

Gilead Sciences Ltd.

280 High Holborn

London

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February 2020

Relationships with Healthcare Professionals and Joint Working in the United Kingdom

Healthcare professionals, other relevant decision makers and healthcare organisations with whom we work provide valuable, independent and expert knowledge derived from their clinical and management experience. This expertise makes an important contribution to our efforts to improve the quality of patient care, with benefits for individuals and society at large. We believe healthcare professionals, other relevant decision makers and healthcare organisations should be fairly compensated for the legitimate expertise and services they provide.

Transfers of Value made to HCPs/ORDM/HCOs from 2015

Transfers of Value made to healthcare professionals, other relevant decision makers and healthcare organisations from 2015 have been reported and published on the ABPI Disclosure Platform. Access to the reports and methodological note to help with understanding how the Transfers of Value from Gilead Sciences Inc. and its affiliates to healthcare professionals, other relevant decision makers and healthcare organisations in the UK have been collated and reported can be found [here](#).

Aggregate disclosure of Transfers of Value made to HCPs/ORDM/HCOs 2012-2014

Gilead Sciences Inc. group of companies has made the following payments to UK Healthcare Professionals between 1 January 2014 and 31 December 2014 ("2014 Disclosure Period"):

Total Fees Paid during the 2014 Disclosure Period to All UK Healthcare Professionals for Consultancy or Advisory Services (including chairing and speaking at meetings, assistance with training and participation in advisory boards) and payment for related accommodation (inside and outside the UK) and overseas travel expenses incurred in connection with such Services

Total Payment: £676,053 (£585,280 in 2013)

Total number of Healthcare Professionals engaged: 298 (282 in 2013)

Total Payments in the 2014 Disclosure Period for all Sponsorships of UK Healthcare Professionals in relation to Attendance at Meetings organised by Third Parties (e.g. national and international scientific congresses) and payment for related accommodation (inside and outside the UK) and overseas travel expenses incurred in attending such Meetings

**Total Payment for sponsored attendances by Healthcare Professionals: £182,677
(£153,923 in 2013)**

**Total number of Healthcare Professional recipients of sponsorship to attend meetings:
365 (216 in 2013)**

Joint Working Projects

Gilead works in collaboration with the NHS where, for the benefit of patients, skills experience and/or resources are pooled for the joint development and implementation of patient centred projects and where there is a shared commitment to successful delivery.

Joint Working Project

EMERGENCY DEPARTMENT UNLINKED ANONYMOUS BBV SEROPREVALENCE - 'ENABLE'

A number of NHS Trusts*, Public Health England and Gilead Sciences Limited are engaged in a Joint Working Project to estimate local prevalence of certain blood-borne viruses (BBVs). All parties have committed resources to support this project, which will commence in November 2016 and was originally expected to complete within 7 months.

Aims

The aim of this joint working project is to estimate local prevalence of BBVs (HIV, HBV, HCV) by performing an unlinked anonymous seroprevalence survey using residual blood samples (taken for other purposes) from patients attending the Accident and Emergency Department (A&E) at the NHS Trusts*. The samples will be anonymised, with solely the patient's sex, age and ethnicity remaining associated with the sample for epidemiological analysis.

Benefits

Using anonymised samples is a simple but well established public health strategy providing valuable data to inform local BBV epidemiology and health protection

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decisions. This will enable the NHS Trusts* and Public Health England to determine whether there is a need for the implementation of any testing initiatives in A&E, with an associated clinical care pathway, to identify BBV patients that are undiagnosed or diagnosed but not in care and ensure that they receive the appropriate management for their BBV.

*1.1 Royal Liverpool University Hospital

*1.2 Blackpool Teaching Hospitals

*1.3 Imperial Healthcare Foundation NHS Trust

For further information please contact:

Medical Affairs, Gilead Sciences Ltd:

08000 113 700

Date of update February 2019

Joint Working Project

VirA+EmiC – Accident and Emergency Department HBV and HCV opt-out testing combined with an enhanced rapid care pathway

(1) Guy's and St Thomas NHS Foundation Trust, (2) Lambeth Clinical Commissioning Group, (3) Public Health England and Gilead Sciences Limited are engaged in a Joint Working Project to evaluate the feasibility, effectiveness and acceptability of a combination of innovative viral hepatitis (HBV and HCV) opt-out testing for patients.

All parties have committed resources to support this project, which was commenced in October 2016 and was originally expected to complete within 12 months.

Aims

The aim of the VirA+EmiC Joint Working Project is to evaluate the feasibility, effectiveness and acceptability of a combination of innovative viral hepatitis (HBV and HCV) opt-out testing for patients over 16 years having bloods taken in St Thomas' Hospital A&E department combined with an enhanced rapid hepatitis care pathway for patients testing positive for either infection.

Benefits

The expected benefits of the VirA+EmiC Joint Working Project to patients are that all Parties will have a better understanding of the effectiveness and value of routine opt-out viral hepatitis testing as part of A&E attendance in high prevalence areas, in combination

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with an innovative hepatitis care pathway. Patients will benefit from reduced time from viral hepatitis infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications. Earlier diagnosis and care interventions may also prevent onwards hepatitis transmission. The project will direct public health protection interventions through patient engagement in harm reduction programs and vaccination of at risk individuals.

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Joint Working Project

'Get tested LeEDs' – Accident and Emergency Department blood borne virus (HBV, HCV, HIV) opt-out testing combined with an enhanced rapid care pathway

Leeds Teaching Hospital Trust (LTHT), and Gilead Sciences Limited are engaged in a Joint Working Project to evaluate the feasibility, effectiveness and acceptability of innovative blood borne virus (HIV, HBV and HCV) opt out testing for patients combined with enhanced linkage to care. All parties have committed resources to support this project, which will commence in May 2018 and is expected to complete within 18 months.

Aims

The aim of *Get tested LeEDs* Joint Working Project is to evaluate the feasibility, effectiveness and acceptability of innovative blood borne virus opt-out testing for patients over 16 to 65 years of age having bloods taken at LTHT's A&E Departments combined with an enhanced rapid hepatitis care pathway for patients testing positive for either infection.

Benefits

The expected benefits of the *Get tested LeEDs* Joint Working Project to patients are that all Parties will have a better understanding of the effectiveness and value of routine opt-out blood borne virus testing as part of A&E attendance in high prevalence areas, in combination with an innovative hepatitis care pathway. Patients will benefit from reduced time from viral blood borne virus infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications. Earlier diagnosis and care interventions may also prevent onwards transmission. The project will

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direct public health protection interventions through patient engagement in harm reduction programs and vaccination of at risk individuals.

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Joint Working Project

London Initiative for Glandular fever HIV Testing (LIGHT)

(1) Guy's and St Thomas' NHS Foundation Trust, (2) King's College Hospital NHS Foundation Trust, (3) Stockwell Group Practice, (4) Southwark Council Department of Public Health, (5) Lambeth Council Integrated Commissioning Team, (6) GSTS Pathology LLP and Gilead Sciences Ltd are engaged in a joint working project to configure existing electronic laboratory ordering software (TQuest®) used by Guy's and St Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust hospital laboratories to include an HIV test (on an opt-out basis) as part of the electronically requested routine glandular-fever screens in primary care.

All parties have committed resources to support this project, which was commenced in 2014 and is expected to complete within 2 years.

The purpose of the joint working project is to implement and monitor the impact of opt-out HIV testing in electronically requested glandular fever screens in primary care practices across Lambeth and Southwark.

This project is designed to provide benefits to patients, the NHS and Gilead and, in particular, to support:

- testing for HIV in a primary care setting to encourage:
 - earlier HIV diagnosis and linkage to care
 - de-stigmatisation of HIV testing through incorporation into routine medical investigations
- implementation of recommendations in clinical guidelines and alignment with the NHS commissioning QIPP agenda

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- deliver and monitor care within a setting convenient for patients

For further information please contact:**Medical Affairs, Gilead Sciences Ltd:****08000 113 700**

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Joint Working Project**NHS Substance Misuse Alliance – Hepatitis C Patient Identification Collaboration**

(1) The Midlands Partnership NHS Foundation Trust (MPFT) and (2) Gilead Sciences Limited are engaged in a Joint Working Project to identify, test and treat people at risk of having Hepatitis C with the goal of eliminating Hepatitis C in advance of the WHO target of 2030.

All parties have committed resources to support this project, which will commence in August 2019 and is expected to continue for an initial period until March 2022.

Aims

- To increase the number of at risk people per month who are tested for Hepatitis C within the NHS Substance Misuse Alliance territories;
- To increase the number of people appropriately referred into the care of a treater, either those who are newly diagnosed Hepatitis C positive or those previously diagnosed with Hepatitis C but not treated;
- To improve the efficiency with which Hepatitis C positive patients are diagnosed and ultimately treated as measured, e.g. through data reported by Operational Delivery Networks.

Benefits

- Patients will benefit from reduced time from viral infection to diagnosis and improved access to specialist care and treatment to prevent disease progression and complications with the ultimate objective of elimination of Hepatitis C within this patient population.
- Patients and the NHS will benefit as earlier diagnosis and care interventions may also prevent onwards transmission of Hepatitis C.
- Patients and the NHS will benefit from the development of innovative hepatitis C care pathways.

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- Gilead and the NHS will benefit from a better understanding of the effectiveness and value of early testing and the creation of innovative hepatitis C care pathways particularly in high prevalence areas.
- All Joint Project Group members will have the option of co-authoring presentations and publications from this work.
- The project will direct public health protection interventions through patient engagement in harm reduction programs and treatment of at risk individuals.

For further information please contact:

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Date of update August 2019

Joint Working Project

Exploring the Variation in Care and Access to Drugs for the Treatment of Rheumatoid Arthritis – ‘EVA-RA’

The Parties: Northumbria Healthcare NHS Foundation Trust (NHCT) and Gilead Sciences Ltd. All Parties have committed resources to support this project which will commence in early 2020 and run for a period of 12 months.

The proposed project will involve exploring the variation in access to drugs for rheumatoid arthritis across England.

This will involve qualitative and quantitative analysis in the form of data mining and a series of surveys and interviews. Data mining will enable the assessment of current guidance from Clinical Commissioning Groups (CCGs) to understand which areas impose restrictions on the use of certain drugs for RA, and surveys and interviews will be conducted to describe the impact of any variation on the rheumatology service, via a lead Rheumatology consultant and/or nurse and on the patient.

The objective is that by identifying inequalities and highlighting unwarranted variation in care and access to treatments in the rheumatoid arthritis field, this may provide the quantitative and qualitative evidence necessary to bring about change in how local guidance is evaluated and implemented.

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Benefits:

For the Patient:

- Generation of evidence to improve access to advanced treatments across CCGs in England recommended by NICE, improving patient outcomes and reducing unmet need for some patients in areas with restricted access to these treatments
- Generation of evidence to improve equality of access to advanced RA treatments across CCGs in England.

For the NHS:

- Awareness of variability in access to the number of advanced treatments across CCGs in England for RA
- Generate evidence to support NHS Long term plan to reduce potential inequality of access to advanced treatments across the NHS for RA, and improving patient outcomes

For Gilead:

- Insight into the CCG rationale behind restricted access to advanced therapies, and subsequent effects on rheumatology specialist behaviours, and patient perceptions, compared to those with non-restricted access to advanced therapies
- Generation of evidence to support change in practice, and expand access to treatments recommended by NICE

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