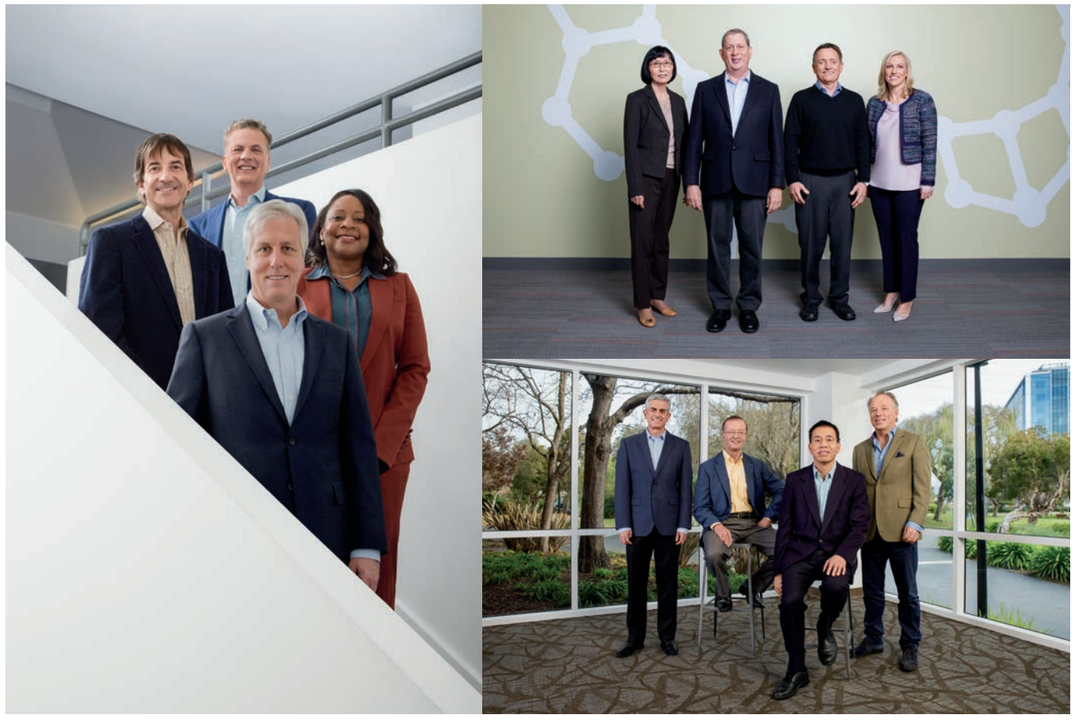
GILEAD ANNUAL REPORT 2015

GILEAD

TO OUR STOCKHOLDERS, EMPLOYEES & FRIENDS:

We aspire to transform and simplify care for people with life-threatening illnesses. These efforts extend across the continuum of care—from the laboratory to the clinic to access to medicine in all corners of the world.



Left to right, top to bottom: Gregg H. Alton, Executive Vice President, Corporate and Medical Affairs; John McHutchison, MD, Executive Vice President, Clinical Research; John F. Milligan, PhD, President and Chief Executive Officer; Robin L. Washington, Executive Vice President and Chief Financial Officer; Taiyin Yang, PhD, Executive Vice President, Pharmaceutical Development and Manufacturing; John C. Martin, PhD, Executive Chairman; William A. Lee, PhD, Executive Vice President, Research; Katie L. Watson, Executive Vice President, Human Resources; Brett Pletcher, Executive Vice President and General Counsel; Norbert W. Bischofberger, PhD, Executive Vice President, Research and Development and Chief Scientific Officer; Andrew Cheng, MD, PhD, Executive Vice President, Clinical Research and Development Operations; Paul R. Carter, Executive Vice President, Commercial Operations.

Gilead achieved record total revenue of $32.6 billion in 2015, with marked progress across our portfolio of products and pipeline. The company returned about three-quarters of free cash flow to investors as it issued its first-ever quarterly cash dividend and increased the stock buy-back program. The company also expanded its global reach and today more than 8,000 employees across six continents are working together and with Gilead's partners to help millions of patients around the world.

Working Toward the Next Generation of HIV Care

For more than 25 years, Gilead has led the development of antiviral therapy for HIV/AIDS, helping to transform HIV infection from a fatal and debilitating disease into a chronic, manageable condition. The availability of HIV therapies has helped avert an estimated 7.8 million AIDS deaths since 2000.

In 2015, Gilead's HIV products were prescribed for more than 70 percent of newly-diagnosed HIV patients in the United States. In Europe, 7 out of 10 patients started on a regimen with a Truvada® backbone.

While exceptional progress has been made in the field of HIV, there is still a growing need for new treatment options to improve the health of people as they age with the disease. To help provide this much needed new option, Gilead has been studying an innovative nucleotide called tenofovir alafenamide (TAF) as an alternative to tenofovir disoproxil fumarate (TDF)—the active ingredient in Viread® and a component of Truvada, Atripla®, Complera® and Stribild®. TAF has demonstrated high antiviral efficacy and improved laboratory markers of renal and bone safety compared to TDF in clinical trials in combination with other antiretroviral agents.

In November, Genvoya®, the company's first TAF-based single tablet regimen (STR) for the treatment of HIV-1 infection, was approved by the U.S. Food and Drug Administration (FDA) and the European Commission. Odefsey®, Gilead's second TAF-based STR, received FDA approval in March 2016 and has been submitted for regulatory review in the European Union. Odefsey combines emtricitabine and TAF (F/TAF) plus Janssen's rilpivirine, and is the smallest STR for the treatment of HIV.

Three other TAF-based HIV treatments are in development including F/TAF—a potential new HIV treatment backbone to be used in combination with other antiretroviral medicines—submitted for regulatory review in the United States and the European Union in 2015. Janssen is also developing D/C/F/TAF, which contains Janssen's darunavir and may be the first STR containing a protease inhibitor. Finally, Gilead initiated a Phase 3 program for GS-9883, the company's proprietary integrase inhibitor, combined in an STR with F/TAF.

Public health officials, HIV advocates and the medical community have turned their attention to methods to prevent HIV transmission more effectively, including PrEP or pre-exposure prophylaxis. Recently, the World Health Organization issued new guidelines that will significantly increase the number of people who are eligible to receive Truvada for PrEP, an approach that involves the use of Gilead's antiretroviral medication in combination with safer sex practices to reduce the chance of acquiring HIV-1 infection in HIV-1 negative individuals at high risk. More than 80,000 people in the United States have received Truvada for PrEP since 2012. The company continues to work to make Truvada for PrEP available in more countries, receiving approval in South Africa and Kenya in 2015, approval in Canada in 2016 and filing for marketing authorization in Europe earlier this year. We continue to work across multiple fronts to help ensure that Truvada for PrEP is used safely and appropriately as part of a comprehensive strategy to prevent HIV transmission.

Changing the Course of Liver Disease

Gilead helped revolutionize the treatment of viral hepatitis, which affects approximately half a billion people worldwide, by providing medicines that cure chronic hepatitis C infection and manage chronic hepatitis B infection more effectively.

More than 770,000 hepatitis C patients around the world have initiated treatment with a Gilead product since the company introduced its first treatment in late 2013. Today, Sovaldi® is approved in 65 countries and Harvoni®, the first once-daily STR treatment of chronic hepatitis C virus (HCV) infection in genotype 1 patients, is approved in 50 countries.

In 2015 and early 2016, several supplemental new drug applications were approved for Harvoni, expanding its use to include HCV/HIV co-infected patients, patients with genotypes 4-6, patients with advanced liver disease and post-liver transplant recipients. Harvoni and Sovaldi continue to perform well in real-world settings, with safety, tolerability and cure rates comparing favorably to those observed in clinical studies.

In the United States, Gilead provides public and private payers substantial discounts and maintains a dedicated patient assistance program to help ensure patients receive the treatments they need. Outside the United States, Gilead works with governments to secure country-by-country reimbursement as quickly as possible. The high cure rates, low incidence of side effects and substantial discounts in place for various public and private payers have allowed the company to have productive discussions about the value of Sovaldi and Harvoni with payers around the world.

Gilead remains focused on advancing care for people with HCV. In 2015, the company submitted for regulatory review in the United States and Europe a fixed-dose combination of sofosbuvir and velpatasvir, an investigational pan-genotypic NS5A inhibitor, for the treatment of patients with all six genotypes (1–6) of HCV. This is the company's third filing of a new HCV medicine in three years. If approved, SOF/VEL will complement Gilead's current HCV portfolio of Sovaldi and Harvoni, offering high cure rates with 12 weeks of therapy and the potential to simplify treatment and eliminate the need for HCV genotype testing.

The advances with Sovaldi and Harvoni over the past two years have allowed Gilead to work with governments and public health experts on HCV elimination strategies among specific populations and geographies. Programs, such as those ongoing in Georgia and Iceland, could serve as examples for other governments around the world seeking to eliminate HCV.

Chronic hepatitis B virus (HBV) infection is the leading cause of liver cancer. An estimated 350 million people are infected with chronic HBV worldwide, and an estimated 786,000 deaths are linked to chronic HBV every year. Approved for chronic HBV in 2008, Viread continues to be the most prescribed therapy for the disease in the United States and Europe.

TAF is also being evaluated as a single agent to treat HBV patients. Phase 3 study results reflect high efficacy and improved renal and bone safety laboratory parameters when compared to Viread and similar to those

seen in clinical studies evaluating TAF-based regimens for HIV. In January, Gilead submitted marketing applications in the United States and European Union for TAF as a treatment of chronic hepatitis B. Regulatory submissions are expected in Japan, Korea, Taiwan and India this year and China in the first half of 2017.

Beyond TAF for HBV, several ongoing research programs are focused on evaluating investigational therapies with finite duration of dosing to achieve long-term viral suppression. The first is an immunomodulatory approach where multiple programs are evaluating different ways to activate the immune system to eliminate infected hepatocytes. The most advanced is our TLR7 agonist, GS-9620, which is currently in two Phase 2 studies. Other approaches include the combination of novel direct acting antivirals and agents that modulate cccDNA transcription.

In addition to treatments for chronic HBV and HCV infections, Gilead is studying simtuzumab, a monoclonal antibody that inhibits LOXL2, in nonalcoholic steatohepatitis (NASH) and primary sclerosing cholangitis. Gilead's GS-4997, an ASK-1 inhibitor, and GS-9674, an FXR agonist, are also being evaluated in NASH. There are currently no approved treatments for NASH, which is characterized by inflammation and excessive fat accumulation in the liver that can lead to progressive fibrosis, cirrhosis and liver failure.

Advances in Hematology/Oncology

Gilead continues to study Zydelig®, a first-in-class PI3K inhibitor approved in the United States and Europe, in several blood cancers. Phase 3 study results show adding Zydelig to bendamustine and rituximab in patients with relapsed chronic lymphocytic leukemia provides statistically significant and clinically meaningful improvements in progression-free and overall survival compared to bendamustine and rituximab alone. Supplemental regulatory filings are planned in 2016 to include these important new data.

Gilead also is exploring novel combinations of investigational therapies for a range of cancers, including four classes of kinase inhibitors—PI3K, SYK, JAK and BTK—that each target different signaling pathways. In addition, Gilead is developing investigational therapies in solid tumors, including the initiation of a Phase 3 clinical trial of GS-5745, an anti-MMP9 monoclonal antibody, in patients with gastric cancer.

Progress in Cardiovascular and Inflammatory Diseases

In October, the FDA approved a combination of ambrisentan, approved as Letairis®, and tadalafil for the treatment of pulmonary arterial hypertension (PAH). The approval was based on data from the Phase 3 AMBITION study that showed patients who received ambrisentan and tadalafil upfront were less likely to experience disease progression or be hospitalized due to worsening of PAH—and also had more improvement in exercise ability—than patients receiving either therapy alone.

In December, Gilead and Galapagos NV announced that the companies entered into a global partnership for the development and commercialization of filgotinib for rheumatoid arthritis (RA) and other inflammatory diseases. Phase 2 trial data show that filgotinib, a JAK1 selective inhibitor, has the potential to be an effective and well-tolerated oral therapy for patients with RA and Crohn's disease. Phase 3 studies will begin in 2016.

Improving Access Around the World

Gilead believes medicines should be accessible to all people who need them, regardless of where they live or what resources they have. We have increased the number of people receiving our antiretroviral therapies in resource-limited countries from fewer than 30,000 people in 2006 to more than 8.7 million in 2015. More than half of people now treated for HIV in the developing world receive Gilead medicines. This accomplishment is the result of a comprehensive approach to access, including deeply discounted pricing of branded medicines and licensing partnerships with generic manufacturers to produce high-quality, low-cost versions of our medicines.

We also recognize the urgent need to address emerging diseases, such as Ebola, that have a disproportionate impact on the developing world. Gilead is working with collaborators to advance development of GS-5734, an experimental compound that has shown promise as a potential treatment for Ebola. Data from pre-clinical studies in animals has shown that GS-5734 offered 100 percent survival in animals treated up to three days after exposure to the virus. Two Phase 1 trials are now underway in healthy adult volunteers.

Focusing on Our Communities

Collaborations within the biopharmaceutical industry and in the communities in which we operate enhance our ability to improve the continuum of care for patients.

In 2015, Gilead donated almost $500 million to organizations around the world that are working to improve the lives of people with life-threatening diseases. Gilead was also named the top corporate funder of HIV/AIDS programs worldwide in 2014—and the second-largest HIV philanthropic funder overall—by Funders Concerned About AIDS.

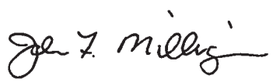
While the core of Gilead's work is to develop life-saving medicines for patients worldwide, we are also thinking about how to accomplish this in the most environmentally conscious way. To that end, Gilead published its first Sustainability Report in 2015, describing efforts to foster a culture of sustainability across the company's worldwide sites. Every sustainability program Gilead creates is designed to be flexible and responsive to the needs of the local communities where we live and work.

In Closing

2015 marked another extraordinary year for Gilead. While the company's portfolio has grown to 21 products and the pipeline continues to be robust, there is much more to accomplish and many significant opportunities to bring new medicines to patients around the world.

Thank you to our shareholders for your continued support, Board of Directors for your counsel, and dedicated employees for your daily efforts and hard work. We look forward to updating you on Gilead's continued progress.

John C. Martin, PhD
Executive Chairman



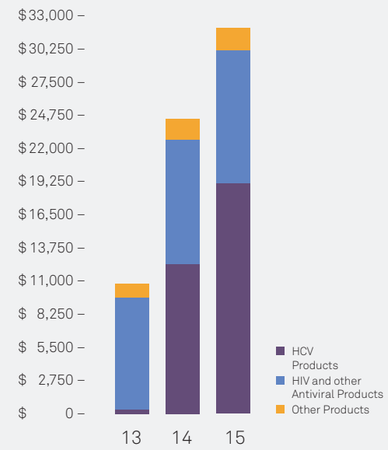
John F. Milligan, PhD
President and
Chief Executive Officer

Forward-Looking Statement

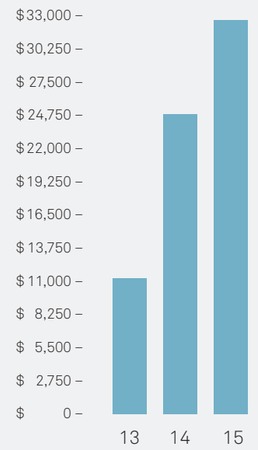
This Annual Report includes forward-looking statements regarding our clinical studies and product candidates, including the anticipated timing and achievement of certain development milestones, regulatory filings and launches. Such statements are predictions and involve risks and uncertainties such that actual results may differ materially. Please refer to Gilead's Annual Report on Form 10-K for the year ended December 31, 2015 attached to this report for the risks and uncertainties affecting Gilead's business. Gilead disclaims any obligation to update any forward-looking statements in this report.

FINANCIAL HIGHLIGHTS

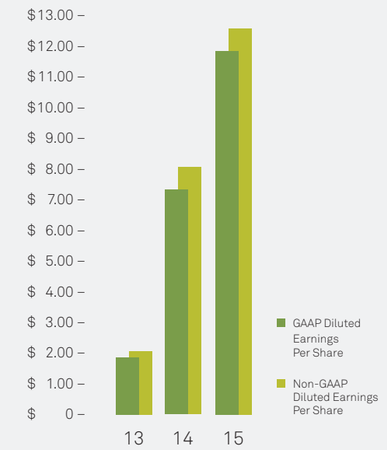
PRODUCT SALES
($ IN MILLIONS)



TOTAL REVENUES
($ IN MILLIONS)

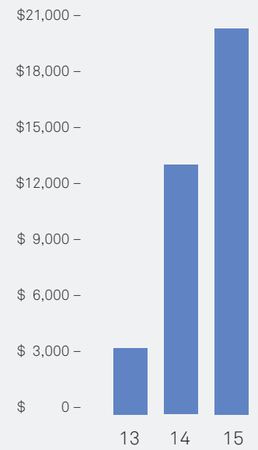


EARNINGS PER SHARE



- Non-GAAP diluted earnings per share for 2013 exclude after-tax acquisition-related and other expenses of $0.11 and stock-based compensation expenses of $0.11.
- Non-GAAP diluted earnings per share for 2014 exclude after-tax acquisition-related and other expenses of $0.55 and stock-based compensation expenses of $0.18.
- Non-GAAP diluted earnings per share for 2015 exclude after-tax acquisition-related and other expenses of $0.53 and stock-based compensation expenses of $0.17.

OPERATING CASH FLOW
($ IN MILLIONS)



IN 2015 GILEAD WORKED TO TRANSFORM AND SIMPLIFY PATIENT CARE FOR PEOPLE AROUND THE WORLD

I'M INSPIRED BY THE OPPORTUNITY TO MAKE A POSITIVE DIFFERENCE IN PEOPLE'S LIVES

Helen Yu is a Senior Research Scientist working in lead discovery for HIV. For more than 25 years, Gilead has been at the forefront of advancing HIV treatment, helping to revolutionize patient care.

FIND OUT MORE ABOUT HELEN, ANGEL AND DR. CHOWDHURY AT WWW.GILEAD.COM

I'M LIVING, NOT JUST EXISTING

Angel Marshan has Pulmonary Arterial Hypertension. Participating in a clinical trial proved to be a pivotal moment for Angel's health.

THIS PARTNERSHIP MEANS WE'LL BE ABLE TO DELIVER CARE TO THOSE WHO NEED IT, RIGHT HERE IN KOLKATA

In partnership with the Liver Foundation, West Bengal, led by Dr. Abhijit Chowdhury, Gilead supported the development of Kolkata's Indian Institute of Liver Disease and Digestive Sciences in 2015. Before the opening of the Institute, many patients had to travel to Delhi by train for treatment, a difficult journey of more than 15 hours.

PIPELINE

HIV / AIDS

U.S. AND EU REGULATORY SUBMISSION
F/TAF (EMTRICITABINE/TENOFOVIR ALAFENAMIDE)
POTENTIAL INDICATION: HIV/AIDS

EU REGULATORY SUBMISSION
STR OF R/F/TAF (RILPIVIRINE/EMTRICITABINE/TENOFOVIR ALAFENAMIDE)
POTENTIAL INDICATION: HIV/AIDS

PHASE 3
GS-9883/F/FAF (NON-BOOSTED INTEGRASE INHIBITOR/EMTRICITABINE/TENOFOVIR ALAFENAMIDE)
POTENTIAL INDICATION: HIV/AIDS

PHASE 1
GS-9620 (TLR-7 AGONIST)
POTENTIAL INDICATION: HIV/AIDS

LIVER DISEASES

U.S. AND EU REGULATORY SUBMISSION
STR OF SOFOSBUVIR/VELPATASVIR (PAN-GENOTYPIC NS5B/NS5A INHIBITORS)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

U.S. AND EU REGULATORY SUBMISSION
TAF (NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITOR)
POTENTIAL INDICATION: CHRONIC HBV INFECTION

PHASE 3
SOFOSBUVIR, VELPATASVIR AND GS-9857
(PAN-GENOTYPIC NS3 PROTEASE INHIBITOR)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

PHASE 2
GS-4774 (TARMOGEN T CELL IMMUNITY STIMULATOR)
POTENTIAL INDICATION: CHRONIC HBV INFECTION

GS-9620 (TLR-7 AGONIST)
POTENTIAL INDICATION: CHRONIC HBV INFECTION

SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: NASH

SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: PRIMARY SCLEROSING CHOLANGITIS

GS-4997 (ASK-1 INHIBITOR)
POTENTIAL INDICATION: NASH

GS-4997 (ASK-1 INHIBITOR) + SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: NASH

PHASE 1
GS-9674 (FXR AGONIST)
POTENTIAL INDICATION: NASH

CARDIOVASCULAR

PHASE 3
ELECLAZINE (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: LONG QT-3 SYNDROME

PHASE 2
ELECLAZINE (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: HYPERTROPHIC CARDIOMYOPATHY

ELECLAZINE (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: VENTRICULAR TACHYCARDIA/VENTRICULAR FIBRILLATION

GS-4997 (ASK-1 INHIBITOR)
POTENTIAL INDICATION: PULMONARY ARTERIAL HYPERTENSION

HEMATOLOGY / ONCOLOGY

PHASE 3
IDELALISIB (PI3K DELTA INHIBITOR)
POTENTIAL INDICATION: FRONTLINE AND RELAPSED REFRACTORY CLL (CHRONIC LYMPHOCYTIC LEUKEMIA)

IDELALISIB (PI3K DELTA INHIBITOR)
POTENTIAL INDICATION: RELAPSED REFRACTORY iNHL (INDOLENT NON-HODGKIN'S LYMPHOMA)

MOMELOTINIB (JAK INHIBITOR)
POTENTIAL INDICATION: MYELOFIBROSIS

MOMELOTINIB (JAK INHIBITOR)
POTENTIAL INDICATION: PANCREATIC CANCER

GS-5745 (ANTI-MMP9 MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: GASTRIC CANCER

PHASE 2
IDELALISIB (PI3K DELTA INHIBITOR)
POTENTIAL INDICATION: FRONTLINE iNHL (INDOLENT NON-HODGKIN'S LYMPHOMA)

ENTOSPLETINIB (SYK INHIBITOR)
POTENTIAL INDICATION: HEMATOLOGICAL MALIGNANCIES

PHASE 1
GS-5745 (ANTI-MMP9 MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: SOLID TUMORS

GS-4059 (BTK INHIBITOR)
POTENTIAL INDICATION: B-CELL MALIGNANCIES

GS-5829 (BET INHIBITOR)
POTENTIAL INDICATION: SOLID TUMORS

INFLAMMATION / RESPIRATORY

PHASE 2/3
GS-5745 (ANTI-MMP9 MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: ULCERATIVE COLITIS

PHASE 2
GS-5745 (ANTI-MMP9 MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: CROHN'S DISEASE

PRESATOVIR (FUSION INHIBITOR)
POTENTIAL INDICATION: RESPIRATORY SYNCYTIAL VIRUS

FILGOTINIB (JAK1 INHIBITOR)
POTENTIAL INDICATION: RHEUMATOID ARTHRITIS

FILGOTINIB (JAK1 INHIBITOR)
POTENTIAL INDICATION: CROHN'S DISEASE

PHASE 1
GS-5745 (ANTI-MMP9 MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: COPD

GS-5745 (ANTI-MMP9 MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: RHEUMATOID ARTHRITIS

GS-9876 (SYK INHIBITOR)
POTENTIAL INDICATION: RHEUMATOID ARTHRITIS

OTHER

PHASE 2
GS-4997 (ASK-1 INHIBITOR)
POTENTIAL INDICATION: DIABETIC NEPHROPATHY

PHASE 1
GS-5734 (NUC INHIBITIOR)
POTENTIAL INDICATION: EBOLA VIRUS INFECTION

Pipeline current as of 3/7/16

MEDICINES

HIV/AIDS

ATRIPLA®
EFAVIRENZ 600 MG/EMTRICITABINE 200 MG/TENOFOVIR DISOPROXIL FUMARATE 300 MG
HIV/AIDS
BRISTOL-MYERS SQUIBB COMPANY (U.S., WESTERN EUROPE, CANADA)
MERCK & CO., INC. (REST OF WORLD)

COMPLERA®
EMTRICITABINE 200 MG/RILPIVIRINE 25 MG/TENOFOVIR DISOPROXIL FUMARATE 300 MG
HIV/AIDS
JANSSEN SCIENCES IRELAND UC (SELECT MARKETS)
MARKETED AS EVIPLERA® IN EUROPE

EMTRIVA®
EMTRICITABINE 200 MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

GENVOYA®
ELVITEGRAVIR 150 MG/COBICISTAT 150 MG/EMTRICITABINE 200 MG/TENOFOVIR ALAFENAMIDE 10 MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

ODEFSEY®
EMTRICITABINE 200 MG/RILPIVIRINE 25 MG/TENOFOVIR ALAFENAMIDE 25 MG
HIV/AIDS
JANSSEN SCIENCES IRELAND UC (SELECT MARKETS)

STRIBILD®
ELVITEGRAVIR 150MG/COBICISTAT 150MG/EMTRICITABINE 200MG/TENOFOVIR DISOPROXIL FUMARATE 300MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

TRUVADA®
EMTRICITABINE 200 MG/TENOFOVIR DISOPROXIL FUMARATE 300 MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

TYBOST®
COBICISTAT 150 MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

HIV/AIDS (CONT.)

VIREAD®
TENOFOVIR DISOPROXIL FUMARATE 300 MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

VITEKTA®
ELVITEGRAVIR 85 MG AND 150 MG
HIV/AIDS
JAPAN TOBACCO INC. (JAPAN)

LIVER DISEASES

HARVONI®
LEDIPASVIR 90 MG/SOFOSBUVIR 400 MG
CHRONIC HEPATITIS C

HEPSERA®
ADEFOVIR DIPIVOXIL 10 MG
CHRONIC HEPATITIS B
GLAXOSMITHKLINE INC. (CHINA, JAPAN, SAUDI ARABIA)

SOVALDI®
SOFOSBUVIR 400 MG
CHRONIC HEPATITIS C

VIREAD®
TENOFOVIR DISOPROXIL FUMARATE 300 MG
CHRONIC HEPATITIS B
GLAXOSMITHKLINE INC. (CHINA AND JAPAN)

INFLAMMATION/ RESPIRATORY

CAYSTON®
AZTREONAM FOR INHALATION SOLUTION 75 MG/VIAL
CYSTIC FIBROSIS, *PSEUDOMONAS AERUGINOSA*

TAMIFLU®
OSELTAMIVIR PHOSPHATE 75 MG
INFLUENZA A & B
F. HOFFMANN-LA ROCHE LTD (WORLDWIDE)

CARDIOVASCULAR

LETAIRIS®
AMBRISENTAN 5 MG AND 10 MG
PULMONARY ARTERIAL HYPERTENSION (WHO GROUP 1)
GLAXOSMITHKLINE INC. (OUTSIDE THE U.S.)
MARKETED AS VOLIBRIS® (OUTSIDE THE U.S.)

LEXISCAN®
REGADENOSON INJECTION 0.4 MG
CORONARY VASODILATION
ASTELLAS PHARMA INC. (U.S., CANADA)
RAPIDSCAN (EUROPE AND SELECT OTHER MARKETS)

RANEXA®
RANOLAZINE 500 MG AND 1000 MG
CHRONIC ANGINA
MENARINI GROUP (EUROPE AND SELECT OTHER MARKETS)

HEMATOLOGY/ ONCOLOGY

ZYDELIG®
IDELALISIB 150 MG
RELAPSED FOLLICULAR B-CELL NON-HODGKIN LYMPHOMA
RELAPSED CHRONIC LYMPHOCYTIC LEUKEMIA
RELAPSED SMALL LYMPHOCYTIC LYMPHOMA

OTHER

AMBISOME®
AMPHOTERICIN B LIPOSOME FOR INJECTION 50 MG/VIAL
SEVERE FUNGAL INFECTIONS
ASTELLAS PHARMA INC. (U.S., CANADA)
SUMITOMO DAINIPPON PHARMA CO., LTD. (JAPAN)

MACUGEN®
PEGAPTANIB SODIUM INJECTION 0.3 MG
NEOVASCULAR (WET) AGE-RELATED MACULAR DEGENERATION
EYETECH, INC. (U.S.)
PFIZER INC. (OUTSIDE THE U.S.)

Images shown do not represent actual size.
For other dosage strengths see full prescribing information.
Medicines current as of 3/7/16

CORPORATE INFORMATION

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Myeloma Center
Dana-Farber Cancer Institute

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Stanford University School of Medicine

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