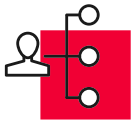
Understanding the insurance coverage process for newly FDA-approved BIXLENVO™

(bictegravir 75 mg/lenacapavir 50 mg) tablets

A guide for healthcare providers and office staff

This guide explains:



Payer coverage review process and timeline for newly FDA-approved medications

How you can help support access for patients during the coverage review period

Support and resources from Advancing Access® to help navigate access for your patients

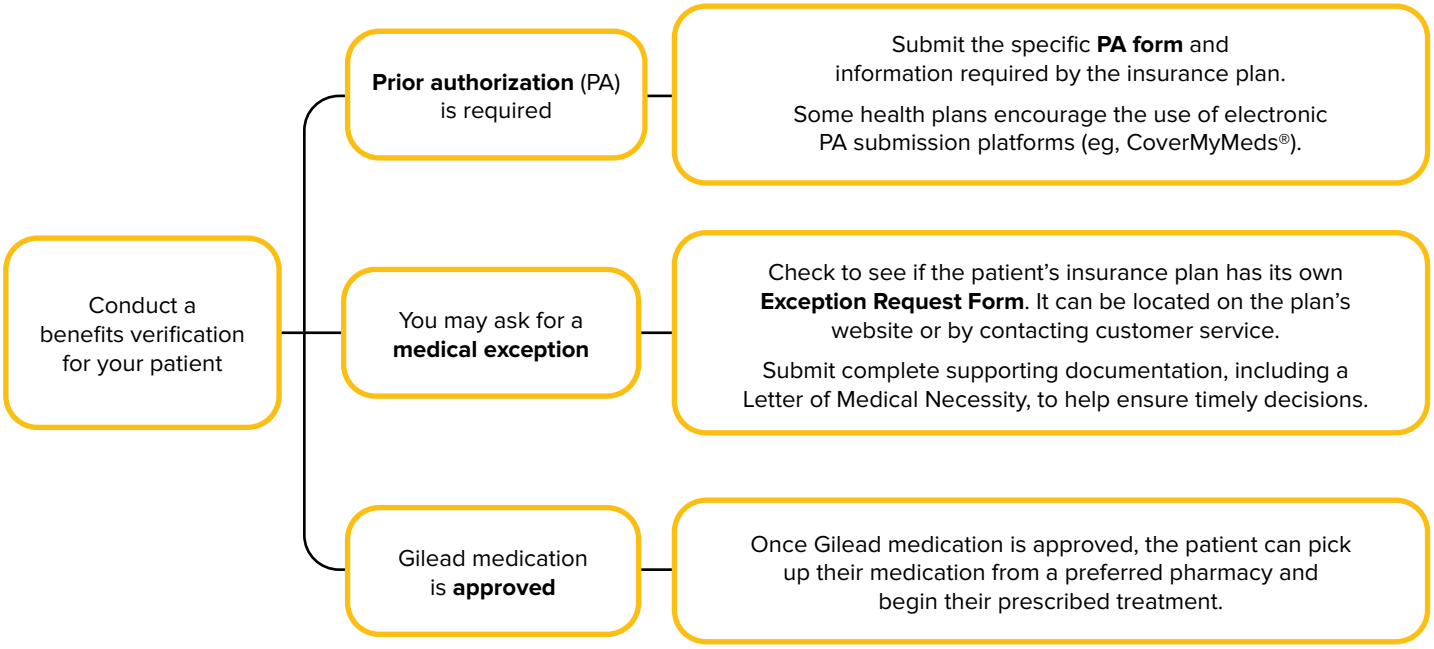
Understanding the payer coverage review process for a newly FDA-approved treatment

What you can expect during payer coverage review process

After a medication is newly approved by the FDA, insurance plans review whether and how it will be covered. The length of this review period varies and, until then, the insurance company may require a letter of medical necessity.

Coverage determinations and next steps

During this period, a benefits investigation may show that the product is **nonformulary** or **not covered**. **That does not always mean coverage is unavailable.** It may mean additional steps are needed for the patient to access their prescribed Gilead medication.



If the patient's PA or exception request has been denied, you can consider an appeal. Your patient's health plan will provide a written explanation and include information about how to request an appeal. Review the health plan's guidelines on the appeals process to ensure the appeal is as complete as possible.

Authorization process and requirements vary by insurance plan. Some may require an exception and a prior authorization. Contact the plan directly or contact Advancing Access at **1-800-226-2056** Monday through Friday, 9 AM to 8 AM ET, for specific process guidance for your patient's plan.

Advancing Access® is here to support you through the payer coverage review process

Benefits investigation

Advancing Access can help with **benefits investigations** by researching and verifying your patient's specific insurance benefits and coverage for their prescribed Gilead medication, including verifying any in-network pharmacy requirements.

After completing the benefits investigation, Advancing Access will send you a **Summary of Benefits Letter**, which details the insurance coverage and next steps.

Prior authorization (PA) information

Upon request, Advancing Access can obtain requirements for submitting a PA and provide that information to the healthcare provider.*

Advancing Access can also provide a **Prior Authorization Checklist**, a resource with helpful tips for accurately completing the PA requests.

Download the Prior Authorization Checklist at GileadAdvancingAccess.com/HCP/Support-Offerings

Medical exceptions support

A medical exception request is a request asking a health plan to cover a medication that's not on the formulary and is often needed for new-to-market drugs when formal coverage determinations have not yet been established by the plan.

Advancing Access also can provide a **Medical Exceptions Checklist** to guide you through the medical exception request process.

Download the Exceptions Checklist at GileadAdvancingAccess.com/HCP/Support-Offerings

Co-pay Savings Program†

Advancing Access may be able to help your eligible commercially insured patients lower their co-pay to as little as $0 for their prescribed Gilead medication. Coverage varies by product. For up-to-date coverage, or to enroll your patient in the Co-pay Savings Program, visit **GileadAdvancingAccess.com/HCP**.

Appeals information

Advancing Access can provide information about the appeals process and whether an appeal is possible.*

*Advancing Access cannot submit information or paperwork to the patient's insurance company on behalf of your office.

†Restrictions apply. Subject to change. See full terms and conditions at GileadAdvancingAccess.com.

Advancing Access® is here for your patients

Find out how Advancing Access may be able to help by enrolling your patient online at **GileadAdvancingAccess.com/HCP** or **scan this QR code** to go directly to the website.

Have questions?

Call **1-800-226-2056 to speak with a program specialist** Monday through Friday, 9 AM to 8 PM ET. Callers can also leave a confidential message any time and day of the week.

FAQs?

Get answers to the program's most frequently asked questions (FAQs) by scanning the code below or visiting **GileadAdvancingAccess.com/HCP/FAQ**.

GILEAD