ANNUAL REPORT 2013

Gilead

To Our Stockholders, Employees and Friends:

In 2013, Gilead made major advances across our areas of therapeutic focus, significantly expanded the company's global reach, delivered medicines to a record number of patients and announced the strongest revenues in the company's history.

Left to right: Gregg H. Alton, *Executive Vice President, Corporate and Medical Affairs;* John McHutchison, MD, *Executive Vice President, Clinical Research;* Robin L. Washington, *Executive Vice President and Chief Financial Officer;* John F. Milligan, PhD, *President and Chief Operating Officer;* John C. Martin, PhD, *Chairman and Chief Executive Officer;* Norbert W. Bischofberger, PhD, *Executive Vice President, Research and Development and Chief Scientific Officer;* Katie L. Watson, *Senior Vice President, Human Resources;* Paul R. Carter, *Executive Vice President, Commercial Operations.*

The approval and introduction of Sovaldi® as a treatment for chronic hepatitis C virus (HCV) infection stands out among Gilead's 2013 accomplishments. For millions of people living with HCV, Sovaldi-based therapy may offer a cure with a significantly shorter and less burdensome course of treatment. Gilead also advanced new HIV products and research during the past year and made significant progress in oncology, the company's newest therapeutic area of focus. Fueled by strong commercial performance, Gilead's financial position is stronger than ever, with record total revenues in 2013 of $11.2 billion.

Each of the milestones and accomplishments of the past year exemplify Gilead's mission of developing and delivering medicines that redefine how serious diseases are treated. Our accomplishments also exemplify the dedication of Gilead's 6,000 employees, who collaborate with the medical community, partners and each other to understand and to pursue what's in the best interest of patients.

A New Era in Hepatitis C Treatment, Continued Focus on Liver Diseases

On December 6, Sovaldi, a once-daily nucleotide analog polymerase inhibitor for the treatment of chronic HCV infection, was approved by the U.S. Food and Drug Administration (FDA) as a component of a combination antiviral treatment regimen. This milestone is the culmination of many years of work—developing the molecule, designing clinical trials to best define its use across various genotypes and patient populations, and ensuring involvement of the medical community, which has long awaited a new treatment. In addition, Gilead worked quickly to build an experienced commercial and medical affairs organization prepared to support the introduction of Sovaldi around the world.

Sovaldi's efficacy has been established in patients with HCV genotypes 1, 2, 3 or 4 infection. In certain Phase 3 studies in combination with other medicines, Sovaldi achieved cure rates as high as 90 percent, while shortening the duration of therapy from 24-48 weeks to 12 weeks in some patients and altogether eliminating the need for debilitating interferon injections in other patients.

The product was approved in Canada in mid-December and regulatory filings in Turkey, Switzerland, Australia and New Zealand set the stage for additional approvals in 2014. In the European Union, it received a positive opinion from the Committee for Medicinal Products for Human Use in late November and full European Commission approval in January 2014. In Japan, an agreement with the Japanese regulatory agency (Pharmaceuticals and Medical Devices Agency) was established, and Phase 3 clinical trials of sofosbuvir in combination with other medicines were initiated and fully enrolled, with the goal of submitting a regulatory filing in the second half of 2014. Gilead's operations in Japan were formally established in late 2013, and the commercial organization will be fully built and staffed over the course of 2014.

Sovaldi has the potential to become the cornerstone of interferon-free, all-oral treatment regimens that achieve higher cure rates more rapidly and with fewer side effects. On December 18, topline results were announced from three Phase 3 studies demonstrating that a single tablet regimen of sofosbuvir and the investigational NS5A inhibitor, ledipasvir, can provide high cure rates without the need for interferon or ribavirin in the treatment of patients with genotype 1 infection, which accounts for a majority of HCV cases in North America and Europe. The U.S. regulatory filing for this fixed-dose combination was completed in February 2014. Also underway is the clinical development of the pan-genotypic NS5A inhibitor, GS-5816, which may have the potential to simplify therapy for all HCV patients, irrespective of viral genotype.

In the area of chronic hepatitis B, Gilead initiated a Phase 3 program for tenofovir alafenamide (TAF), a novel, low-dose prodrug of tenofovir that has the potential to optimize clinical efficacy, safety and tolerability relative to existing chronic hepatitis B virus (HBV) therapies. For most patients with chronic hepatitis B, life-long antiviral therapy is required. Curing HBV infection is the ultimate goal and Gilead is pursuing novel therapies and approaches such as oral medicines and therapeutic vaccines that may provide finite treatment for patients.

Innovating in HIV Medicine

Gilead continues its efforts to improve treatment for HIV and expanding access to therapy for patients around the world. Stribild® became the leading prescribed regimen for treatment-naïve HIV patients in the United States, received European Commission approval in May and was subsequently launched in the United Kingdom, Austria, Germany, Luxembourg, Ireland, Spain, Poland, Switzerland, the Netherlands and all five Nordic countries. Uptake of this product increased significantly throughout the year in the United States and Europe. Data characterizing the efficacy and safety of Stribild over three years were presented in October at the annual conference of the European AIDS Clinical Society. Gilead's second single tablet regimen for HIV, Complera®, received a prescribing label expansion in the United States to include suppressed patients switching from a stable antiretroviral treatment regimen. In Europe, where it is marketed as Eviplera®, the product received a similar expanded indication.

Tybost®, a boosting agent for certain protease inhibitor-based regimens, and Vitekta®, an integrase inhibitor, were approved in the European Union and Canada in the second half of 2013. Following receipt of a Complete Response Letter from FDA in April 2013, Gilead is working to resubmit applications for both of these products in the United States. In January 2013, a large-scale Phase 3 clinical program was initiated for Gilead's newest single tablet regimen of TAF combined with elvitegravir, cobicistat and emtricitabine. Phase 2 data for the TAF-based single tablet regimen presented at the 53rd Interscience Conference on Antimicrobial Agents and Chemotherapy in September showed that it was similar to Stribild in efficacy, with what appears to be a more favorable safety profile in terms of renal and bone indicators. These data support the potential of TAF to become a key component of Gilead's next-generation single tablet regimens. Initial results from the large-scale Phase 3 program are anticipated in early 2015.

Significant Advances in Oncology

In late 2013, marketing applications were submitted in the United States and the European Union for Gilead's lead oncology treatment, idelalisib, a first-in-class PI3K delta inhibitor, for patients with indolent non-Hodgkin's lymphoma (iNHL) or chronic lymphocytic leukemia (CLL) who do not respond to or who can't tolerate existing treatments. The filings were based on encouraging clinical study results, including results of a Phase 3 CLL study that was stopped early due to a statistically significant efficacy advantage in the idelalisib arm. The product was awarded "breakthrough designation" by the FDA for relapsed CLL, and review is expected to be completed by early August 2014. Studies are ongoing to further characterize idelalisib's clinical profile. iNHL and CLL are cancers of the lymphatic system and advancing new treatment options for these patients is critical.

A pivotal Phase 3 clinical trial was recently initiated for the novel JAK inhibitor momelotinib for the treatment of myelofibrosis, a life-threatening bone marrow disorder. Momelotinib came to Gilead with the acquisition of YM BioSciences, Inc., which was completed in February 2013.

Progress in Cardiovascular and Respiratory Disease

Gilead's commercial products for cardiovascular and respiratory diseases together exceeded $1 billion in annual revenues for the first time in 2013. In the area of cardiovascular disease, data from a Phase 4 trial of Ranexa® showed a reduced incidence of chest pain among chronic angina patients with type 2 diabetes. Phase 3 studies of Ranexa in type 2 diabetes are ongoing, and data should become available in 2014. In August 2013, Letairis®, an endothelin receptor antagonist (ERA) medicine for the treatment of pulmonary arterial hypertension (PAH), received a favorable change to the product's Risk Evaluation and Mitigation Strategy (REMS). As a consequence of this new modification, only females of reproductive potential will have to enroll into and be monitored regularly through the Letairis REMS program, which greatly lessens the burden on prescribers and the majority of patients. Letairis is now the most frequently prescribed ERA therapy for newly diagnosed PAH patients.

During 2013, Cayston®, an inhaled antibiotic used to improve respiratory symptoms in people with cystic fibrosis who have *Pseudomonas aeruginosa,* was added to pulmonary treatment guidelines. The product is now recommended for chronic use in people living with the disease. Also in the area of respiratory disease, simtuzumab continues to progress in Phase 2 clinical studies for idiopathic pulmonary fibrosis (IPF). IPF is a chronic disease characterized by a progressive scarring of the lungs. Simtuzumab is also being studied in various Phase 2 studies for liver fibrosis and solid tumors. A potent and well tolerated inhibitor of respiratory syncytial virus (RSV) called GS-5806 is being studied in Phase 2 trials. RSV is the most common cause of bronchiolitis and pneumonia in children under 1 year of age in the United States.

Expanding Access for Patients

Across therapeutic areas, Gilead works to ensure access to the company's medicines, regardless of patients' ability to pay for healthcare or where they live in the world. 2013 marked the 10th anniversary of Gilead's global HIV treatment access program. Today, the company's antiretrovirals reach more than 4.7 million people in developing countries, representing nearly 50 percent of all patients on antiretroviral therapy in resource-limited settings. This accomplishment is the result of the voluntary licensing partnerships with multiple generic drug manufacturers in India and South Africa that have helped to expand supply and reduce the cost of therapy. In the area of chronic hepatitis C, Gilead is working to register Sovaldi in a number of developing countries. Local clinical trials in certain countries—including Egypt, which has a high prevalence of the disease and a well-established healthcare infrastructure—also are underway.

In the United States, comprehensive patient assistance programs provide Gilead medicines for uninsured individuals, as well as for those who cannot afford health insurance co-pays.

Addressing Future Patient Needs

To support the progress Gilead made in drug development and commercialization in 2013, Gilead's international presence expanded with measured growth in Asia-Pacific, Latin America and Eastern Europe, through the establishment of new affiliate operations in Japan, Brazil, Russia and the Czech Republic. Gilead's growing global operations will allow the company to reach more patients than ever before.

I would like to thank our shareholders for their ongoing support, Board of Directors for its continued guidance and our employees, partners and stakeholders for their contributions.

All of us at Gilead look forward to further exciting developments in 2014, as we work to provide innovative therapeutic options for people with life-threatening diseases around the world.

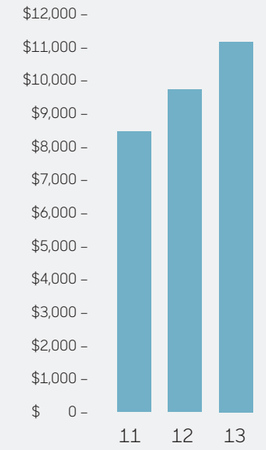
John C. Martin, PhD
Chairman and Chief Executive Officer

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 product 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, 2013 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.

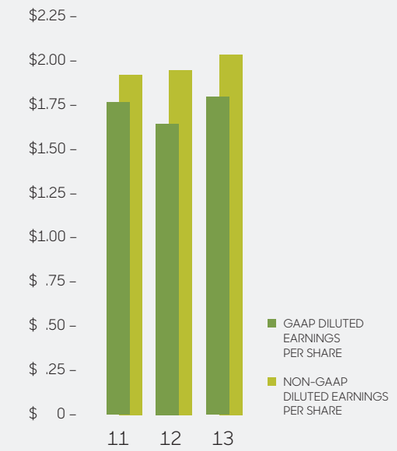
FINANCIAL HIGHLIGHTS

PRODUCT SALES
($ IN MILLIONS)

TOTAL REVENUES
($ IN MILLIONS)



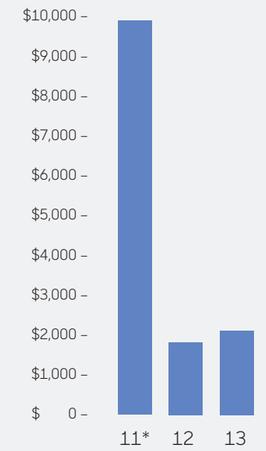
EARNINGS PER SHARE



- Non-GAAP amounts may not sum due to rounding.
- Non-GAAP diluted earnings per share for 2011 exclude after-tax acquisition-related expenses of $0.05 and stock-based compensation expenses of $0.09.
- Non-GAAP diluted earnings per share for 2012 exclude after-tax acquisition-related expenses of $0.08, restructuring expenses of $0.01 and stock-based compensation expenses of $0.22.
- Non-GAAP diluted earnings per share for 2013 exclude after-tax acquisition-related expenses of $0.11 and stock-based compensation expenses of $0.11.

* During 2011, Gilead issued $4.66 billion in senior unsecured notes, of which $3.67 billion was raised in December 2011 to partially fund the Pharmasset, Inc. acquisition. The acquisition was completed in January 2012.

CASH AND CASH EQUIVALENTS
($ IN MILLIONS)



Marketed Products

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 R&D IRELAND (SELECT MARKETS)
MARKETED AS EVIPLERA® IN EUROPE

EMTRIVA®
EMTRICITABINE 200 MG

HIV/AIDS

JAPAN TOBACCO INC. (JAPAN)

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

VIREAD®
TENOFOVIR DISOPROXIL FUMARATE 300 MG

HIV/AIDS

JAPAN TOBACCO INC. (JAPAN)

HIV/AIDS (CON'T)

*VITEKTA®
ELVITEGRAVIR 85 MG AND 150 MG

HIV/AIDS

LIVER DISEASES

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)

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 OF THE U.S.)
MARKETED AS VOLIBRIS® OUTSIDE OF 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)

OTHER

AMBISOME®
AMPHOTERICIN B LIPOSOME FOR INJECTION 50 MG/VIAL

SEVERE FUNGAL INFECTIONS

ASTELLAS PHARMA INC. (U.S., CANADA)
DAINIPPON SUMITOMO PHARMA CO., LTD. (JAPAN)

MACUGEN®
PEGAPTANIB SODIUM INJECTION 0.3 MG

NEOVASCULAR (WET) AGE-RELATED MACULAR DEGENERATION

EYETECH, INC. (U.S.)
PFIZER INC. (OUTSIDE U.S.)

VISTIDE®
CIDOFOVIR INJECTION 375 MG/VIAL

CMV RETINITIS IN PATIENTS WITH AIDS

* Tybost and Vitekta have received marketing authorization in the European Union only at this time.
Images shown do not represent actual size.
For other dosage strengths see full prescribing information.

Pipeline

HIV/AIDS

EU APPROVAL AS TYBOST*; U.S. REGULATORY SUBMISSION
COBICISTAT (PHARMACOKINETIC ENHANCER)
POTENTIAL INDICATION: HIV/AIDS

EU APPROVAL AS VITEKTA*, U.S. REGULATORY SUBMISSION
ELVITEGRAVIR (INTEGRASE INHIBITOR)
POTENTIAL INDICATION: HIV/AIDS

PHASE 3
SINGLE TABLET REGIMEN OF ELVITEGRAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
POTENTIAL INDICATION: HIV/AIDS

PHASE 2
SINGLE TABLET REGIMEN OF DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE
POTENTIAL INDICATION: HIV/AIDS

LIVER DISEASES

CHRONIC HEPATITIS C

U.S. REGULATORY SUBMISSION
FIXED-DOSE COMBINATION OF LEDIPASVIR AND SOFOSBUVIR (NS5A INHIBITOR/NUCLEOTIDE NS5B INHIBITOR)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

PHASE 2
FIXED-DOSE COMBINATION OF SOFOSBUVIR AND GS-5816 (PAN-GENOTYPIC NS5B/NS5A INHIBITORS)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

GS-9451 (NS3 PROTEASE INHIBITOR)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

GS-9669 (NON-NUCLEOSIDE NS5B SITE 2 POLYMERASE INHIBITOR)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

PHASE 1
GS-9620 (TLR-7 AGONIST)
POTENTIAL INDICATION: CHRONIC HCV INFECTION

CHRONIC HEPATITIS B

PHASE 3
TENOFOVIR ALAFENAMIDE (NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITOR)
POTENTIAL INDICATION: CHRONIC HBV INFECTION

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

PHASE 1
GS-9620 (TLR-7 AGONIST)
POTENTIAL INDICATION: CHRONIC HBV INFECTION

OTHER

PHASE 2
SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: LIVER FIBROSIS

PHASE 1
GS-5745 (MMP9 MAB INHIBITOR)
POTENTIAL INDICATION: ULCERATIVE COLITIS

ONCOLOGY/INFLAMMATION

U.S. AND EU REGULATORY SUBMISSIONS
IDELALISIB (PI3K DELTA INHIBITOR)
POTENTIAL INDICATION: INDOLENT NON-HODGKIN'S LYMPHOMA

IDELALISIB (PI3K DELTA INHIBITOR)
POTENTIAL INDICATION: CHRONIC LYMPHOCYTIC LEUKEMIA

PHASE 3
MOMELOTINIB (JAK INHIBITOR)
POTENTIAL INDICATION: MYELOFIBROSIS

PHASE 2
SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: PANCREATIC CANCER

SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: MYELOFIBROSIS

SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: COLORECTAL CANCER

GS-9973 (SYK INHIBITOR)
POTENTIAL INDICATION: HEMATOLOGICAL MALIGNANCIES

PHASE 1
GS-5745 (MMP9 MAB INHIBITOR)
POTENTIAL INDICATION: SOLID TUMORS

CARDIOVASCULAR DISEASE

PHASE 3
RANOLAZINE (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: INCOMPLETE REVASCULARIZATION POST-PCI

RANOLAZINE (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: TYPE 2 DIABETES

PHASE 2
RANOLAZINE/DRONEDARONE FIXED-DOSE COMBINATION (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: PAROXYSMAL ATRIAL FIBRILLATION

PHASE 1
GS-6615 (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: LONG QT-3 SYNDROME

GS-6615 (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: HYPERTROPHIC CARDIOMYOPATHY

GS-6615 (LATE SODIUM CURRENT INHIBITOR)
POTENTIAL INDICATION: VENTRICULAR TACHYCARDIA/VENTRICULAR FIBRILLATION

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

RESPIRATORY DISEASE

PHASE 2
GS-5806 (FUSION INHIBITOR)
POTENTIAL INDICATION: RESPIRATORY SYNCYTIAL VIRUS

SIMTUZUMAB (MONOCLONAL ANTIBODY)
POTENTIAL INDICATION: IDIOPATHIC PULMONARY FIBROSIS

CORPORATE INFORMATION

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Research and Development and
Chief Scientific Officer

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Executive Vice President and
Chief Financial Officer

Gregg H. Alton
Executive Vice President,
Corporate and Medical Affairs

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Commercial Operations

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Executive Vice President,
Clinical Research

Katie L. Watson
Senior Vice President,
Human Resources

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Merck Research Laboratories

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Harvard Medical School
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Myeloma Center
Dana-Farber Cancer Institute

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Cahill Professor of
Biochemistry, Emeritus,
Stanford University School of Medicine

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Oregon Health & Science University
(OHSU), Associate Dean for
Oncology, OHSU School of Medicine,
JELD-WEN Chair of Leukemia
Research, Investigator, Howard
Hughes Medical Institute

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Arthur L. Bloomfield Professor of
Medicine, Chair, Department of
Medicine, Stanford University
School of Medicine

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Professor, Baylor College of Medicine

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Chief, Division of Infectious Diseases,
University of Pittsburgh School
of Medicine

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Leonard Miller Professor of Medicine,
Director for Schiff Liver Institute,
Director for Center for Liver Diseases,
University of Miami School of Medicine

Robert T. Schooley, MD
Professor of Medicine and Head,
Division of Infectious Diseases,
Vice Chair of Department of Medicine,
University of California, San Diego

Eric J. Topol, MD
Director, Scripps Translational
Science Institute
Chief Academic Officer,
Scripps Health
Professor of Genomics,
The Scripps Research Institute

CORPORATE SECRETARY

Gregg H. Alton
Executive Vice President, Corporate
and Medical Affairs

INDEPENDENT REGISTERED PUBLIC ACCOUNTANTS

Ernst & Young LLP
Palo Alto, California

CORPORATE HEADQUARTERS

Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404 USA
(800) 445-3235 or (650) 574-3000
www.gilead.com

STOCKHOLDER INQUIRIES

Inquiries from our stockholders and potential investors regarding our company are always welcome and will receive a prompt response. Please direct your requests for information to:

Investor Relations
Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404 USA
(800) 445-3235 or (650) 574-3000

Information regarding Gilead also is available at www.gilead.com.

STOCK LISTING

Gilead common stock is traded on the Nasdaq Global Select Stock Market, under the symbol GILD.

ANNUAL MEETING

The annual meeting of stockholders will be held at 10:00 a.m. on Wednesday, May 7, 2014, at the Westin San Francisco Airport Hotel.

TRANSFER AGENT AND REGISTRAR

Communications concerning stock transfer requirements, lost certificates and changes of address should be directed to the Transfer Agent:

Computershare
P.O. BOX 30170
College Station, TX 77842-3170
(800) 710-0940
www.computershare.com/investor

EQUAL OPPORTUNITY EMPLOYER

Gilead Sciences is proud to be an equal opportunity employer and extends employment to men and women from culturally diverse backgrounds. Our environment respects individual differences and recognizes each employee as an integral member of our company. Our workforce reflects these values and celebrates the individuals who make up our growing team.

Gilead Sciences is a biopharmaceutical company that discovers, develops and commercializes innovative therapeutics in areas of unmet medical need. The company's mission is to advance the care of patients suffering from life-threatening diseases worldwide. Headquartered in Foster City, California, Gilead has operations in North and South America, Europe and Asia Pacific.

Full U.S. prescribing information for Gilead products is available at www.gilead.com.

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650 578 9264 F

www.gilead.com