysplastic syndromes. Blood. 2013;122(22):3616-3627. 3. Malcovati L, Cazzola M. Recent advances in the understanding of myelodysplastic syndromes with ring sideroblasts. Br J Haematol. 2016;174(6):847-858; Geron data on file.

Expectations for Imetelstat Uptake

ESA-ineligible, ESA-failed RS- and RS+ high transfusion burden LR-MDS patients with TD anemia

~85% of Second-Line Patients Expected to be Either ESA or Luspatercept Experienced



Geron Market Research June 2024. U.S. based practicing hematologists (N=57, N=20 academic and N=37 community), share estimates represent unadjusted physician preference shares across key patient segments and are directional. Utilization percentages were calculated using a weighted average of RS+ and RS- utilization estimates (30% RS+ and 70% RS- LR-MDS LR-MDS segmentations were assumed). Stimuli included key safety and efficacy information expected to be reflected in U.S. Prescribing Information and also publicly available data on other LR-MDS therapies.

Majority of our Business in the U.S. Market will Come from the Community Setting with Medicare as the Predominant Payor

U.S. Promotional Targets

~**8,000** targeted HCPs

Expected Site of Care Mix

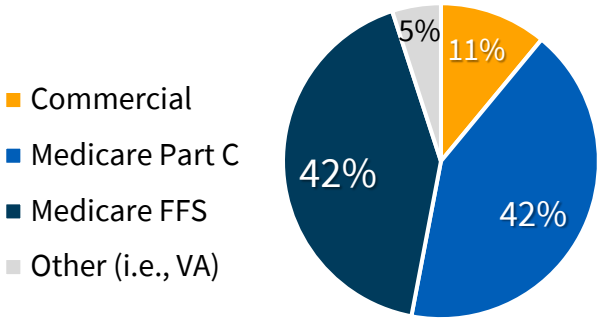
~**2,200** targeted accounts

~**70%** treated in community setting

Administration, Billing, & Reimbursement

- Infused Product (2 hour infusion every 4 weeks)
- Provider administered
- Buy & bill dynamic
- HUB support

Anticipated Payor Mix



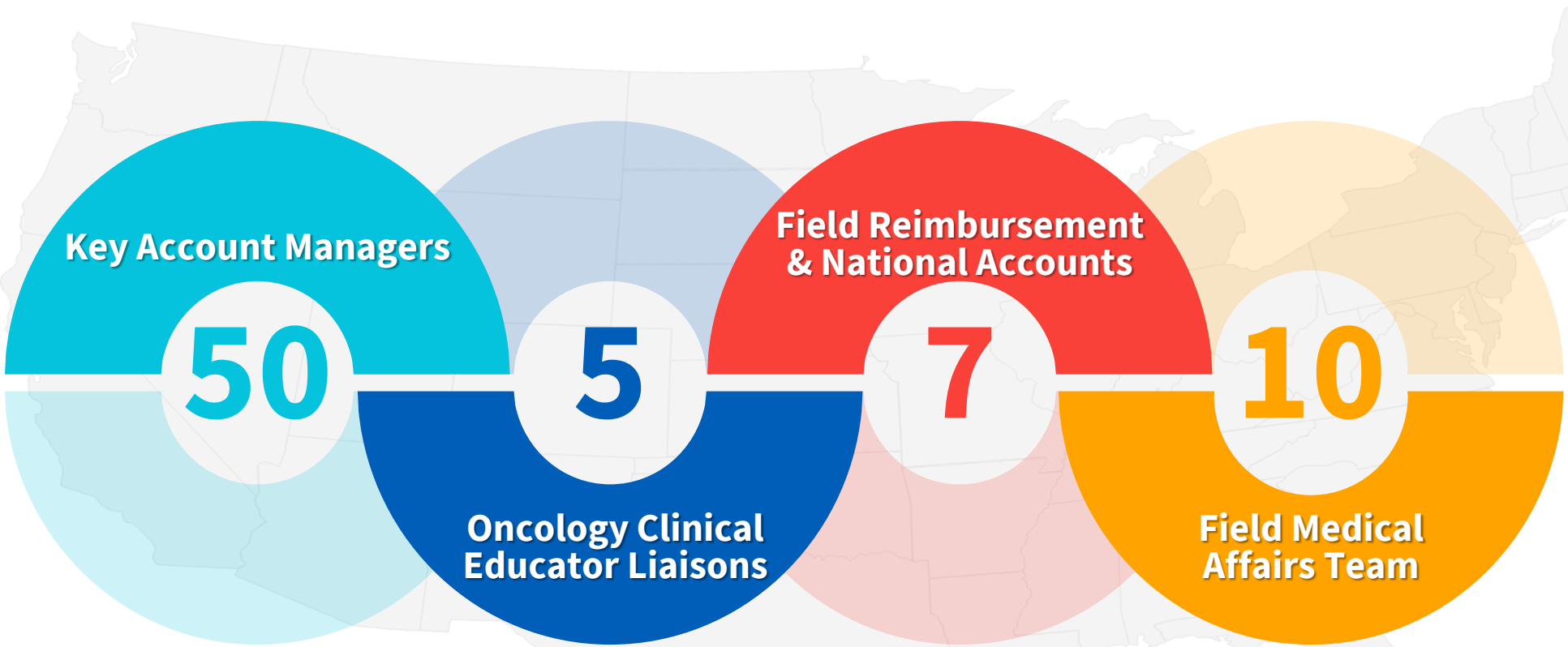
84% Medicare

11% Commercial

5% Government

Highly Experienced Oncology Field Teams Fully Deployed

Covering the entire US Market



In-house infrastructure, MedInfo HUB in place to fully support RYTELO launch in the US

Geron is Committed to Supporting Access to RYTELO for Eligible Patients

PATIENTS

Wide range of resources to support access and affordability for eligible RYTELO patients

REACH4 RYTELO™

Benefits Investigation

Prior Authorization Support, Appeals Support

Patient Affordability Programs
Copay Program, Patient Assistance Program

PRESCRIBERS

Prescriber resources to facilitate patient access to RYTELO

Field Reimbursement teams and resources to provide information on Ordering RYTELO, Billing & Coding and Patient Support

Medical Affairs team to support HCP education and experience using RYTELO

PAYORS

Government and commercial payer engagement to ensure broad access to RYTELO

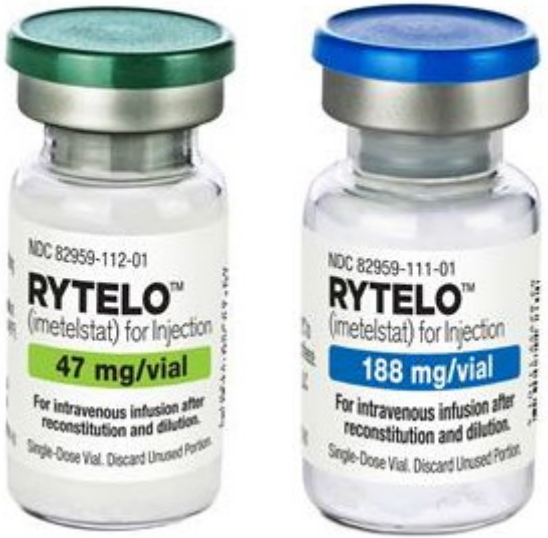
J-code submission process initiated

Starting Treatment with RYTELO

RYTELO Expected Availability in the Distribution Channel

NDC 82959-111-01: 188mg/vial: by end of June 2024

NDC 82959-112-01: 47mg/vial: Manufacturing complete; availability expected summer 2024



REACH4RYTELO to support patient access to RYTELO


THIS PAGE TO BE COMPLETED BY PATIENT OR PATIENT'S REPRESENTATIVE 1 of 4

REACH4 RYTELO RYTELO (imetelstat) for Injection

Enrollment Form

Phone: 1-844-4RYTELO
Fax: 1-888-224-2518
Monday - Friday, 8 AM to 8 PM ET

After submitting this form, a dedicated REACH4RYTELO™ Case Manager may reach out to you to walk you through the next steps of the process and answer any questions.

1. REQUESTED PATIENT SUPPORT

2. PATIENT INFORMATION

CONTACT AUTHORIZATION

3. INSURANCE INFORMATION

PRIMARY INSURANCE

SECONDARY INSURANCE

Please see full Prescribing Information and Patient Medication Guide.


Transmit Date: <MM/DD/YYYY>
Number of pages: <# of Pages>

REACH4RYTELO Specialty Distributor Ordering

Phone: 844-4RYTELO
Fax: 888-224-2518
Hours: 8 AM – 8 PM ET Monday through Friday

To: <Recipient Name>	From: REACH4RYTELO
To Phone: <Recipient Phone #>	To Fax: <Recipient Fax #>

Patient Name: <Patient Name>
Case ID: <Patient Case ID>

Your patient has medical benefit coverage for RYTELO™ (imetelstat) and you may order from one of our authorized distributors. Please see below for pertinent information.

Commercial Copay Card Information (if applicable):

- Enrollment Status: <Approved, Client Approved, Client Denied, Denied, Eligible, Exceeded Limit, Ineligible, Pending Client Review, Processed, and Sent for Processing>
- Commercial Copay Card Member ID: <Commercial Copay Card Member ID>
- Enrollment Date: <Enrollment Date>

Insurance Authorization Information (if applicable):

- **Approval Number:** <XXXXXXXX> **Effective** <MM/DD/YYYY> **to** <MM/DD/YYYY>

Authorized Distributors of Record

You can take an active role in ensuring the security of the pharmaceutical supply chain by sourcing products only from Authorized Distributors that have entered into distribution agreements with Geron.

McKesson Specialty Health	**Phone: 800-482-6700**
McKesson Plasma & Biologics	**Phone: 877-625-2566**
ASD Healthcare	**Phone: 800-746-6273**
Oncology Supply	**Phone: 800-633-7555**
Cardinal Health Specialty Pharmaceutical Distribution	**Phone: 855-855-0708**
Cardinal Health Puerto Rico	**Phone: 787-625-4200**

If you have questions regarding the referral, please contact the REACH4RYTELO Patient Support Program team.

IF YOU DO NOT RECEIVE THIS TRANSMISSION IN ITS ENTIRETY, OR IF THERE ARE ANY PROBLEMS WITH THIS TRANSMISSION, PLEASE CALL THE NUMBER ABOVE.

Key Strategic Imperatives to Successfully Launching RYTELO

ENSURE A POSITIVE FIRST EXPERIENCE

Commercial infrastructure established to provide eligible LR-MDS patients and their prescribers a positive experience with the brand

DRIVE ADOPTION AMONG PRESCRIBERS

Prescribing information supports treatment with RYTELO to help eligible LR-MDS patients achieve red blood cell transfusion independence for ≥8 consecutive weeks

SUPPORT PATIENT ACCESS

Comprehensive program to support patient access to RYTELO

Closing Remarks

John A. Scarlett, M.D.
Chairman and Chief Executive Officer

Poised for Successful U.S. Launch of RYTELO

- RYTELO can address underserved LR-MDS patient population with TD anemia
- Meaningful clinical benefit with well-characterized and generally manageable safety profile
- RYTELO well-positioned to become part of the standard-of-care across ESA ineligible/relapsed/refractory patients with LR-MDS with TD anemia
- Highly experienced commercial organization and field teams

Q&A

Thank you!

Contact:

investor@geron.com

geron®

Post-Marketing Requirements and Commitments

Post-Marketing Requirements

- Extended safety follow-up for ongoing IMerge P3 consistent with current protocol
- Randomized dose optimization study comparing at least 2 dosages of RYTELO for LR-MDS patients
- Submission of QT sub-study results
- Preclinical carcinogenicity studies

Post-Marketing Commitments

- Further cytogenetic and mutational analyses of patient samples collected prior to treatment with imetelstat on IMerge to characterize predictors of response in patients receiving RYTELO
- Submission of data, justification, and proposed final quantitative acceptance criteria for the release specifications for reconstituted solution concentration
- Annual progress updates and a final report of efforts to tighten specification limits for the product-related substances and analytical method improvements

Geron and FDA have agreed upon a schedule of milestones (e.g., protocol submission, study/trial completion, final report) for each PMR/PMC