

# SUPPORT path<sup>®</sup>

## FOR PRIMARY BILIARY CHOLANGITIS (PBC)

### Support Path is here to help your patients.

The Support Path program for Gilead is committed to helping your patients afford their prescribed Gilead medication for primary biliary cholangitis (PBC), no matter the situation. Whether they have insurance or not, we can explore potential coverage options that might be right for them. Talk to a live dedicated Support Path Program Specialist by calling **1-855-769-7284**.



## Patients Affording Their Primary Biliary Cholangitis (PBC) Medicine

The Support Path® program for Gilead's PBC therapy is committed to helping your eligible patients afford their prescribed Gilead medication.

### If Your Patient Is Commercially Insured

Help your eligible patients save on their prescribed Gilead medication with the Support Path 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 [MySupportPath.com/HCP](https://MySupportPath.com/HCP) or call **1-855-769-7284**.

### How the Co-pay Coupon Program Works

If your patient is eligible, they will be able to enroll in real time and obtain a virtual document outlining their co-pay processing information.

Coverage varies by product. For up-to-date information including Coupon benefits, or to enroll in the co-pay coupon program, visit [MySupportPath.com/HCP](https://MySupportPath.com/HCP) for complete terms and conditions.

### Interim Support Program

For eligible patients with PBC experiencing insurance delays or interruptions in coverage, support may be available.

### If Your Patient Is Government-Insured

If your patient is enrolled in government healthcare programs, such as Medicare Part D, Medicaid, TRICARE, VA or is otherwise not eligible for Gilead's co-pay coupon program, they may be eligible for alternative financial support options. Our dedicated Program Specialists are available to research options for your patient.

### If Your Patient Is Without Insurance

If your patient lacks insurance coverage, they may be eligible to receive their prescribed Gilead medication free of charge through the Support Path Patient Assistance Program (PAP). Please contact the Support Path program for Gilead to learn more about the program eligibility criteria.

Enroll your patient in the Patient Assistance Program online at [MySupportPath.com/HCP](https://MySupportPath.com/HCP) or by calling **1-855-769-7284**.

Please [click here](#) for terms and conditions.

Primary biliary cholangitis (PBC) medication can be ordered through specialty pharmacies and specialty distributors.

Scan the code to view select specialty pharmacies



Specialty Distributor



Phone: 1-877-599-7748

Fax: 1-800-862-6208

Visit: [CuraScriptSD.com/Provider-Solutions/specialty-distribution](https://CuraScriptSD.com/Provider-Solutions/specialty-distribution)



# Understanding Coverage Options for Patients With Primary Biliary Cholangitis (PBC)

The Support Path program for Gilead can provide information to you and your patients to help address insurance and coverage issues should they arise. Visit, call, or enroll online at [MySupportPath.com/HCP](https://mysupportpath.com/HCP).

## Insurance Benefits Investigation

Support Path can help by researching and verifying specific insurance benefits for prescribed Gilead medication coverage.

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

## Prior Authorization Information

Support Path can provide information to help you understand your patients' insurance coverage for their prescribed Gilead medication, including determining prior authorizations (PAs) and appeals requirements.

- Submit an electronic prior authorization (ePA) directly to the payer through the iAssist portal

Please [click here](#) for terms and conditions.

## Support Path Is Here to Help

We are here to help address questions you may have. Connect with a dedicated Program Specialist for additional help today.

### Multilingual Assistance

Multilingual help is available for your patients. Notify our agent if non-English assistance is needed. We will do our best to support specific requests.

### Field Reimbursement Manager (FRM)

Contact an FRM to learn more about general access, coverage, and reimbursement information by calling **1-855-769-7284**.

### Have Questions?

Get answers to the program's most frequently asked questions (FAQs) by visiting [MySupportPath.com/Patients#FAQ](https://mysupportpath.com/Patients#FAQ).

For additional information and assistance regarding Support Path, please call **1-855-769-7284**.

## Get Your Patients Started With Support Path



### Call 1-855-769-7284

from Monday — Friday, 9 AM to 8 PM ET. Callers can also leave a confidential message any time and day of the week.



### Electronic Support

Enroll online at [MySupportPath.com/HCP](https://mysupportpath.com/HCP)

- Submit an electronic prescription to your patient's pharmacy of choice
- Submit an ePA directly to the payer

### RESOURCES AVAILABLE TO DOWNLOAD AT

## [MySupportPath.com/HCP](https://mysupportpath.com/HCP)



### iAssist How-To Guide

Register your patient in 5 minutes by following our simple 3-step guide.



### Online Enrollment

Enroll your patient into the online Support Path program for Gilead at [MySupportPath.com/HCP](https://mysupportpath.com/HCP)



### Prior Authorization Checklist

To help guide you through a more simple and error-free PA process.



## Support Path Co-Pay Coupon Terms and Conditions

The Gilead Support Path 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 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 Support Path at 1-855-769-7284 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 the lesser of \$9,500 or the 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 per claim maximum of \$25. Patients may contact Support Path at 1-855-769-7284 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 payer, 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-statements](http://www.gilead.com/privacy-statements).

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