

ADVANCING ACCESS[®]

We're here to help.

The Gilead Advancing Access[®] program provides information for you and your patients to help ensure patient access to medication.

Financial Support for Your Patients

The Gilead Advancing Access® program is committed to helping your eligible patients pay for their Gilead medication.

If Your Patient is Commercially Insured

Help your eligible patients save on their Gilead medication with the Advancing Access co-pay coupon program.

Patients with government healthcare prescription drug coverage, including patients in the Medicare Part D coverage gap, or “donut hole”, are not eligible.

For more information or to see if your patient is eligible visit www.GileadAdvancingAccess.com or call 1-800-226-2056.

How The Co-pay Coupon Program Works

If your patient is eligible, he or she will be able to obtain an Advancing Access co-pay coupon card in real time.

This program covers up to **\$7,200** in co-pays per year with no monthly limit for these prescriptions:

- **BIKTARVY**® (bictegravir/emtricitabine/tenofovir alafenamide)
- **GENVOYA**® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
- **TRUVADA**® (emtricitabine/tenofovir disoproxil fumarate)

This program covers up to **\$6,000** in co-pays per year with no monthly limit for these prescriptions:

- **ODEFSEY**® (emtricitabine/rilpivirine/tenofovir alafenamide)
- **STRIBILD**® (elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate)
- **COMPLERA**® (emtricitabine/rilpivirine/tenofovir disoproxil fumarate)
- **ATRIPLA**® (efavirenz/emtricitabine/tenofovir disoproxil fumarate)

The program covers up to **\$4,800** in co-pays per year with no monthly limit for this prescription:

- **DESCOVY**® (emtricitabine/tenofovir alafenamide)

This program covers up to **\$3,600** in co-pays per year, with a monthly maximum of **\$300**, for these prescriptions:

- **VIREAD**® (tenofovir disoproxil fumarate)
- **EMTRIVA**® (emtricitabine)

This program covers up to **\$600** in co-pays per year, with a monthly maximum of **\$50**, for this prescription:

- **TYBOST**® (cobicistat)

If Your Patient is Government Insured

If your patients are enrolled in government healthcare programs, such as Medicare Part D, Medicaid, TRICARE, VA, or are not otherwise eligible through Gilead’s co-pay coupon program, they may be eligible for alternate sources of funding that may be available through independent co-pay foundations. These foundations are independent, nonprofit organizations that have their own eligibility criteria and application processes.

If Your Patient is Without Insurance

If your patient lacks insurance coverage, they may be eligible to receive their Gilead medication free of charge through the Advancing Access Patient Assistance Program. Please contact the Advancing Access program to learn more about the program eligibility criteria.

Enroll your patient in the Patient Assistance Program by enrolling online at GileadAdvancingAccess.com or calling 1-800-226-2056.

Uninsured 24/7 Support Online

- Check now if your patient qualifies for free product support. If your patient is eligible and approved, you will immediately receive your patient’s free product approval and member number, which can be taken along with your prescription, to the pharmacy of your patient’s choice.
- Visit GileadAdvancingAccess.com and click the “Uninsured 24/7 Support” button to get started.
- Call Advancing Access for any questions along the way.
- Get started immediately, with one of these medications:
 - **BIKTARVY**® (bictegravir/emtricitabine/tenofovir alafenamide)
 - **DESCOVY**® (emtricitabine/tenofovir alafenamide)
 - **GENVOYA**® (elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide)
 - **ODEFSEY**® (emtricitabine/rilpivirine/tenofovir alafenamide)
 - **TRUVADA**® (emtricitabine/tenofovir disoproxil fumarate)



Insurance Support for Your Patients

The Gilead Advancing Access® program can provide information to you and your patients to help address insurance and coverage issues should they arise.

Insurance Benefits Investigation

Advancing Access can help by researching and verifying specific insurance benefits for Gilead medication coverage.

- Verify in-network pharmacy restrictions.
- Verify patient's insurance coverage for their prescribed Gilead medication.

Prior Authorization Information

Advancing Access can provide information to help you understand your patients' insurance coverage for their Gilead medication, including determining prior authorizations and appeals requirements.

Additional Prior Authorization Information: CoverMyMeds®

- The system helps patients get the medications they need, faster.
- Archives PAs within a central dashboard.
- Submissions to Medicare Part D, Medicaid, and commercial insurance.

Sign up at covermymeds.com or call 1-866-452-5017. Support is available Monday–Friday from 8 am to 11 pm ET and on Saturday from 8 am to 3 pm ET.

CoverMyMeds is a third party system available to all prescribers and pharmacists. This brochure is meant to provide information about CoverMyMeds services as related to Gilead medications and is not an endorsement of any other CoverMyMeds service.

Get Your Patients Started With Advancing Access



Enroll Your Patient Online

enroll online at GileadAdvancingAccess.com by completing an enrollment form today.



Uninsured 24/7 Support Online

enroll online at GileadAdvancingAccess.com for an immediate free product program determination for uninsured patients and to submit your electronic prescriptions.



Call 1-800-226-2056

from Monday–Friday, 9 am to 8 pm ET. Callers can also leave a confidential message any time and day of the week.

Multilingual help is available. Notify our Program Specialist if non-English assistance is needed. We will do our best to support specific requests.

Terms and Conditions

- The Gilead Advancing Access® co-pay coupon card (“Card”) can be used only by eligible residents of the U.S., Puerto Rico, or U.S. territories at participating eligible retail, specialty, or mail-order pharmacies in the U.S., Puerto Rico, or U.S. territories. Product must originate in the U.S., Puerto Rico, or U.S. territories. You must be 18 years or older to use the Card for yourself or a minor.
- The Card is limited to one per person and is not transferable. No substitutions are permitted. This Card is available for each valid prescription. No other purchase necessary. The offer cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. Patient may not be currently receiving free drug assistance through Gilead Sciences, Inc. (“Gilead”)’s patient assistance programs.
- **The Card is not insurance and is not intended to substitute for insurance.**
- **THE CARD IS VALID ONLY FOR PATIENTS WITH COMMERCIAL INSURANCE AND IS NOT VALID FOR PRESCRIPTIONS THAT ARE ELIGIBLE TO BE REIMBURSED:**
 - **IN WHOLE OR PART, BY MEDICARE, MEDICAID OR A MEDICARE PART D PLAN, TRICARE, VA, DOD, PUERTO RICO GOVERNMENT HEALTH INSURANCE PLAN, OR ANY OTHER FEDERAL OR STATE-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.**
- Patients without insurance coverage are considered “cash-pay” patients. Medicare Part D enrollees who are in the prescription drug coverage gap (the “donut hole”) are not eligible for the co-pay coupon. Patients who begin receiving prescription benefits from such Government Programs at any time will no longer be eligible to use the Card. 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 offer. Both patient and pharmacist are each individually responsible for reporting receipt of coupon benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Card, as required.
- It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the Card.
- Certain information pertaining to your use of the Card will be shared with Gilead, the sponsor of the Card, and its affiliates. The information disclosed will include the date the prescription is filled, the number of pills or product dispensed by the pharmacists, and the amount of your co-pay that will be paid for by using this Card. For more information, please see the Gilead Privacy Policy at www.gilead.com.
- Gilead reserves the right to terminate, rescind, revoke, or modify this Card at any time without notice.

ADVANCING ACCESS, ATRIPLA, BIKTARVY, COMPLERA, DESCOVY, EMTRIVA, GENVOYA, GILEAD, the GILEAD Logo, ODEFSEY, STRIBILD, TRUVADA, TYBOST, and VIREAD are trademarks of Gilead Sciences, Inc., or its related companies.

