

ADVANCING ACCESS[®]

Helping patients access their prescribed Gilead medication. Whether your patients have insurance or not, we can explore potential coverage options that might be right for them.



Advancing Access is here to help.
[Look inside to learn more.](#)

What is Advancing Access®?

Gilead Advancing Access is a patient support program that can provide information on coverage and financial support options for individuals who have been prescribed a Gilead HIV Treatment or HIV Prevention (PrEP) medication. Whether your patient has insurance or not, Advancing Access may be able to help.

Program support includes...

- **PATIENT ASSISTANCE PROGRAM/MEDICATION ASSISTANCE PROGRAM (PAP/MAP):** If your patient is uninsured, they may be eligible to receive their Gilead medication free of charge through the PAP/MAP. To see if your patient is eligible, enroll them online at GileadAdvancingAccess.com/HCP, or download an enrollment form from the website and fax it to the program.
- **CO-PAY PROGRAM*:** If eligible, Advancing Access may be able to help your patients lower their co-pay to as little as \$0 for their prescribed Gilead medication. Coverage varies by product. For up-to-date coverage, or to enroll your patient in the co-pay coupon card program, visit GileadAdvancingAccess.com/HCP.
- **BENEFITS INVESTIGATIONS:** Advancing Access can help by researching and verifying your patient's specific insurance benefits and coverage for their prescribed Gilead medication, including verifying any in-network pharmacy requirements.
- **PRIOR AUTHORIZATION/APEALS INFORMATION:** Advancing Access can provide information to determine prior authorization (PA) and appeals requirements and processes.
- **ALTERNATE COVERAGE SUPPORT:** If your patient lacks insurance, Advancing Access can research alternate coverage options to identify whether they may be eligible for coverage through an AIDS Drug Assistance Program (ADAP), PrEP DAP, independent foundations, Medicare Low-Income Subsidy (LIS), Medicaid, or health insurance exchanges (during open enrollment).

WEBSITE SUPPORT TOOLS



24/7 Support & Online Enrollment

Enroll your patient into the Advancing Access program.

- Receive an immediate PAP/MAP program determination for uninsured, eligible patients
- Request a benefits investigation
- Submit an electronic prior authorization (ePA) directly to the payer



Support Services & Resources

Learn how we can help your patients access their Gilead medications. Download appeal and claim templates.



Pharmacy Finder

Find a pharmacy where your PAP/MAP patients can pick up their Gilead medications.

FINANCIAL SUPPORT FOR PATIENTS

Get your patients started in Advancing Access. Support for your patients begins with enrollment. Explore a support option that might be right for them.

Patient Assistance Program/ Medication Assistance Program (PAP/MAP)



FOR UNINSURED PATIENTS

If your patient lacks insurance coverage, they may be eligible to receive their prescribed Gilead medication free of charge through the PAP/MAP Program.

See if your patient qualifies by scanning the code or visiting GileadAdvancingAccess.com/HCP for 24/7 online enrollment. If they are eligible and approved, you will immediately receive the patient's free product approval and member number. These can be taken, along with their prescription, to a participating pharmacy of their choice. If your patient prefers to get their medication through our mail-order pharmacy, please call 1-800-226-2056.

THE GILEAD ADVANCING ACCESS®

Co-pay Program*

FOR COMMERCIALY INSURED PATIENTS



If eligible, Advancing Access may be able to help your patients lower their co-pay to as little as \$0 for their prescribed Gilead medication.

Coverage varies by product. For up-to-date coverage, or to enroll your patient in the co-pay coupon card program, scan the code or visit GileadAdvancingAccess.com/HCP for terms and conditions.

*Restrictions apply. Subject to change. See full terms and conditions at GileadAdvancingAccess.com.

WHAT SUPPORT MIGHT MY PATIENTS QUALIFY FOR?

Depending on your patient's insurance situation, they may be eligible for patient support. Here's how...

NO INSURANCE

If your patient is uninsured, they may be eligible to receive their prescribed Gilead medication at no cost through the **PAP/MAP**. Scan the code to enroll your patient and determine their eligibility.

COMMERCIAL or PRIVATE INSURANCE

If your patient has commercial or private insurance through their employer or directly from a health insurance company, they may be eligible to save on their Gilead prescription with the Gilead Advancing Access co-pay coupon card. Scan the code under the Advancing Access **Co-pay Program** to find out if your patient is eligible today.

GOVERNMENT-SPONSORED INSURANCE

If your patient has government insurance, such as Medicare Part D, Medicaid, Federal Employee Health, or VA/TRICARE, support may be available through **independent co-pay foundations**. These foundations may provide additional support and coverage options for help with out-of-pocket drug costs, co-pays, coinsurance, and deductibles. Your patients can learn more about independent co-pay foundations that may assist them with out-of-pocket expenses by calling **1-800-226-2056** to speak with an Advancing Access program specialist.

NOT SURE OF COVERAGE/RECENTLY CHANGED INSURANCE

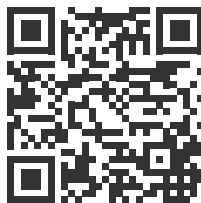
We can help! Even if your patient's insurance is denied, a **program specialist** can help determine next steps for accessing their Gilead medication.

Learn more/Enroll today

Enroll online, request support at
GileadAdvancingAccess.com/HCP
or scan the code.

Call to speak with a program specialist
1-800-226-2056
(Monday through Friday, 9 AM to 8 PM ET)

Scan this code to learn more!



FAQs: Get answers to the program's most frequently asked questions (FAQs) by scanning this code or visiting GileadAdvancingAccess.com/HCP/FAQ

Gilead Advancing Access® Co-pay Coupon Terms and Conditions:

The Gilead Advancing Access Co-pay Coupon (“Coupon”) provides financial assistance for the out-of-pocket costs for eligible commercially insured patients as described in the Coupon Benefits above. Coupon benefits are limited to financial assistance for patient cost-sharing for the applicable Gilead product only. The Coupon will not cover, and shall not be applied toward, the cost of any dosing procedure or any other healthcare provider service or supply charges or other treatment costs.

The Coupon can be used only by eligible residents of the US, Puerto Rico, or US territories at participating eligible pharmacies in the US, Puerto Rico, or US territories. Product must be dispensed in the US, Puerto Rico, or US territories. Individuals must be at least 18 years old to use the Coupon themselves or to enroll in the Coupon on behalf of a minor.

To use the Coupon, the patient (or the patient’s legal representative on behalf of the patient, as applicable) must personally complete the enrollment process for the Coupon. Third-party payers, pharmacy benefit managers, or the agents of either, are prohibited from assisting patients with enrolling in the Coupon. Any decision to enroll in the Coupon must be made voluntarily by the patient.

The Coupon is not insurance and is not intended to substitute for insurance. Uninsured and cash-paying patients are not eligible to use the Coupon. The Coupon 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”); or
- by commercial plans or other health or pharmacy benefit programs that reimburse for the entire cost of prescription drugs or prohibit the Coupon’s use.

Patients who begin receiving prescription benefits from Government Programs at any time must notify Gilead of this fact by contacting Advancing Access at 1-800-226-2056 and will no longer be eligible to use the Coupon.

The Coupon is limited to one per person and is not transferable. No substitutions are permitted. This Coupon is offered to, and intended for the sole benefit of, eligible patients and may not be utilized for the benefit of third parties, including, without limitation, third-party payers, pharmacy benefit managers, or the agents of either. If Gilead determines that a patient’s insurer has implemented a program that adjusts patient cost-sharing obligations based on the availability of support under the Coupon program (sometimes called a “co-pay maximizer program”), unless prohibited by law, Gilead may reduce or discontinue the cost-sharing assistance

available under the Coupon after providing assistance in an amount not to exceed \$9,500 or current maximum limit. If Gilead determines that a patient’s insurer has implemented a program that excludes the financial assistance provided under the Coupon program from counting towards the patient’s deductible or out-of-pocket cost limitations (sometimes called an “accumulator adjustment program”), unless prohibited by law, Gilead may reduce the cost-sharing assistance available under the Coupon to a monthly or per claim maximum of \$25. Patients may contact Advancing Access at 1-800-226-2056 to determine if additional cost-sharing assistance is available.

The Coupon is only available with a valid prescription. No other purchase is necessary to redeem this offer.

The Coupon cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer (including, without limitation, any program offered by a third-party payer or pharmacy benefit manager, or an agent of either, that adjusts patient cost-sharing obligations). Patients are not eligible to use the Coupon for a product if they are currently receiving free drug assistance through Gilead Sciences, Inc. (“Gilead”)’s patient assistance program for that product.

The Coupon will not reimburse any payments made by Flexible Spending Account (FSA), Health Savings Account (HSA), Health Reimbursement Account (HRA), or any other payor, discount/co-pay program, or other offer.

Void where prohibited by law, taxed, or restricted.

Patient, pharmacist, and prescriber agree not to seek reimbursement for all, or any part of the benefit received by the patient through the Coupon. Both patient and pharmacist are each individually responsible for reporting receipt of the Coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Coupon, as may be required.

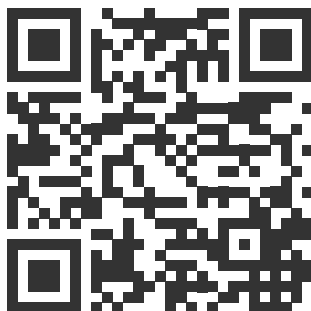
It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Coupon.

Certain information pertaining to your use of the Coupon will be shared with Gilead, the sponsor of the Coupon, and its affiliates. The information disclosed will include the patient co-pay ID, pharmacy demographics, prescriber information, and details relating to the coupon claim, such as co-pay amount, insurance details, and the therapy received. For more information, please see the Gilead Privacy Policy at www.gilead.com/privacy.

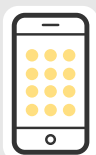
Gilead Sciences reserves the right to terminate, rescind, revoke, or modify the Coupon for any reason at any time without notice.

ADVANCING ACCESS[®]

is here for your patients.



Find out how Advancing Access may be able to help by enrolling your patient online at GileadAdvancingAccess.com/HCP or scan the code above to go directly to the website.



Have questions?

Call **1-800-226-2056** to speak with a program specialist from Monday through Friday, 9 AM–8 PM ET. Callers can also leave a confidential message any time and day of the week.