

Gilead Sciences

Advancing Therapeutics. Improving Lives.



Company Overview

Gilead Sciences, Inc. is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need. With each new discovery and investigational drug candidate, we seek to improve the care of patients living with life-threatening diseases around the world. Gilead's therapeutic areas of focus include HIV/AIDS, liver diseases, cancer and inflammation, and serious respiratory and cardiovascular conditions.

Our portfolio of 19 marketed products contains a number of category firsts, including complete treatment regimens for HIV and chronic hepatitis C infection available in once-daily single pills. Gilead's portfolio includes Harvoni® (ledipasvir 90 mg/sofosbuvir 400 mg) for chronic hepatitis C, which is a complete antiviral treatment regimen in a single tablet that provides high cure rates and a shortened course of therapy for many patients.



Harvoni, Gilead's once-daily single tablet HCV regimen.

Nearly 30 Years of Growth

Since its founding in Foster City, California in 1987, Gilead has become a leading biopharmaceutical company with a rapidly expanding product portfolio, a growing pipeline of investigational drugs and more than 7,000 employees in offices across six continents. Millions of people around the world are living healthier lives because of innovative therapies developed by Gilead.

Today, our research and development effort includes more than 400 ongoing and planned clinical studies evaluating compounds with the potential to become the next generation of effective medicines.

Gilead's 2014 annual revenues were \$24.9 billion and the company is #250 in the Fortune 500 rankings. Recently, Gilead ranked #10 in *Business Insider's* list of the 50 Best Employers in America and was named among *Barron's* 100 Most Respected Companies.

Key Moments in Our History

- 1987** Gilead founded
- 1990** AmBisome® approved (Europe)
- 1991** Nucleotides in-licensed from IOCB Rega
- 1996** Vistide® approved
- 1999** NeXstar acquired; Tamiflu® approved
- 2001** Viread® approved
- 2002** Hepsera® approved
- 2003** Triangle Pharmaceuticals acquired; Emtriva® approved
- 2004** Macugen®, Truvada® approved
- 2006** Atripla®, Ranexa® approved; Corus, Raylo, Myogen acquired
- 2007** Letairis® approved; Cork, Ireland, manufacturing facility acquired from Nycomed
- 2008** Lexiscan®, Viread® for hepatitis B approved
- 2009** CV Therapeutics acquired
- 2010** Cayston® approved; CGI Pharmaceuticals acquired
- 2011** Complera® approved; Arresto BioSciences, Calistoga Pharmaceuticals acquired
- 2012** Stribild®, Truvada® for PrEP approved; Pharmasset acquired
- 2013** Sovaldi® approved; YM BioSciences acquired
- 2014** Harvoni®, Tybost®, Vitekta®, Zydelig® approved

Marketed Products

Following is a summary of Gilead's product portfolio. For safety information on these products see full Prescribing Information, including **BOXED WARNINGS** for certain products, on Gilead.com.

HIV/AIDS



Atripla (efavirenz 600 mg/emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg) is indicated for use alone as a complete regimen or in combination with other antiretroviral agents for the treatment of HIV-1 infection in adult and pediatric patients 12 years of age and older. Atripla combines three medicines in a single pill: Viread (tenofovir disoproxil fumarate), Emtriva (emtricitabine), manufactured by Gilead, and Sustiva® (efavirenz), manufactured by Bristol-Myers Squibb Company. (First U.S. approval, 2006; EU approval, 2007. Bristol-Myers Squibb Company commercializes the product in the United States, Western Europe and Canada; Merck & Co., Inc. commercializes the product in the rest of the world.)



Complera (emtricitabine 200 mg/rilpivirine 25 mg/tenofovir disoproxil fumarate 300 mg) is indicated for use as a complete regimen for the treatment of HIV-1 infection in adult patients with no antiretroviral treatment history and with HIV-1 RNA less than or equal to 100,000 copies/mL at the start of therapy, and in certain virologically-suppressed (HIV-1 RNA <50 copies/mL) adult patients on a stable antiretroviral regimen at start of therapy in order to replace their current antiretroviral treatment regimen. For prescribing considerations, please see the full Prescribing Information for Complera. Complera combines three medicines in a single pill: Viread (tenofovir disoproxil fumarate), Emtriva (emtricitabine), manufactured by Gilead, and Edurant® (rilpivirine), manufactured by Janssen R&D Ireland. (First U.S. and EU approval, 2011; marketed as Eviplera® in Europe. Janssen R&D Ireland commercializes the product in select markets.)



Emtriva (emtricitabine) 200 mg is a once-daily oral nucleoside analog reverse transcriptase inhibitor (NRTI) used in combination with other antiretroviral agents for the treatment of HIV-1 infection. (U.S. and EU approval, 2003. Japan Tobacco Inc. commercializes the product in Japan.)



Stribild (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg) is indicated as a complete regimen for the treatment of HIV-1 infection in adults who are antiretroviral treatment-naïve. Stribild combines four medicines in a single pill: Vitekta (elvitegravir), Tybost (cobicistat), Emtriva (emtricitabine) and Viread (tenofovir disoproxil fumarate). (U.S. approval, 2012; EU approval, 2013. Japan Tobacco Inc. commercializes the product in Japan.)



Truvada (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg), a combination of Emtriva (emtricitabine) and Viread (tenofovir disoproxil fumarate), is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adult and pediatric patients 12 years of age and older. (U.S. approval, 2004; EU approval, 2005. Japan Tobacco Inc. commercializes the product in Japan.) Once-daily Truvada is also indicated in combination with safer sex practices for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection in adults at high risk. (U.S. approval, 2012.) For prescribing considerations, please see the full Prescribing Information for Truvada.



Tybost (cobicistat) 150 mg is a CYP3A inhibitor indicated to increase systemic exposure of atazanavir or darunavir (once daily dosing regimen) in combination with other antiretroviral agents in the treatment of HIV-1 infection. (U.S. approval, 2014; EU approval, 2013.)



Viread (tenofovir disoproxil fumarate) 300 mg is a once-daily oral nucleotide reverse transcriptase inhibitor (NtRTI) indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adult and pediatric patients 2 years of age and older. (First U.S. approval, 2001; first EU approval, 2002. Japan Tobacco Inc. commercializes the product in Japan.) Viread is also indicated for the treatment of chronic hepatitis B virus (HBV) infection in adults and pediatric patients 12 years of age and older. (U.S. and EU approval, 2008.)



Vitekta (elvitegravir) 85 mg and 150 mg is an integrase strand transfer inhibitor indicated as part of combination antiretroviral therapy for the treatment of HIV-1 infection in treatment-experienced adults. Vitekta should be coadministered with an HIV protease inhibitor and ritonavir and in combination with other antiretroviral drugs. (U.S. approval, 2014; EU approval, 2013.)

Liver Diseases



Hepsera (adefovir dipivoxil) 10 mg is indicated for the treatment of chronic hepatitis B infection in patients 12 years of age and older. (U.S. approval, 2002; EU approval, 2003. GlaxoSmithKline Inc. commercializes the product in China, Japan and Saudi Arabia.)



Sovaldi (sofosbuvir) 400 mg is a hepatitis C virus (HCV) nucleotide analog NS5B polymerase inhibitor indicated for the treatment of chronic hepatitis C (CHC) infection as a component of a combination antiviral treatment regimen. Sovaldi efficacy has been established in subjects with HCV genotype 1, 2, 3 or 4 infection, including those with hepatocellular carcinoma meeting Milan criteria (awaiting liver transplantation) and those with HCV/HIV-1 co-infection. (U.S. approval, 2013; EU approval, 2014.)



Harvoni (ledipasvir 90 mg/sofosbuvir 400 mg) is indicated for the treatment of CHC genotype 1 infection in adults. Harvoni efficacy has been established in patients with HCV genotype 1, with a treatment duration of eight, 12 or 24 weeks depending on prior treatment history, cirrhosis status and baseline viral load. Eight weeks of treatment with Harvoni can be considered for treatment-naïve patients without cirrhosis who have baseline HCV viral loads below 6 million IU/mL. Harvoni combines the NS5A inhibitor ledipasvir with Sovaldi (sofosbuvir). (U.S. and EU approval, 2014.)



Viread (tenofovir disoproxil fumarate) 300 mg is indicated for the treatment of chronic HBV infection in adults and pediatric patients 12 years of age and older. (U.S. and EU approval, 2008. Japan Tobacco Inc. commercializes the product in Japan.) As previously mentioned, Viread is also indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients 2 years of age and older.

Oncology



Zydelig (idelalisib) 150 mg is indicated in combination with rituximab for the treatment of patients with relapsed chronic lymphocytic leukemia (CLL) for whom rituximab alone would be considered appropriate therapy due to other co-morbidities. Zydelig is also indicated for the treatment of relapsed follicular B-cell non-Hodgkin lymphoma (FL) in patients who have received at least two prior systemic therapies, and for the treatment of relapsed small lymphocytic lymphoma (SLL) in patients who have received at least two prior systemic therapies. (U.S. and EU approval, 2014.)

Cardiovascular



Letairis (ambrisentan) 5 mg and 10 mg is indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise ability and delay clinical worsening. Studies establishing effectiveness included predominantly patients with WHO Functional Class II-III symptoms and etiologies of idiopathic or heritable PAH (64%) or PAH associated with connective tissue diseases (32%). (U.S. approval, 2007; EU approval, 2008. GlaxoSmithKline Inc. commercializes the product as Volibris® outside the United States.)



Lexiscan (regadenoson injection) 0.4 mg is a pharmacologic stress agent indicated for radionuclide myocardial perfusion imaging in patients unable to undergo adequate exercise stress. (U.S. approval, 2008; EU approval, 2010, as Rapiscan®. Astellas Pharma, Inc. commercializes the product in the United States and Canada. Rapidscan Pharma Solutions, Inc. commercializes the product in Europe and select other markets.)



Ranexa (ranolazine extended-release tablets) 500 mg and 1000 mg is indicated for the treatment of chronic angina. (First U.S. approval, 2006; EU approval, 2008. Menarini Group commercializes the product in Europe and select other markets.)

Respiratory



Cayston (aztreonam for inhalation solution) 75 mg/vial is indicated to improve respiratory symptoms in cystic fibrosis (CF) patients with *Pseudomonas aeruginosa*. Safety and effectiveness have not been established in pediatric patients below the age of 7 years, patients with FEV₁ <25% or >75% predicted, or patients colonized with *Burkholderia cepacia*. Cayston is administered with the Altera® Nebulizer System, a portable, drug-specific delivery device using the eFlow® Technology Platform, developed by PARI Pharma GmbH. (EU approval, 2009; U.S. approval, 2010.)



Tamiflu (oseltamivir phosphate) 75 mg is an influenza neuraminidase inhibitor indicated for the treatment of uncomplicated acute illness due to influenza infection in patients 2 weeks of age and older who have been symptomatic for no more than 2 days. Tamiflu is also indicated for the prophylaxis of influenza in patients 1 year and older. (First U.S. approval, 1999; EU approval, 2002. Developed by Gilead, Tamiflu is commercialized worldwide by F. Hoffmann-La Roche Ltd.)

Other



AmBisome (amphotericin B) liposome for injection 50 mg/vial is indicated for empirical therapy for presumed fungal infection in febrile neutropenic patients, and for the treatment of Cryptococcal Meningitis in HIV infected patients; Aspergillus, Candida, and/or Cryptococcus species refractory to amphotericin B deoxycholate or in patients unable to tolerate amphotericin B deoxycholate; and visceral leishmaniasis. For leishmaniasis, relapse rates were high in immunocompromised patients. (EU approval, 1990; U.S. approval, 1997. Astellas Pharma, Inc. commercializes the product in the United States and Canada. Dainippon Sumitomo Pharma Co., Ltd. commercializes the product in Japan.)

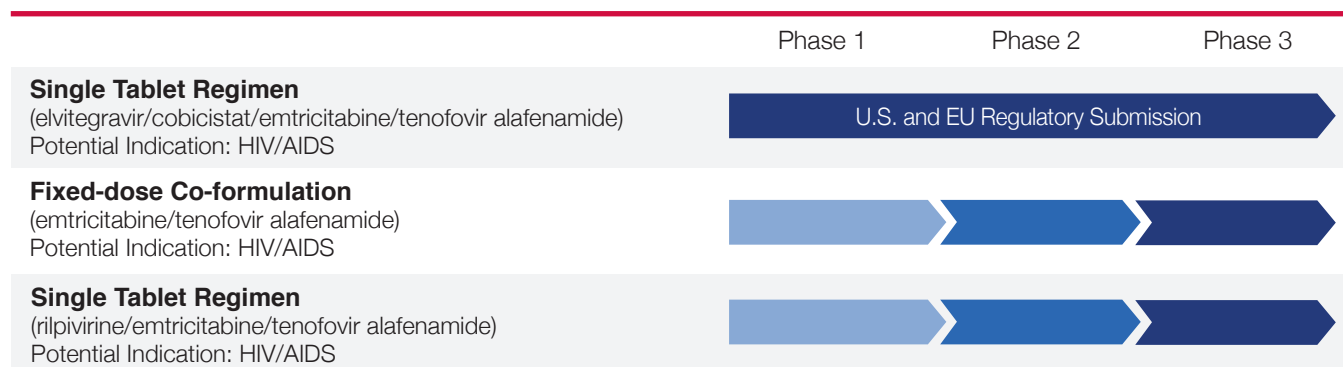


Macugen (pegaptanib sodium injection) 0.3 mg is indicated for the treatment of neovascular (wet) age-related macular degeneration. (U.S. approval, 2004; EU approval, 2006. The product is commercialized in the United States by Valeant Pharmaceuticals International, and outside the United States by Pfizer Inc.)

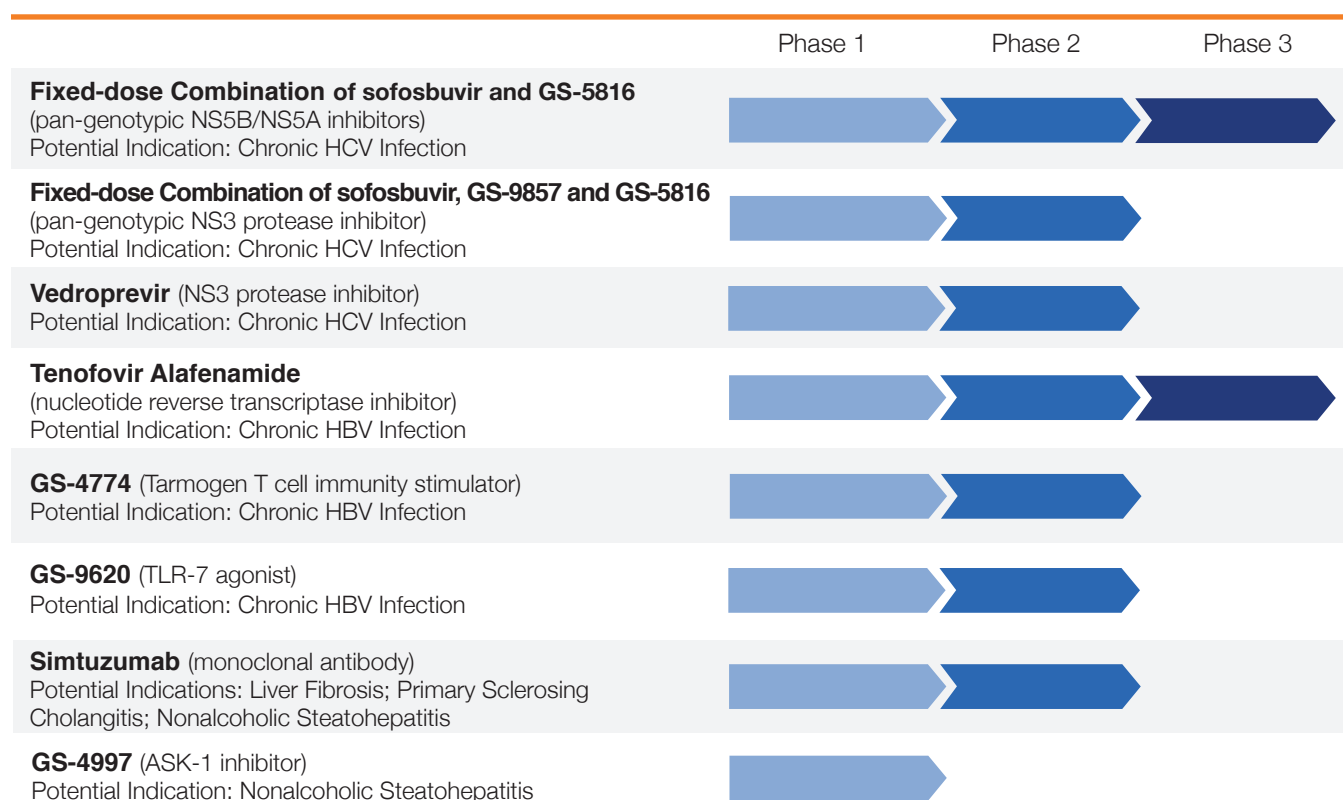
Research

Gilead's research and development program identifies and evaluates investigational compounds that show potential to advance the treatment of life-threatening diseases in areas of unmet medical need. Safety and efficacy of the following compounds have not been established.

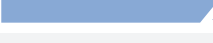
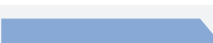
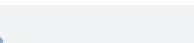
HIV/AIDS



Liver Diseases



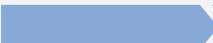
Oncology/Inflammation

	Phase 1	Phase 2	Phase 3
Idelalisib (PI3K delta inhibitor) Potential Indications: Frontline and Relapsed Refractory Chronic Lymphocytic Leukemia; Indolent non-Hodgkin's Lymphoma			
Momelotinib (JAK inhibitor) Potential Indication: Myelofibrosis			
Idelalisib (PI3K delta inhibitor) Potential Indication: Frontline Indolent non-Hodgkin's Lymphoma			
Momelotinib (JAK inhibitor) Potential Indication: Pancreatic Cancer			
Entospletinib (Syk inhibitor) Potential Indication: Hematological Malignancies			
GS-4059 (BTK inhibitor) Potential Indication: B-cell Malignancies			
GS-9901 (PI3K delta inhibitor) Potential Indication: Hematological Malignancies			
GS-5745 (MMP9 mAb inhibitor) Potential Indications: Solid Tumors; Ulcerative Colitis			

Cardiovascular Disease

	Phase 1	Phase 2	Phase 3
Ranolazine (late sodium current inhibitor) Potential Indication: Incomplete Revascularization Post-PCI			
GS-6615 (late sodium current inhibitor) Potential Indication: Long QT-3 Syndrome			
Fixed-dose Combination of ranolazine and dronedarone (late sodium current inhibitor) Potential Indication: Paroxysmal Atrial Fibrillation			
GS-4997 (ASK-1 inhibitor) Potential Indication: Pulmonary Arterial Hypertension			
GS-6615 (late sodium current inhibitor) Potential Indications: Ventricular Tachycardia/Ventricular Fibrillation; Hypertrophic Cardiomyopathy			

Respiratory Disease

	Phase 1	Phase 2	Phase 3
Simtuzumab (monoclonal antibody) Potential Indication: Idiopathic Pulmonary Fibrosis			
GS-5806 (fusion inhibitor) Potential Indication: Respiratory Syncytial Virus			

Other

	Phase 1	Phase 2	Phase 3
GS-4997 (ASK-1 inhibitor) Potential Indication: Diabetic Nephropathy			
GS-6637 (ALDH-2 inhibitor) Potential Indication: Drug Addiction			

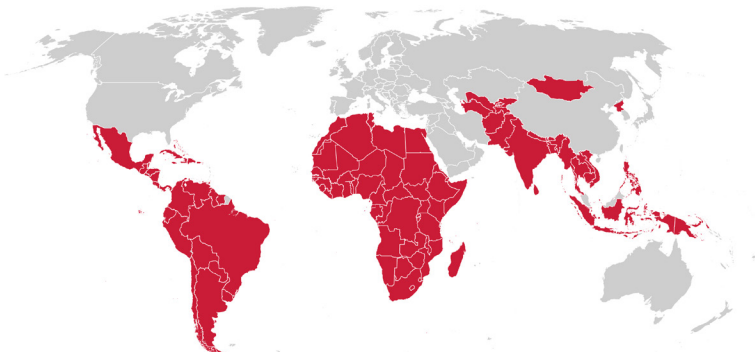
Responsibility

As Gilead grows as a company, we strive to play our part in expanding global access to our medications and to provide support to the communities in which we operate.

Global Access Programs

Gilead recognizes the urgent need for access to our medications worldwide, particularly in developing world countries where the AIDS epidemic and other health challenges are devastating communities. We operate access programs to provide our HIV and viral hepatitis medications at substantially reduced prices in more than 125 low- and middle-income countries. We also coordinate and support educational activities for medical and clinical workers to ensure proper use of our medicines. As a result, approximately 7 million patients in the developing world now receive Gilead's therapies for HIV/AIDS, representing more than half of all patients on antiretroviral therapy in resource-limited countries. Gilead is also working with regional partners and generic manufacturers to scale up distribution of discounted hepatitis C medicines in low- and middle-income countries, adopting a systematic country-by-country approach that initially prioritizes those with the highest disease burden.

Access Operations & Emerging Markets Geography



Partnerships with Generic Manufacturers and Medicines Patent Pool

Gilead has signed non-exclusive licenses with multiple generic manufacturers, granting them rights to produce high-quality, low-cost generic versions of certain Gilead medicines for HIV/AIDS and chronic hepatitis B and C. Partners have also been granted rights to produce generic versions of new Gilead therapies once they receive U.S. regulatory approval. Gilead was the first pharmaceutical company to sign an agreement with the Medicines Patent Pool, which is working to increase global access to high-quality, low-cost antiretroviral therapy through the sharing of patents. The Patent Pool has been granted similar licensing terms for Gilead HIV medicines as our generic manufacturing partners.

Fighting Visceral Leishmaniasis in the Developing World

We work closely with the World Health Organization (WHO) and non-governmental organizations to provide AmBisome at a preferential price for the treatment of visceral leishmaniasis (VL) in resource-limited settings. VL is the second-largest parasitic killer in the world after malaria, responsible for approximately 40,000 deaths each year. In December 2011, Gilead signed a partnership agreement with WHO to donate 445,000 vials of AmBisome over five years. This donation is being used to treat more than 50,000 patients in resource-limited countries.

Patient Access in the United States

In the United States, Gilead has put in place comprehensive patient access programs, reflecting feedback from community groups and patient advocates, to help people who are uninsured or underinsured access our medicines. This includes providing our medicines to eligible patients at no charge and offering a co-pay coupon program for patients with private insurance, regardless of income.

Screening, Diagnosis and Linkages to Care

Gilead is actively involved in several community partnerships that focus on expanding screening programs, encouraging patients to take an active role in their treatment and linking them to prompt, appropriate medical care. In 2010, Gilead launched the FOCUS Program, which partners with healthcare providers, government agencies and community organizations across the United States to develop replicable model programs to routinize HIV screening and linkage to care. Gilead is now supporting partner organizations to apply the FOCUS model to screening and linkage to care for hepatitis C, with the goal of identifying replicable programs that can be applied broadly. Gilead is also helping to strengthen community-level public health efforts to expand screening programs for hepatitis B. In the United States, this work focuses on Asian American communities, where hepatitis B hits the hardest and where significant stigma and misconceptions about the disease persist.

The Gilead Foundation

The Gilead Foundation, a non-profit organization established in 2005, seeks to improve the health and well-being of underserved communities in the United States and internationally. The Foundation's giving focuses on expanding access to HIV and hepatitis education, outreach, prevention and health services.

Strength Through Partnership

Collaborations with partners in science, academia, business and local communities are central to our work. Partnerships enhance our ability to develop innovative medicines and deliver them to people as efficiently as possible.

Leadership

The following individuals comprise Gilead's Senior Leadership Team. See Gilead.com for biographies and a listing of members of the company's Board of Directors.

- **John C. Martin, PhD**
Chairman and Chief Executive Officer
- **John F. Milligan, PhD**
President and Chief Operating Officer
- **Norbert W. Bischofberger, PhD**
Executive Vice President, Research and Development and Chief Scientific Officer
- **Robin L. Washington**
Executive Vice President and Chief Financial Officer
- **Gregg H. Alton**
Executive Vice President, Corporate and Medical Affairs
- **Andrew Cheng, MD, PhD**
Executive Vice President, HIV Therapeutics and Development Operations
- **Paul R. Carter**
Executive Vice President, Commercial Operations
- **John McHutchison, MD**
Executive Vice President, Clinical Research
- **Taiyin Yang, PhD**
Executive Vice President, Pharmaceutical Development and Manufacturing
- **Katie L. Watson**
Senior Vice President, Human Resources

Growing Worldwide Footprint

We have operations in the following locations:

North America

- Foster City, CA
(Corporate Headquarters)
- Fremont, CA
- Oceanside, CA
- San Dimas, CA
- Branford, CT
- Seattle, WA
- Alberta, Canada
- Ontario, Canada
- Mexico City, Mexico

South America

- Argentina
- Brazil

Asia

- China
- Hong Kong
- India
- Japan
- Korea

Africa

- South Africa

Europe

- Stockley Park, UK
- Cambridge, UK
- London, UK
- Austria
- Belgium
- Czech Republic
- Denmark
- Finland
- France
- Germany
- Greece
- Ireland
- Italy
- Netherlands
- Norway
- Poland
- Portugal
- Russia
- Spain
- Sweden
- Switzerland
- Turkey

Australia

- Australia/New Zealand

More Information

For more information about Gilead, its products or community involvement, please contact Gilead at +1 (650) 574-3000 or public_affairs@gilead.com.

Follow Gilead on Twitter ([@GileadSciences](https://twitter.com/GileadSciences)).