

Support Path Sample Forms Packet—Summary of Benefits Investigation Form

Help patients start HARVONI® (ledipasvir 90 mg/sofosbuvir 400 mg) tablets or SOVALDI® (sofosbuvir)

Patient: Sarah Adams, DOB: 01/01/1950
 Service Request # 1-23456789
 Page 1 of 2



PH: (855) 769-7284
 FX: (855) 298-8700

Support Path Program

SUMMARY OF BENEFITS

The Support Path Program is offered as an information service only. Please keep in mind that this information represents a summary of what the insurer told us. Third-party payment is affected by many factors; therefore, you should not interpret this letter as a guarantee of coverage or reimbursement now or in the future. The Support Path Program does not ensure the accuracy of this information and makes no representation or guarantee that you will be successful in obtaining insurance reimbursement.

Date: November 10, 2014	To: Erica Brooks	Fax Number: (555) 555-5555	Physician Name: Dr. Matthew Doe
Patient Name: Sarah Adams		Date of Birth: 01/01/1950	Service Request Number: 1-23456789
PBM or Payer Name: Cigna			
PBM/Payer Phone: (800) 244-6224		Policy Number: U123456789	

NEXT STEPS

- **The Prior Authorization must be initiated over the phone by the provider. Please call the prior authorization department at (877) 530-4437 to initiate the prior authorization process.**
- Once the prior authorization has been initiated, please notify Support Path via phone at 855-769-7284 or fax at 855-298-8700, so we can help follow-up with the payer on the prior authorization status.
- *If we do not hear back from your office within 1 week, this case will be closed and we will ask that you contact us if you would like further support pursuing the prior authorization.*

ADDITIONAL INFORMATION

- **Support Path has verified that the payer requires a Prior Authorization for Harvoni® (ledipasvir 90mg/sofosbuvir 400mg).**
- **Please note that patients with coverage for Harvoni® are ineligible for free medication through the Patient Assistance Program.**

COVERAGE AND BENEFIT INFORMATION FOR Harvoni®

Setting (Days Supply)	Coverage	Co-payment/ Co-insurance	Deductible	Out of Pocket Maximum
Retail Pharmacy (28 day supply)	Prior Authorization Required	None Reported	\$4,000.00 – of which \$2,812.24 has been met as of November 10, 2014.	\$5,000.00 – of which \$2,812.24 has been met as of November 10, 2014.
Mail Order Pharmacy	Not Covered	None Reported	None Reported	None Reported
Specialty Pharmacy	Prior Authorization Required	None Reported	\$4,000.00 – of which \$2,812.24 has been met as of November 10, 2014.	\$5,000.00 – of which \$2,812.24 has been met as of November 10, 2014.

PRIOR AUTHORIZATION INFORMATION (IF REQUIRED)

Submission Method: Phone	Estimated Completion Time: 1-2 weeks	Required Information: Payer PA form
Insurer PA Fax Number: (800) 390-9745	Insurer PA Phone Number: (877) 530-4437	

PHARMACY INFORMATION (IF APPLICABLE)

Mail Order Pharmacy Name: None Reported	Phone: None Reported	Fax: None Reported
Specialty Pharmacy Name: Cigna Home Delivery	Phone: (800) 351-3606	Fax: None Reported

Gilead Sciences, Inc. reserves the right to modify or discontinue the Support Path Program or terminate assistance at any time. Third-party reimbursement is affected by a range of factors and Gilead Sciences, Inc. cannot guarantee any coverage or reimbursement.



Support Path Sample Forms Packet—Summary of Benefits Investigation Form

Help patients start HARVONI® (ledipasvir 90 mg/sofosbuvir 400 mg) tablets or SOVALDI® (sofosbuvir)

Patient: Sarah Adams, DOB: 01/01/1950
Service Request # 1-23456789
Page 2 of 2

FINANCIAL ASSISTANCE

Co-pay Coupon

- **If the Prior Authorization is approved by the payer, the patient may obtain and activate a co-pay coupon card by calling 855-769-7284 or online by visiting www.mysupportpath.com.**
 - If you would like Support Path to review this information with the patient, please contact us at 855-769-7284 and we will be happy to assist.

REV. 08/2014

SAMPLE

Gilead Sciences, Inc. reserves the right to modify or discontinue the Support Path Program or terminate assistance at any time. Third-party reimbursement is affected by a range of factors and Gilead Sciences, Inc. cannot guarantee any coverage or reimbursement.

Page 2 of 2 for Sarah Adams, DOB: 01/01/1950, Service Request # 1-23456789



HARVONI, SOVALDI, Support Path, the Support Path logo, GILEAD and the GILEAD logo are trademarks of Gilead Sciences, Inc., or its related companies. ©2015 Gilead Sciences, Inc. All rights reserved. PTFP0176 02/15