



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

---

**Selection Criteria:**

|                            |                                   |
|----------------------------|-----------------------------------|
| Product Name:              | .;HARVONI                         |
| Product Active Ingredient: | .                                 |
| Active Ingredient          | .                                 |
| Active Moiety:             | .                                 |
| FDA Received Date:         | From: 10-OCT-2014 To: 15-MAR-2015 |
| MedDRA® Version* :         | 17.1                              |
| Total Cases**:             | 759                               |
| Number of Pages:           | 216                               |

Disclaimer: Submission of a safety report does not constitute an admission that medical personnel, user facility, importer, distributor, manufacturer or product caused or contributed to the event. The information in these reports has not been scientifically or otherwise verified as to a cause and effect relationship and cannot be used to estimate the incidence of these events.

\*. "MedDRA® Version" refers to the name and version of the dictionary in use at the time the cases were retrieved from the FDA Adverse Event Reporting System (FAERS). MedDRA Medical Dictionary for Regulatory Activities (MedDRA®) is a medical terminology developed under the support of the International Conference on Harmonization (ICH) and is a registered trademark of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). MedDRA is used by FDA, other regulatory agencies, and pharmaceutical manufacturers to code adverse events, medication errors and other information associated with the use of medical products. A MedDRA® Preferred Term (PT) is used to standardize a "medical concept" in a report. For example, a report of "heart attack" or "myocardial infarct" are standardized to the same Preferred Term, "Myocardial Infarction". MedDRA is updated twice a year.

\*\*."Total Cases" reflects the number of individual patient case reports associated with the product of interest that were submitted to FDA within the specified time period. A case consists of an initial report and any follow-up reports submitted to FDA. Because FDA may receive reports on the same patient from more than one source, some of these cases may be duplicate patient reports.



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

The information in this report is generated from the FDA Adverse Event Reporting System (FAERS) by using a report query where suspect product(s) or active ingredients are selected from a standardized dictionary and a date range is specified as search criteria. The table below provides the definitions for field headings that are listed on the report.

FAERS data have limitations, including the following. There is no certainty that the reported event was actually due to the product. Reports are often incomplete - a blank field means that no data were provided. FDA does not receive reports on all adverse events that occur with a product. Many factors can influence whether or not an event will be reported, therefore, FAERS data cannot be used to compare products or calculate how frequently an event occurs in the U.S. population.

| Field Heading          | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FDA Received Date      | The date that FDA received the most recent information regarding a case, either as an initial report or follow-up report. The FDA Received Date may not be the same as the date that the event occurred. The event may have occurred days or even months (or years) before the report was sent to (and received by) FDA. Note the displayed date on the report may be later than the query date range if FDA received follow-up information for a case. FDA provides the most current case information available. |
| Case #                 | A unique number assigned by FDA that identifies a FAERS case. A case includes the information received in the initial report plus any additional information received in follow-up reports.                                                                                                                                                                                                                                                                                                                       |
| Case Type              | There are three case types in FAERS:<br>Expedited (15-Day): submitted to FDA by manufacturers; these are reports containing serious, unexpected adverse events<br>Nonexpedited: submitted periodically to FDA by manufacturers; these are reports containing adverse events other than those qualifying for expedited (15-day) reporting<br>Direct: submitted "directly" to FDA by healthcare professionals, patients and other consumers                                                                         |
| Health Professional    | Indicates whether the initial source who provided information about the event is a health professional (HP). Possible values are; Y - Yes, N – No or the field is blank if it was not reported                                                                                                                                                                                                                                                                                                                    |
| Outcomes               | Based on FDA regulations, the reported outcome(s) determines whether a case is serious. The outcome categories include congenital anomaly/birth defect (CA), death (DE), disability (DS), hospitalization (HO), life-threatening (LT), other serious important medical event (OT), and required intervention to prevent permanent impairment/damage (RI). A case can have more than one outcome.                                                                                                                  |
| Manufacturer Control # | The Manufacturer Control Number is the manufacturer's unique identifier associated with the case. Also referred to as the Company Report Number.                                                                                                                                                                                                                                                                                                                                                                  |
| Age                    | The patient's age, with age unit, based on information provided in the report.                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Sex                    | Patient sex (Male, Female, Unknown).                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Country                | The country where the event occurred. If not reported, then the country of the reporter. The International Organization for Standardization (ISO) 3166-1 alpha-3 country code is used as an abbreviation for the country.                                                                                                                                                                                                                                                                                         |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| Field Heading  | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Preferred Term | A Medical Dictionary for Regulatory Activities (MedDRA®) Preferred Term (PT) is used to standardize a “medical concept” in a report. For example, a report of “heart attack” or “myocardial infarct” are standardized to the same Preferred Term, “Myocardial Infarction”. MedDRA is a medical terminology developed under the support of the International Conference on Harmonization (ICH) and is a registered trademark of the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA). MedDRA is used by FDA, other regulatory agencies, and pharmaceutical manufacturers to “code” adverse events, medication errors and other information associated with the use of medical products |
| Product        | Name of a drug or therapeutic biologic in the case report. A product name can appear as either a brand name (trade name) or an active ingredient name, depending on what was reported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Role           | There are two roles for products listed on the cases. Suspect (S) identifies the product(s) that the initial reporter deemed most likely to be associated with the event. Concomitant (C) identifies products taken at the same time as the suspect product, but not deemed by the initial reporter as being associated with the event.                                                                                                                                                                                                                                                                                                                                                                                |
| Route          | Reported route of product administration (e.g., oral, topical, injection, sublingual, inhalation).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Dosage Text    | Refers to the amount of the product that was taken or given to a patient, and the frequency of administration. For example, 20 mg twice daily.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Duration       | The length of time the product was used. For example, if someone reported taking Drug A from January 1 to January 30, the duration would be 30 days.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Manufacturer   | The manufacturer of the product, as indicated in the report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 30-Oct-2014                        | 10555873      | EXPEDITED (15-DAY)               |                            | OT                       | US-<br>GILEAD-2014-0120484    | 70 YR           | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Swelling face                      |               | HARVONI                          |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                                    |               | VIBRANCE GREEN                   |                            | C                        |                               |                 |                     |                |
|                                    |               | PLANT FUSION WITH PROTEIN POWDER |                            | C                        |                               |                 |                     |                |
|                                    |               | MORINGA                          |                            | C                        |                               |                 |                     |                |
|                                    |               | SEA VEG                          |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Nov-2014                        | 10564309      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2014-0120470    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                          |               | HARVONI                          |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Nov-2014                        | 10567735      | DIRECT                           | Y                          |                          |                               | 49 YR           | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                          |               | HARVONI                          |                            | S ORAL                   | by mouth                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Nov-2014                        | 10569133      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2014-0121190    |                 | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastrointestinal motility disorder |               | HARVONI                          |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Nov-2014              | 10574244      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0121768    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Erythema                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Pruritus                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Nov-2014              | 10574606      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122062    | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Abdominal discomfort     |               |                    |                            |                          |                               |                 |                     |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Nov-2014              | 10577680      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122164    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
|                          |               | TRUVADA            |                            | C                        |                               |                 | GILEAD              |                |
|                          |               | TIVICAY            |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Nov-2014              | 10580238      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122382    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lymphadenopathy          |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Blister                  |               |                    |                            |                          |                               |                 |                     |                |
| Lymphadenopathy          |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 13-Nov-2014               | 10582222      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0121897    |                 | Female              | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis           |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Abdominal discomfort      |               |                    |                            |                          |                               |                 |                     |                |
| Poor quality sleep        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Nov-2014               | 10582315      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122431    |                 | Female              | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
|                           |               | ADCIRCA            |                            | C                        |                               |                 |                     |                |
|                           |               | SPIRONOLACTONE     |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Nov-2014               | 10582504      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2014-0122112    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Renal failure acute       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Presyncope                |               | PLAVIX             |                            | C                        |                               |                 |                     |                |
| Dehydration               |               | COLCHICINE         |                            | C                        |                               |                 |                     |                |
| Diarrhoea                 |               | ULORIC             |                            | C                        | UNK, BID                      |                 |                     |                |
| Dysphagia                 |               | METOPROLOL         |                            | C                        |                               |                 |                     |                |
| Sensation of foreign body |               | LIPITOR            |                            | C                        |                               |                 |                     |                |
| Chest pain                |               | ASPIRIN            | /                          | C                        | 81 mg, UNK                    |                 |                     |                |
|                           |               | 00002701/          |                            |                          |                               |                 |                     |                |
| Vomiting                  |               | ESOMEPRAZOLE       |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 14-Nov-2014                                                          | 10584733      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122459    |                 | Male                | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Off label use                                                        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Nov-2014                                                          | 10585030      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122564    |                 | Male                | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Protein urine present<br>Urine protein/creatinine ratio increased    |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Nov-2014                                                          | 10585940      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122925    |                 | Female              | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hot flush                                                            |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Nov-2014                                                          | 10587619      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122993    |                 | Female              | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastrointestinal sounds abnormal<br>Diarrhoea<br>Fatigue<br>Headache |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Nov-2014                                          | 10588065      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122913    |                 | Female              | USA            |
| <u>Preferred Term</u>                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vitreous floaters                                    |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Nov-2014                                          | 10588079      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122982    |                 | Female              | USA            |
| <u>Preferred Term</u>                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting<br>Abdominal pain<br>Influenza like illness |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Nov-2014                                          | 10591545      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123020    |                 | Female              | USA            |
| <u>Preferred Term</u>                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea<br>Abdominal discomfort                    |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Nov-2014                                          | 10595171      | DIRECT             | Y                          |                          |                               | 61 YR           | Female              | USA            |
| <u>Preferred Term</u>                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Depression<br>Back pain<br>Feeling abnormal<br>Pain  |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Nov-2014                | 10596714      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123522    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nail infection             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Nov-2014                | 10596782      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2014-0123538    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cardiac failure congestive |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 21-Nov-2014                | 10599901      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123398    |                 | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug dose omission         |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 21-Nov-2014                | 10599930      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123613    |                 | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastric disorder           |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 21-Nov-2014                | 10599932      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123668    |                 | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ear infection              |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 21-Nov-2014              | 10599933      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123685    | 69 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Diarrhoea                |               | METFORMIN          |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Nov-2014              | 10603181      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123622    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Palpitations             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Nov-2014              | 10603283      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123630    | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Muscle spasms            |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Nov-2014              | 10603286      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123837    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                 |               | HARVONI            |                            | S UNKNOWN                | 2 DF, QD                      |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 24-Nov-2014              | 10603290      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2014-0123734    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
|                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Suicidal ideation        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |
| Migraine                 |               |                    |                            |                          |                               |                 |                     |                |
| Pain                     |               |                    |                            |                          |                               |                 |                     |                |
| Phantom pain             |               |                    |                            |                          |                               |                 |                     |                |
| Retching                 |               |                    |                            |                          |                               |                 |                     |                |
| Unevaluable event        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Nov-2014              | 10606830      | DIRECT             |                            |                          |                               | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
|                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 25-Nov-2014              | 10615690      | DIRECT           | Y                          | HO                       |                               | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                |               | HARVONI          |                            | S ORAL                   | 1 QD Oral                     |                 | GILEAD              |                |
|                          |               | METFORMIN        |                            | C                        |                               |                 |                     |                |
|                          |               | OMPERAZOLE       |                            | C                        |                               |                 |                     |                |
|                          |               | GLYBURIDE        |                            | C                        |                               |                 |                     |                |
|                          |               | DICYCLOMINE      |                            | C                        |                               |                 |                     |                |
|                          |               | LYRICA           |                            | C                        |                               |                 |                     |                |
|                          |               | BUPRENORPHINE    |                            | C                        |                               |                 |                     |                |
|                          |               | VITAMIN B1       |                            | C                        |                               |                 |                     |                |
|                          |               | AMLODIPINE       |                            | C                        |                               |                 |                     |                |
| Vomiting                 |               |                  |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Nov-2014              | 10611592      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124327    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 01-Dec-2014              | 10617853      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124412    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Dec-2014              | 10620623      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2014-0124551    | 50 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pancreatitis             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Chest pain               |               |                    |                            |                          |                               |                 |                     |                |
| Paraesthesia oral        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Dec-2014              | 10620628      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124462    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Joint swelling           |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Fatigue                  |               | ATENOLOL           |                            | C                        |                               |                 |                     |                |
|                          |               | AMBIEN             |                            | C                        |                               |                 |                     |                |
|                          |               | D3                 |                            | C                        |                               |                 |                     |                |
|                          |               | MULTIVITAMINS      |                            | C                        |                               |                 |                     |                |
|                          |               | ALA                | /00213801/                 | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Dec-2014              | 10622428      | DIRECT             | Y                          |                          |                               |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vaginal odour            |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Vaginal discharge        |               |                    |                            |                          |                               |                 |                     |                |
| Vaginal infection        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Dec-2014              | 10622456      | DIRECT             | Y                          |                          |                               | 80 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Visual impairment        |               | HARVONI            |                            | S ORAL                   | 1 tablet                      |                 | GILEAD              |                |
| Blood pressure increased |               |                    |                            |                          |                               |                 |                     |                |
| Hearing impaired         |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Dec-2014              | 10622475      | DIRECT             | Y                          |                          |                               | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 TABLET DAILY PO             |                 | GILEAD              |                |
| Depression               |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Dec-2014              | 10588049      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0122699    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bone pain                |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Abdominal discomfort     |               |                    |                            |                          |                               |                 |                     |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Pain                     |               |                    |                            |                          |                               |                 |                     |                |
| Vision blurred           |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Dec-2014              | 10623275      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124798    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Dec-2014              | 10623279      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124725    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pruritus generalised     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                                    | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
|---------------------------------------------------------------------------------------------|---------------|---------------------------|----------------------------|---------------------------------------|-------------------------------|-----------------|-------------------------------|----------------|
| 03-Dec-2014                                                                                 | 10623292      | EXPEDITED (15-DAY)        |                            | OT                                    | US-<br>GILEAD-2014-0125129    | 59 YR           | Male                          | USA            |
| <u>Preferred Term</u><br>Pancytopenia                                                       |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>UNK     | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                    | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 03-Dec-2014                                                                                 | 10623359      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2014-0124754    | 75 YR           | Male                          | USA            |
| <u>Preferred Term</u><br>Drug dose omission                                                 |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                    | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 03-Dec-2014                                                                                 | 10636192      | DIRECT                    | Y                          |                                       |                               | 62 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Abnormal dreams<br>Somnolence                                      |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S ORAL    | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                    | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 04-Dec-2014                                                                                 | 10627291      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2014-0125103    |                 | Male                          | USA            |
| <u>Preferred Term</u><br>Balance disorder<br>Feeling abnormal                               |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>UNK     | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                    | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 05-Dec-2014                                                                                 | 10636131      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2014-0125282    |                 | Male                          | USA            |
| <u>Preferred Term</u><br>Blood creatinine increased<br>Glomerular filtration rate decreased |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>UNK     | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Dec-2014                                            | 10636133      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125275    |                 | Female              | USA            |
| <u>Preferred Term</u>                                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Increased appetite<br>Feeling cold<br>Hypoglycaemia    |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>                               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Dec-2014                                            | 10636146      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2014-0125102    |                 | Male                | USA            |
| <u>Preferred Term</u>                                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest pain<br>Dyspnoea<br>Headache<br>Weight decreased |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Dec-2014                                            | 10636150      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125482    |                 | Male                | USA            |
| <u>Preferred Term</u>                                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                               |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Dec-2014                                            | 10636151      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125488    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>                                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                               |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Dec-2014                          | 10636153      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2014-0125677    |                 | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lung infection<br>Sputum discoloured |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 08-Dec-2014                          | 10641134      | DIRECT             | Y                          |                          |                               | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest pain                           |               | HARVONI            |                            | S ORAL                   | HARVONI 90-400 MG<br>DAILY PO |                 | GILEAD              |                |
| Abdominal distension                 |               |                    |                            |                          |                               |                 |                     |                |
| Chest discomfort                     |               |                    |                            |                          |                               |                 |                     |                |
| Decreased appetite                   |               |                    |                            |                          |                               |                 |                     |                |
| Dyspnoea                             |               |                    |                            |                          |                               |                 |                     |                |
| Psychomotor hyperactivity            |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Dec-2014                          | 10641994      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125400    |                 | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Dec-2014                          | 10641995      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125483    |                 | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                              |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Drug dose omission                   |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Dec-2014                        | 10641997      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125493    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis                    |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Dec-2014                        | 10641998      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125902    |                 | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia<br>Diarrhoea<br>Headache |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Dec-2014                        | 10643191      | DIRECT             | Y                          |                          |                               | 80 YR           | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                           |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Dec-2014                        | 10643497      | EXPEDITED (15-DAY) |                            | OT                       | DE-<br>GILEAD-2014-0124918    |                 | Female              | DEU            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Angioedema                         |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Dec-2014                        | 10644615      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125989    |                 | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Viral infection                    |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Dec-2014              | 10644991      | DIRECT             | Y                          |                          |                               | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Neuropathy peripheral    |               | HARVONI            |                            | S ORAL                   | 1, daily, po                  |                 | GILEAD              |                |
| Disease recurrence       |               |                    |                            |                          |                               |                 |                     |                |
| Fibrosis                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Dec-2014              | 10646827      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126179    | 82 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hot flush                |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash                     |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 11-Dec-2014                | 10646857      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2014-0126042    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ascites                    |               | HARVONI            |                            | S ORAL                   | UNK, QD                       |                 | GILEAD              |                |
| Back pain                  |               | LACTULOSE          |                            | C                        |                               |                 |                     |                |
| Asthenopia                 |               |                    |                            |                          |                               |                 |                     |                |
| Blood glucose decreased    |               |                    |                            |                          |                               |                 |                     |                |
| Blood pressure fluctuation |               |                    |                            |                          |                               |                 |                     |                |
| Dysarthria                 |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                    |               |                    |                            |                          |                               |                 |                     |                |
| Feeling abnormal           |               |                    |                            |                          |                               |                 |                     |                |
| Headache                   |               |                    |                            |                          |                               |                 |                     |                |
| Hunger                     |               |                    |                            |                          |                               |                 |                     |                |
| Hypoglycaemia              |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                   |               |                    |                            |                          |                               |                 |                     |                |
| Joint stiffness            |               |                    |                            |                          |                               |                 |                     |                |
| Muscle spasms              |               |                    |                            |                          |                               |                 |                     |                |
| Peripheral swelling        |               |                    |                            |                          |                               |                 |                     |                |
| Speech disorder            |               |                    |                            |                          |                               |                 |                     |                |
| Yellow skin                |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Dec-2014                | 10646866      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126189    |                 | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chills                     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Pyrexia                    |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 11-Dec-2014                      | 10646891      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126255    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                         |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Headache                         |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Dec-2014                      | 10647564      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2014-0126408    |                 | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic failure                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Abdominal pain                   |               |                    |                            |                          |                               |                 |                     |                |
| Abdominal rigidity               |               |                    |                            |                          |                               |                 |                     |                |
| Bladder pain                     |               |                    |                            |                          |                               |                 |                     |                |
| Chest pain                       |               |                    |                            |                          |                               |                 |                     |                |
| Congenital cystic kidney disease |               |                    |                            |                          |                               |                 |                     |                |
| Diarrhoea                        |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                          |               |                    |                            |                          |                               |                 |                     |                |
| Headache                         |               |                    |                            |                          |                               |                 |                     |                |
| Paraesthesia                     |               |                    |                            |                          |                               |                 |                     |                |
| Peripheral swelling              |               |                    |                            |                          |                               |                 |                     |                |
| Platelet count abnormal          |               |                    |                            |                          |                               |                 |                     |                |
| Splenomegaly                     |               |                    |                            |                          |                               |                 |                     |                |
| Vasodilatation                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Dec-2014                      | 10647597      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126199    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza like illness           |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Vomiting                         |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Dec-2014              | 10651558      | DIRECT             |                            |                          |                               |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypersensitivity         |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Eye discharge            |               |                    |                            |                          |                               |                 |                     |                |
| Eye pruritus             |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 15-Dec-2014              | 10653039      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126301    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myalgia                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Back pain                |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 15-Dec-2014              | 10653196      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126500    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Off label use            |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | PRILOSEC           | /                          | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | 00661201/          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 15-Dec-2014              | 10653198      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126272    | 49 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Mood swings              |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Anxiety                  |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|---------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 15-Dec-2014                     | 10653245      | EXPEDITED (15-DAY)  |                            | OT                       | US-GILEAD-2014-0127263        |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cognitive disorder              |               | HARVONI             |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 15-Dec-2014                     | 10653267      | EXPEDITED (15-DAY)  |                            |                          | US-GILEAD-2014-0126176        | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                            |               | HARVONI             |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 15-Dec-2014                     | 10653296      | EXPEDITED (15-DAY)  |                            | OT                       | US-GILEAD-2014-0127261        |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cognitive disorder              |               | HARVONI             |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Dec-2014                     | 10599334      | EXPEDITED (15-DAY)  |                            |                          | US-GILEAD-2014-0123390        |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastroesophageal reflux disease |               | HARVONI             |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                        |               | PROTONIX            |                            | C                        | 40 mg, QD                     |                 |                     |                |
|                                 |               | AMBIEN              |                            | C                        | 10 mg, QHS                    |                 |                     |                |
|                                 |               | VALIUM              |                            | C                        | 15 mg, QHS                    |                 |                     |                |
|                                 |               | CLONIDINE           |                            | C                        | 0.2 mg, BID                   |                 |                     |                |
|                                 |               | ZOLOFT              |                            | C                        | 50 mg, QD                     |                 |                     |                |
|                                 |               | METOPROLOL TARTRATE |                            | C                        | 50 mg, BID                    |                 |                     |                |
|                                 |               | OXYCONTIN           |                            | C                        | 40 mg, BID                    |                 |                     |                |
|                                 |               | OXYCODONE           |                            | C                        | 30 mg, Q4Hr                   |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Dec-2014              | 10656489      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127197    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Dec-2014              | 10656518      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127255    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Dec-2014              | 10656524      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127391    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Migraine<br>Vomiting     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Dec-2014              | 10656563      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2014-0127353    | 44 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sepsis                   |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Dec-2014              | 10658854      | DIRECT             |                            | HO                       |                               |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                 |               | HARVONI            |                            | S                        |                               |                 |                     |                |
|                          |               | E PIVIR HBV        |                            | C                        |                               |                 |                     |                |
|                          |               | HARVONI            |                            | C                        |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Dec-2014                      | 10659156      | DIRECT             |                            | OT                       |                               | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dizziness postural<br>Headache   |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Dec-2014                      | 10659483      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127233    |                 | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Dec-2014                      | 10659536      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127495    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blister<br>Rash<br>Rash pustular |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Dec-2014                      | 10660550      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127561    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urinary tract infection          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Dec-2014              | 10660611      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2014-0127708    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Neuropathy peripheral    |               | HARVONI                 |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Pruritus                 |               |                         |                            |                          |                               |                 |                     |                |
| Rash                     |               |                         |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Dec-2014              | 10661419      | DIRECT                  | Y                          |                          |                               | 62 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hallucination, visual    |               | HARVONI                 |                            | S ORAL                   | 1 tablet, QD, Oral            |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Dec-2014              | 10661488      | DIRECT                  | Y                          |                          |                               | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI                 |                            | S ORAL                   | one tablet, QD, Oral          |                 |                     |                |
|                          |               | APAP                    |                            | C                        |                               |                 |                     |                |
|                          |               | IMITREX                 |                            | C                        |                               |                 |                     |                |
| No therapeutic response  |               |                         |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Dec-2014              | 10599907      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2014-0123542    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Arthralgia               |               | HARVONI                 |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | ATENOLOL CHLORTHALIDONE |                            | C ORAL                   | 1 DF, UNK                     |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Dec-2014              | 10662829      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126318    | 62 YR           | Unknown             | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urticaria<br>Rash        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Dec-2014              | 10663302      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127797    | 62 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bronchitis<br>Influenza  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Dec-2014              | 10663305      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127887    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain lower     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Dec-2014              | 10663307      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128091    | 62 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u>            | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|-------------------------------|---------------|--------------------|---------------------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 19-Dec-2014                   | 10666221      | EXPEDITED (15-DAY) |                                       | HO,OT           | US-<br>GILEAD-2014-0127533    | 65 YR              | Female          | USA                 |
|                               |               |                    |                                       |                 |                               |                    |                 |                     |
| <u>Preferred Term</u>         |               |                    | <u>Product</u>                        | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Clostridium difficile colitis |               |                    | HARVONI                               | S               | UNKNOWN                       | UNK                |                 | GILEAD              |
|                               |               |                    | LISINOPRIL                            | C               | UNKNOWN                       | 20 mg, QD          |                 |                     |
|                               |               |                    | TOPROL                                | C               | UNKNOWN                       | 100 mg, QD         |                 |                     |
|                               |               |                    | NEURONTIN                             | C               | UNKNOWN                       | 300 mg, BID        |                 |                     |
|                               |               |                    | TRIAMTERENE AND<br>HYDROCHLOROTHIAZID | C               | UNKNOWN                       | 1 DF, QD           |                 |                     |
|                               |               |                    | LANTUS                                | C               |                               | 30 units, QD       |                 |                     |
|                               |               |                    | LIPITOR                               | C               | ORAL                          | 10 mg, QHS         |                 |                     |
|                               |               |                    | PRILOSEC /<br>00661201/               | C               | UNKNOWN                       | UNK, QD            |                 |                     |
|                               |               |                    | RESTASIS                              | C               | UNKNOWN                       | gtts, QD           |                 |                     |
|                               |               |                    | OSCAL D /<br>07451701/                | C               | UNKNOWN                       | UNK                |                 |                     |
|                               |               |                    | ASA                                   | C               | UNKNOWN                       | 81 mg, QD          |                 |                     |
|                               |               |                    | GABAPENTIN                            | C               |                               |                    |                 |                     |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>              | <u>Sex</u>      | <u>Country</u>      |
|--------------------------|---------------|------------------|----------------------------|-----------------|-------------------------------|-------------------------|-----------------|---------------------|
| 19-Dec-2014              | 10667241      | DIRECT           |                            | OT              |                               | 60 YR                   | Female          | USA                 |
|                          |               |                  |                            |                 |                               |                         |                 |                     |
| <u>Preferred Term</u>    |               |                  | <u>Product</u>             | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u>      | <u>Duration</u> | <u>Manufacturer</u> |
| Chest pain               |               |                  | HARVONI                    | S               | ORAL                          | 1 tablet daily by mouth |                 | GILEAD              |
| Dyspnoea                 |               |                  |                            |                 |                               |                         |                 |                     |
| Pain                     |               |                  |                            |                 |                               |                         |                 |                     |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Dec-2014              | 10668065      | DIRECT             |                            | OT                       |                               | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood glucose increased  |               | HARVONI            |                            | S ORAL                   | 1 tab                         |                 | GILEAD              |                |
|                          |               | METFORMIN          |                            | C                        |                               |                 |                     |                |
|                          |               | LISINOPRIL         |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Dec-2014              | 10603282      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0123620    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abnormal dreams          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Dec-2014              | 10620625      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124433    | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Dec-2014              | 10642000      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125829    | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Drug dose omission       |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Dec-2014                     | 10669941      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128010    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Eye pain            |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Dec-2014                     | 10669951      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127984    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pollakiuria                     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Dec-2014                     | 10671699      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128412    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Dyspnoea<br>Headache |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Dec-2014                     | 10671720      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128449    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Loss of libido<br>Fatigue       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Dec-2014              | 10673094      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128282    | 50 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Dec-2014              | 10679010      | DIRECT             | Y                          | HO                       |                               | 70 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal distension     |               | HARVONI            |                            | S ORAL                   | 1 tablet once daily by mouth  |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 29-Dec-2014              | 10682900      | DIRECT             |                            |                          |                               | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza                |               | HARVONI            |                            | S ORAL                   | One Tablet                    |                 |                     |                |
| Chills                   |               |                    |                            |                          |                               |                 |                     |                |
| Cough                    |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Pyrexia                  |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 29-Dec-2014              | 10682921      | DIRECT             | Y                          | OT                       |                               | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 Tablet                      |                 | GILEAD              |                |
| Chest pain               |               | CERTIRIZINE        |                            | C                        |                               |                 |                     |                |
|                          |               | DILTIAZEM          |                            | C                        |                               |                 |                     |                |
|                          |               | DORZOLAMIDE        |                            | C                        |                               |                 |                     |                |
|                          |               | FINASTERIDE        |                            | C                        |                               |                 |                     |                |
|                          |               | LEVOTHYROXINE      |                            | C                        |                               |                 |                     |                |
|                          |               | LISINOPRIL         |                            | C                        |                               |                 |                     |                |
|                          |               | OXYCODONE          |                            | C                        |                               |                 |                     |                |
|                          |               | TIMOLOL            |                            | C                        |                               |                 |                     |                |
|                          |               | WARFARIN           |                            | C                        |                               |                 |                     |                |
| Blood pressure increased |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 30-Dec-2014              | 10685425      | DIRECT             |                            |                          |                               | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 31-Dec-2014              | 10685667      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2014-0128129    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>     | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-----------------------------------|-----------------|---------------------|----------------|
| 31-Dec-2014              | 10685969      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127574        | 62 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                         |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                                   |                 |                     |                |
| Headache                 |               |                    |                            |                          |                                   |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>     | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 31-Dec-2014              | 10687524      | DIRECT             |                            |                          |                                   | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 90-400, daily, po                 |                 | GILEAD              |                |
| Influenza like illness   |               | RIBAVIRIN          |                            | C                        |                                   |                 |                     |                |
|                          |               | SOVALDI            |                            | C                        |                                   |                 |                     |                |
| Diarrhoea                |               |                    |                            |                          |                                   |                 |                     |                |
| Headache                 |               |                    |                            |                          |                                   |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>     | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 31-Dec-2014              | 10687592      | DIRECT             | Y                          |                          |                                   | 37 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                |               | HARVONI            |                            | S ORAL                   | one tablet                        |                 |                     |                |
| Amenorrhoea              |               |                    |                            |                          |                                   |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>     | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 31-Dec-2014              | 10687969      | DIRECT             | Y                          |                          |                                   | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 1 tablet (400mg/90mg)<br>daily po |                 | GILEAD              |                |
| Chills                   |               |                    |                            |                          |                                   |                 |                     |                |
| Headache                 |               |                    |                            |                          |                                   |                 |                     |                |
| Hyperhidrosis            |               |                    |                            |                          |                                   |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Jan-2015              | 10620644      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0124563    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug screen positive     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015              | 10636118      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0125284    | 84 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                 |               | HARVONI            |                            | S ORAL                   | 24 DF, UNK                    |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015              | 10653077      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127123    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis          |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Cough                    |               | WELLBUTRIN         |                            | C                        |                               |                 |                     |                |
| Dysphonia                |               |                    |                            |                          |                               |                 |                     |                |
| Vomiting                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015              | 10688296      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128477    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pollakiuria              |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Jan-2015              | 10688302      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128660    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Musculoskeletal pain     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Arthralgia               |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Myalgia                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015              | 10688313      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128367    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Furuncle                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Depression               |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015              | 10688315      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128371    | 51 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | TRAMADOL           |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Jan-2015                                    | 10688322      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128428    | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea<br>Depression<br>Fatigue<br>Headache |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015                                    | 10688325      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128452    |                 | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                                       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015                                    | 10688326      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128467    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Anxiety<br>Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015                                    | 10688354      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128542    |                 | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Energy increased                               |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Jan-2015                  | 10688355      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128652    |                 | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Arthropod bite               |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015                  | 10688358      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128655    |                 | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Constipation                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Jan-2015                  | 10688359      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128654    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood glucose increased      |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015                  | 10691704      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128820    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C RNA              |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015                  | 10691705      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128892    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Eye discharge<br>Skin lesion |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Jan-2015              | 10691708      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129262    | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
|                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | Influenza          | HARVONI                    | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | Chills             |                            |                          |                               |                 |                     |                |
|                          |               | Cough              |                            |                          |                               |                 |                     |                |
|                          |               | Headache           |                            |                          |                               |                 |                     |                |
|                          |               | Pyrexia            |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015              | 10691710      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129059    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
|                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | Pain               | HARVONI                    | S ORAL                   | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015              | 10691712      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128967    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
|                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | Hot flush          | HARVONI                    | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | Nausea             |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015              | 10691713      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128965    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
|                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | Influenza          | HARVONI                    | S UNKNOWN                |                               |                 | GILEAD              |                |
|                          |               | Nausea             |                            |                          |                               |                 |                     |                |
|                          |               | Vomiting           |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Jan-2015                          | 10691714      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128917    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015                          | 10691715      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129163    |                 | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aspartate aminotransferase increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Alanine aminotransferase increased   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015                          | 10691717      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129726    | 47 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Agitation                            |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Anxiety                              |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                              |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                             |               |                    |                            |                          |                               |                 |                     |                |
| Poor quality sleep                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Jan-2015                          | 10691721      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129853    | 37 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Menstruation irregular               |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| Diarrhoea                            |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                                               | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
|--------------------------------------------------------------------------------------------------------|---------------|---------------------------|----------------------------|---------------------------------------|--------------------------------|-----------------|-------------------------------|----------------|
| 05-Jan-2015                                                                                            | 10691722      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2014-0129765     | 56 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Oropharyngeal pain<br>Headache                                                |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S ORAL    | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                               | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 05-Jan-2015                                                                                            | 10691723      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2014-0129782     | 47 YR           | Male                          | USA            |
| <u>Preferred Term</u><br>Gastroenteritis viral<br>Fatigue<br>Insomnia<br>Nausea                        |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S ORAL    | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                               | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 05-Jan-2015                                                                                            | 10691725      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2014-0129829     | 54 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Irritable bowel syndrome<br>Diarrhoea<br>Dysgeusia<br>Dyspepsia<br>Stomatitis |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>UNK      | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                               | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 05-Jan-2015                                                                                            | 10691726      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2015-0130142     | 58 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Pruritus generalised                                                          |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Jan-2015                                    | 10692674      | DIRECT             |                            | OT                       |                               | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood urine present<br>Nephrolithiasis         |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Jan-2015                                    | 10695099      | DIRECT             | Y                          | HO                       |                               | 61 YR           | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest pain<br>Hypertension                     |               | HARVONI            |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 07-Jan-2015                                    | 10697365      | DIRECT             | Y                          | OT                       |                               | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Swelling face<br>Dyspnoea<br>Muscular weakness |               | HARVONI            |                            | S ORAL                   | 1 tablet daily po             |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 08-Jan-2015                                    | 10699158      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129933    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Diarrhoea<br>Headache               |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------|---------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 08-Jan-2015                    | 10699159      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0130341    |                 | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental exposure to product |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 08-Jan-2015                    | 10699160      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0130343    | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Somnolence                     |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Pruritus                       |               | PROPRANOLOL            |                            | C                        |                               |                 |                     |                |
|                                |               | XANAX                  |                            | C                        |                               |                 |                     |                |
|                                |               | PRISTIQ                |                            | C                        |                               |                 |                     |                |
|                                |               | ALDACTONE<br>00006201/ |                            | C                        |                               |                 |                     |                |
|                                |               | CHANTIX                |                            | C                        |                               |                 |                     |                |
|                                |               | OMEPRAZOLE             |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 08-Jan-2015                    | 10699164      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0130363    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                       |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>             | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 08-Jan-2015              | 10699209      | EXPEDITED (15-DAY)           |                            | HO,OT                    | US-<br>GILEAD-2015-0130012    | 50 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>               |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Haematemesis             |               | HARVONI                      |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | OCTREOTIDE                   |                            | C                        | UNK                           |                 |                     |                |
|                          |               | MIDAZOLAM                    |                            | C                        | UNK                           |                 |                     |                |
|                          |               | FENTANYL                     |                            | C                        |                               |                 |                     |                |
|                          |               | ZOSYN                        |                            | C                        | UNK                           |                 |                     |                |
|                          |               | ACETAMINOPHEN                |                            | C                        | UNK                           |                 |                     |                |
|                          |               | PANTOPRAZOLE                 |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>             | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 08-Jan-2015              | 10699214      | EXPEDITED (15-DAY)           |                            |                          | US-<br>GILEAD-2015-0130061    | 67 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>               |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urine odour abnormal     |               | HARVONI                      |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Fatigue                  |               | URSODIOL                     |                            | C                        | 300 mg, BID                   |                 |                     |                |
| Visual impairment        |               | PROMACTA                     |                            | C                        | 50 mg, QD                     |                 |                     |                |
| Dizziness                |               | NADOLOL                      |                            | C                        | 20 mg, QD                     |                 |                     |                |
|                          |               | SPIRONOLACTONE               |                            | C                        | 100 mg, QD                    |                 |                     |                |
|                          |               | L-THYROXINE<br>00068001/     | /                          | C                        | 50 µg, QD                     |                 |                     |                |
|                          |               | SUCRALFATE                   |                            | C                        | 1 DF, QID                     |                 |                     |                |
|                          |               | MULTIVITAMIN<br>07504101/    | /                          | C                        | 1 DF, QD                      |                 |                     |                |
|                          |               | HYDROXYZINE<br>HYDROCHLORIDE |                            | C                        | 25 mg, TID                    |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>           | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|----------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 08-Jan-2015                      | 10699293      | EXPEDITED (15-DAY)         |                            |                          | US-<br>GILEAD-2015-0130068    | 67 YR           | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>             |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                          |               | HARVONI                    |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                         |               |                            |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>           | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 08-Jan-2015                      | 10700642      | DIRECT                     | Y                          | HO                       |                               | 49 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>             |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Toxicity to various agents       |               | RIBAVIRIN (RIBATAB) 600 MG |                            | S ORAL                   |                               |                 | UNKNOWN             |                |
|                                  |               | RIBATAB                    |                            |                          |                               |                 |                     |                |
| Agitation                        |               | DIAZEPAM(VALIUM)           |                            | C                        |                               |                 |                     |                |
|                                  |               | LITHIUM CARBONATE          |                            | C                        |                               |                 |                     |                |
|                                  |               | NAPROXEN(NAPROSYN)         |                            | C                        |                               |                 |                     |                |
|                                  |               | LEDIPAAVIR-SOFOSBUVIR      |                            | C                        |                               |                 |                     |                |
| Depressed level of consciousness |               |                            |                            |                          |                               |                 |                     |                |
| Intentional overdose             |               |                            |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>           | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Jan-2015                      | 10699313      | EXPEDITED (15-DAY)         |                            |                          | US-<br>GILEAD-2015-0130219    |                 | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>             |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                         |               | HARVONI                    |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Abdominal pain upper             |               |                            |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>           | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Jan-2015                      | 10699324      | EXPEDITED (15-DAY)         |                            |                          | US-<br>GILEAD-2015-0130282    |                 | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>             |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza                        |               | HARVONI                    |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Jan-2015                                                                          | 10699330      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130318    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Weight decreased<br>Decreased appetite<br>Dizziness<br>Fatigue<br>Headache<br>Nausea |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Jan-2015                                                                          | 10704582      | DIRECT             |                            |                          |                               | 29 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                                                                             |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Jan-2015                                                                          | 10704608      | DIRECT             |                            |                          |                               | 64 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pruritus generalised                                                                 |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Jan-2015                                                                          | 10706258      | DIRECT             | Y                          | DE                       |                               |                 | Male                | USA            |
| <u>Preferred Term</u>                                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Death                                                                                |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Jan-2015                                                                          | 10706907      | DIRECT             | Y                          |                          |                               | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nightmare<br>Fatigue                                                                 |               | HARVONI            |                            | S ORAL                   | 1 tablet QD Oral              |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Jan-2015              | 10707112      | DIRECT           |                            |                          |                               | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Muscle spasms            |               | HARVONI          |                            | S ORAL                   | 1; once daily                 | 8 WEEK          | GILEAD              |                |
| Impaired work ability    |               |                  |                            |                          |                               |                 |                     |                |
| Muscle spasms            |               |                  |                            |                          |                               |                 |                     |                |
| Pain                     |               |                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Jan-2015              | 10707172      | DIRECT           |                            |                          |                               | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased |               | HARVONI          |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Dyspnoea                 |               |                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Jan-2015              | 10707617      | DIRECT           |                            |                          |                               | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI          |                            | S ORAL                   | 1 tablet qd oral              |                 | GILEAD              |                |
|                          |               | ENALAPRIL        |                            | C                        |                               |                 |                     |                |
| Dizziness                |               | HZTZ             |                            | C                        |                               |                 |                     |                |
| Blood pressure increased |               | VALACYCLOVIR     |                            | C                        |                               |                 |                     |                |
|                          |               | GAVILYTE         |                            | C                        |                               |                 |                     |                |
|                          |               | DIAZEPAM         |                            | C                        |                               |                 |                     |                |
|                          |               | AZITHROMYCIN     |                            | C                        |                               |                 |                     |                |
|                          |               | CLONIDINE        |                            | C                        |                               |                 |                     |                |
|                          |               | FOLIC ACID       |                            | C                        |                               |                 |                     |                |
|                          |               | MAGNESIUM        |                            | C                        |                               |                 |                     |                |
|                          |               | VITAMIND         |                            | C                        |                               |                 |                     |                |
| Pain in extremity        |               |                  |                            |                          |                               |                 |                     |                |
| Tinnitus                 |               |                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Jan-2015              | 10707626      | DIRECT             |                            |                          |                               | 66 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose      |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | PROPECIA           |                            | C                        |                               |                 |                     |                |
|                          |               | EFFEXOR            |                            | C                        |                               |                 |                     |                |
|                          |               | ASPIRIN            |                            | C                        |                               |                 |                     |                |
|                          |               | IRBESARTAN         |                            | C                        |                               |                 |                     |                |
|                          |               | METOPROLOL         |                            | C                        |                               |                 |                     |                |
|                          |               | AMLOPIPINE         |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Jan-2015              | 10709641      | DIRECT             | Y                          |                          |                               | 42 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Stomatitis               |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015              | 10644526      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0126123    | 34 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |
| Vomiting                 |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 14-Jan-2015                                             | 10669942      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128077    | 34 YR           | Male                | USA            |
| <u>Preferred Term</u>                                   |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood creatine phosphokinase increased<br>Muscle strain |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                             | 10669950      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128047    |                 | Female              | USA            |
| <u>Preferred Term</u>                                   |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pregnancy                                               |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                             | 10691727      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129937    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>                                   |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sleep disorder<br>Fatigue<br>Headache                   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                             | 10711473      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130435    |                 | Male                | USA            |
| <u>Preferred Term</u>                                   |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Arthralgia                                              |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 14-Jan-2015                                                                  | 10711528      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130509    |                 | Male                | USA            |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>                                                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Panic attack<br>Dyspnoea<br>Headache<br>Nausea                               |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>                                                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                  | 10711863      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130736    | 73 YR           | Female              | USA            |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>                                                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Mouth ulceration                                                             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>                                                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                  | 10711864      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130838    |                 | Male                | USA            |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>                                                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cough<br>Asthenia<br>Fatigue<br>Platelet count increased<br>Weight decreased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>                                                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                  | 10711865      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130741    | 61 YR           | Male                | USA            |
| <hr/>                                                                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>                                                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Mouth ulceration                                                             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 14-Jan-2015                                                                 | 10711866      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130803    |                 | Female              | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sinusitis                                                                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                 | 10711887      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130894    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety<br>Insomnia                                                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                 | 10711890      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130895    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis                                                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                 | 10712044      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0127992    |                 | Male                | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| C-reactive protein increased<br>Red blood cell sedimentation rate increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015                                                                 | 10712079      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130993    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastroesophageal reflux disease                                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 14-Jan-2015              | 10712086      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131063    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | PEPTO-BISMOL       |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015              | 10712799      | DIRECT             |                            |                          |                               | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | VITAMIN C          |                            | C                        |                               |                 |                     |                |
|                          |               | CYMBALTA           |                            | C                        |                               |                 |                     |                |
|                          |               | MULTI VITAMIN      |                            | C                        |                               |                 |                     |                |
|                          |               | PANTOPRAZOLE       |                            | C                        |                               |                 |                     |                |
|                          |               | TRAZODONE          |                            | C                        |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 14-Jan-2015              | 10712952      | DIRECT             | Y                          | OT                       |                               | 48 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abnormal dreams          |               | HARVONI            |                            | S ORAL                   | 1 tablet                      |                 | GILEAD              |                |
| Crying                   |               |                    |                            |                          |                               |                 |                     |                |
| Nightmare                |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 15-Jan-2015              | 10714871      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128356    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                |               | HARVONI            |                            | S                        |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Jan-2015                     | 10717632      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131135    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastroesophageal reflux disease |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Jan-2015                     | 10717639      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131184    | 66 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cold sweat                      |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Abdominal pain upper            |               |                    |                            |                          |                               |                 |                     |                |
| Abnormal faeces                 |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                          |               |                    |                            |                          |                               |                 |                     |                |
| Retching                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Jan-2015                     | 10717651      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131185    | 58 YR           | Unknown             | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nightmare                       |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| Fatigue                         |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Jan-2015                               | 10717660      | EXPEDITED (15-DAY) |                            | OT                       | CA-<br>GILEAD-2015-0131419    | 58 YR           | Male                | CAN            |
| <u>Preferred Term</u>                     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nephrolithiasis                           |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Chromaturia                               |               | ROSUVASTATIN       |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| Cough                                     |               |                    |                            |                          |                               |                 |                     |                |
| Diarrhoea                                 |               |                    |                            |                          |                               |                 |                     |                |
| Influenza                                 |               |                    |                            |                          |                               |                 |                     |                |
| Muscle spasms                             |               |                    |                            |                          |                               |                 |                     |                |
| Oropharyngeal pain                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>                  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Jan-2015                               | 10717664      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131227    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>                     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Localised intraabdominal fluid collection |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Jan-2015                               | 10717672      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131240    | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>                     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chills                                    |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Jan-2015                               | 10723560      | DIRECT             | Y                          | DE                       |                               | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>                     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Convulsion                                |               | HARVONI            |                            | S ORAL                   | 1-2-15 only                   |                 | GILEAD              |                |
| Cardiac arrest                            |               |                    |                            |                          |                               |                 |                     |                |
| Respiratory failure                       |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Jan-2015                  | 10723792      | DIRECT             |                            | LT,OT                    |                               | 53 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension                 |               | HARVONI            |                            | S ORAL                   | 1 QD Oral                     |                 | GILEAD              |                |
| Hypoaesthesia oral           |               | CARVEDILOL         |                            | C                        |                               |                 |                     |                |
| Dizziness                    |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Jan-2015                  | 10721645      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132046    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Therapeutic response changed |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Fatigue                      |               |                    |                            |                          |                               |                 |                     |                |
| Headache                     |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Jan-2015                  | 10721777      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131289    |                 | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                       |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Feeling abnormal             |               | PLAQUENIL SULFATE  |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Jan-2015              | 10722176      | EXPEDITED (15-DAY) |                            | DE,OT                    | IE-<br>GILEAD-2015-0132637    | 50 YR           | Male                | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sepsis                   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Lactic acidosis          |               | TRUVADA            |                            | C                        | UNK                           |                 | GILEAD              |                |
| Pulmonary embolism       |               | COPEGUS            |                            | C                        | UNK                           |                 |                     |                |
| Cardiac arrest           |               | SEPTRIN            |                            | C                        | UNK                           |                 |                     |                |
|                          |               | THIAMINE           |                            | C                        |                               |                 |                     |                |
|                          |               | CENTRUM            | /                          | C                        |                               |                 |                     |                |
|                          |               | 02217401/          |                            |                          |                               |                 |                     |                |
|                          |               | FLORINEF           |                            | C                        |                               |                 |                     |                |
|                          |               | HYDROCORTONE       | /                          | C                        |                               |                 |                     |                |
|                          |               | 00028601/          |                            |                          |                               |                 |                     |                |
|                          |               | ISENTRESS          |                            | C                        |                               |                 |                     |                |
|                          |               | LAXOSE             |                            | C                        |                               |                 |                     |                |
|                          |               | SENOKOT            | /                          | C                        |                               |                 |                     |                |
|                          |               | 00142201/          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Jan-2015              | 10722222      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131551    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fungal infection         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Jan-2015              | 10722231      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131402    | 58 YR           | Unknown             | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hordeolum                |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Arthralgia               |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                          | <u>Case #</u> | <u>Case Type</u>                  | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------------|---------------|-----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Jan-2015                                       | 10722361      | EXPEDITED (15-DAY)                |                            |                          | US-<br>GILEAD-2015-0131837    |                 | Female              | USA            |
| <u>Preferred Term</u>                             |               | <u>Product</u>                    |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension                                      |               | HARVONI                           |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                          | <u>Case #</u> | <u>Case Type</u>                  | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Jan-2015                                       | 10722366      | EXPEDITED (15-DAY)                |                            |                          | US-<br>GILEAD-2015-0131881    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>                             |               | <u>Product</u>                    |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Fatigue                               |               | HARVONI                           |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                          | <u>Case #</u> | <u>Case Type</u>                  | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Jan-2015                                       | 10722375      | EXPEDITED (15-DAY)                |                            |                          | US-<br>GILEAD-2015-0131937    |                 | Male                | USA            |
| <u>Preferred Term</u>                             |               | <u>Product</u>                    |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash erythematous<br>Pruritus                     |               | HARVONI<br>PLAQUENIL<br>00072602/ |                            | S UNKNOWN<br>C           |                               |                 | GILEAD              |                |
| Sleep disorder due to a general medical condition |               |                                   |                            |                          |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Jan-2015                | 10669939      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128008    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                   |               | HARVONI            |                            | S UNKNOWN                | 2 DF, QD                      |                 | GILEAD              |                |
|                            |               | HARVONI            |                            | S UNKNOWN                | 1 UNK, UNK                    |                 | GILEAD              |                |
|                            |               | FERROUS SULFATE    |                            | C                        | UNK                           |                 |                     |                |
|                            |               | VITAMIN B COMPLEX  |                            | C                        | UNK                           |                 |                     |                |
|                            |               | ZESTORETIC         |                            | C                        | UNK                           |                 |                     |                |
|                            |               | KEPPRA             |                            | C                        | UNK                           |                 |                     |                |
|                            |               | RIVASTIGMINE       |                            | C                        | UNK                           |                 |                     |                |
|                            |               | SPIRONOLACTONE     |                            | C                        | UNK                           |                 |                     |                |
|                            |               | METFORMIN          |                            | C                        | UNK                           |                 |                     |                |
|                            |               | FUROSEMIDE         |                            | C                        | UNK                           |                 |                     |                |
|                            |               | LEXAPRO            |                            | C                        | UNK                           |                 |                     |                |
|                            |               | FOLIC ACID         |                            | C                        | UNK                           |                 |                     |                |
|                            |               | COGENTIN           |                            | C                        | UNK                           |                 |                     |                |
|                            |               | XANAX              |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Jan-2015                | 10711479      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2015-0130448    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Toxicity to various agents |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Drug interaction           |               | DIGOXIN            |                            | S UNKNOWN                | UNK                           |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>    | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|----------------------------------|-----------------|---------------------|----------------|
| 20-Jan-2015              | 10726267      | DIRECT           |                            |                          |                                  | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>               | <u>Duration</u> | <u>Manufacturer</u> |                |
| Weight decreased         |               | HARVONI          |                            | S ORAL                   | 1 tablet daily po                |                 | GILEAD              |                |
| Constipation             |               |                  |                            |                          |                                  |                 |                     |                |
| Dehydration              |               |                  |                            |                          |                                  |                 |                     |                |
| Fatigue                  |               |                  |                            |                          |                                  |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>    | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Jan-2015              | 10726581      | DIRECT           |                            |                          |                                  | 46 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>               | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                 |               | HARVONI          |                            | S ORAL                   | 1 tablet, daily, po              |                 | GILEAD              |                |
| Dizziness                |               |                  |                            |                          |                                  |                 |                     |                |
| Visual impairment        |               |                  |                            |                          |                                  |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>    | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Jan-2015              | 10730466      | DIRECT           |                            |                          |                                  | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>               | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased |               | HARVONI          |                            | S ORAL                   | 1 pill once daily taken by mouth |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 21-Jan-2015              | 10647571      | EXPEDITED (15-DAY)    |                            |                          | US-<br>GILEAD-2014-0126407    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain                     |               | HARVONI               |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Dry skin                 |               | PROTONIX              |                            | C                        |                               |                 |                     |                |
| Rash                     |               | GABAPENTIN            |                            | C                        |                               |                 |                     |                |
| Pruritus                 |               | PREMARIN              |                            | C                        |                               |                 |                     |                |
| Pruritus generalised     |               | LYRICA                |                            | C                        |                               |                 |                     |                |
|                          |               | PROVIGIL              | /                          | C                        |                               |                 |                     |                |
|                          |               | 01265601/             |                            |                          |                               |                 |                     |                |
|                          |               | VYVANSE               |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 21-Jan-2015              | 10729433      | DIRECT                | Y                          | OT                       |                               | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased |               | HARVONI               |                            | S ORAL                   | Harvoni QD Oral               |                 |                     |                |
|                          |               | METOPROLOL TARTRATE   |                            | C                        |                               |                 |                     |                |
|                          |               | AMLOPIDINE            |                            | C                        |                               |                 |                     |                |
|                          |               | CLONAZEPAM            |                            | C                        |                               |                 |                     |                |
|                          |               | TACROLIMUS            |                            | C                        |                               |                 |                     |                |
|                          |               | MYCOPHENOLATE MOFETIL |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 21-Jan-2015              | 10729525      | DIRECT                | Y                          |                          |                               | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI               |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Fatigue                  |               |                       |                            |                          |                               |                 |                     |                |
| Pain                     |               |                       |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 21-Jan-2015                                                          | 10729585      | DIRECT                           |                            |                          |                               | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                                             |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 21-Jan-2015                                                          | 10729830      | DIRECT                           | Y                          |                          |                               |                 | Female              | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Oral candidiasis<br>Stomatitis                                       |               | HARVONI                          |                            | S ORAL                   | 1, qd, oral                   |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 22-Jan-2015                                                          | 10687986      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2014-0127854    |                 | Female              | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aggression<br>Gastrooesophageal reflux disease<br>Insomnia<br>Nausea |               | HARVONI                          |                            | S                        |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 22-Jan-2015                                                          | 10731118      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0132274    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                                                             |               | HARVONI                          |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                             | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 22-Jan-2015                                                          | 10731125      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0131976    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain                                                                 |               | HARVONI                          |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 22-Jan-2015                                 | 10731128      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132052    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                                    |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 22-Jan-2015                                 | 10731129      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132827    | 40 YR           | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                                        |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 22-Jan-2015                                 | 10731172      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132243    |                 | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose                         |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 22-Jan-2015                                 | 10736151      | DIRECT             |                            | OT                       |                               |                 | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting<br>Aphagia<br>Headache<br>Insomnia |               | HARVONI            |                            | S ORAL                   | 1 tab daily po                |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Jan-2015                                 | 10734163      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132187    | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Jan-2015              | 10736427      | DIRECT           | Y                          | DE                       |                               | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic failure          |               | HARVONI          |                            | S ORAL                   | 1                             |                 | GILEAD              |                |
|                          |               | CITALOPRAM       |                            | C                        |                               |                 |                     |                |
|                          |               | FUROSEMIDE       |                            | C                        |                               |                 |                     |                |
|                          |               | LACTULOSE        |                            | C                        |                               |                 |                     |                |
|                          |               | MULTIVITAMIN     |                            | C                        |                               |                 |                     |                |
|                          |               | NADOLOL          |                            | C                        |                               |                 |                     |                |
|                          |               | NORCO            |                            | C                        |                               |                 |                     |                |
|                          |               | PANTOPRAZOLE     |                            | C                        |                               |                 |                     |                |
|                          |               | SPIRONOLACTONE   |                            | C                        |                               |                 |                     |                |
|                          |               | VITAMIN B12      |                            | C                        |                               |                 |                     |                |
|                          |               | VITAMIN C        |                            | C                        |                               |                 |                     |                |
|                          |               | VITAMIN D        |                            | C                        |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Jan-2015              | 10738282      | DIRECT           |                            | OT                       |                               | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain in extremity        |               | HARVONI          |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Palpitations             |               |                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Jan-2015              | 10738312      | DIRECT           |                            | OT                       |                               | 49 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Peripheral swelling      |               | HARVONI          |                            | S                        |                               |                 | GILEAD              |                |
| Peripheral swelling      |               | AMITIZA          |                            | C                        |                               |                 |                     |                |
|                          |               | MORPHINE         |                            | C                        |                               |                 |                     |                |
|                          |               | LOSARTAN         |                            | C                        |                               |                 |                     |                |
|                          |               | ONDANSETRON      |                            | C                        |                               |                 |                     |                |
|                          |               | ALPRAZOLAM       |                            | C                        |                               |                 |                     |                |
|                          |               | NITROFURANTOIN   |                            | C                        |                               |                 |                     |                |
|                          |               | AMIODIPINE       |                            | C                        |                               |                 |                     |                |
|                          |               | TIZANIDINE       |                            | C                        | ORAL                          |                 |                     |                |
| Local swelling           |               |                  |                            |                          |                               |                 |                     |                |
| Peripheral swelling      |               |                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Jan-2015              | 10738326      | DIRECT           | Y                          | OT                       |                               | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Platelet count decreased |               | HARVONI          |                            | S ORAL                   | one tablet, QD, Oral          |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Jan-2015              | 10738363      | DIRECT           | Y                          | OT                       |                               | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspnoea                 |               | HARVONI          |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| Back pain                |               |                  |                            |                          |                               |                 |                     |                |
| Chest discomfort         |               |                  |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                  |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>                                                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|----------------------------------------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Jan-2015                      | 10740758      | DIRECT                                                               | Y                          |                          |                               | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>                                                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| White blood cell count decreased |               | HARVONI                                                              |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>                                                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Jan-2015                      | 10741259      | DIRECT                                                               |                            | HO                       |                               | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>                                                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Encephalopathy                   |               | LEDIPASVIR-SOFOSBUVIR<br>(HARVONI) 90-400MG GILEAD<br>SCIENCES, INC. |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Treatment noncompliance          |               | ELAVIL                                                               |                            | C                        |                               |                 |                     |                |
|                                  |               | CHOLECALCIFEROL                                                      |                            | C                        |                               |                 |                     |                |
|                                  |               | NEXIUM                                                               |                            | C                        |                               |                 |                     |                |
|                                  |               | LASIX                                                                |                            | C                        |                               |                 |                     |                |
|                                  |               | XODOL                                                                |                            | C                        |                               |                 |                     |                |
|                                  |               | ZOFRAN                                                               |                            | C                        |                               |                 |                     |                |
|                                  |               | ALDACTONE                                                            |                            | C                        |                               |                 |                     |                |
|                                  |               | ROXICODONE                                                           |                            | C                        |                               |                 |                     |                |
| Ammonia increased                |               |                                                                      |                            |                          |                               |                 |                     |                |
| Condition aggravated             |               |                                                                      |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>                                                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Jan-2015                      | 10741736      | DIRECT                                                               | Y                          |                          |                               | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>                                                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure fluctuation       |               | HARVONI                                                              |                            | S ORAL                   | one tablet QD Oral            |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>                                                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Jan-2015                      | 10742327      | DIRECT                                                               |                            | HO,LT                    |                               | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>                                                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Convulsion                       |               | HARVONI                                                              |                            | S ORAL                   | once daily                    |                 |                     |                |
| Hypotension                      |               |                                                                      |                            |                          |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015              | 10669954      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128334    | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015              | 10681308      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2014-0128650    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lung disorder            |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash generalised         |               | RIBAVIRIN          |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015              | 10717652      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131186    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vision blurred           |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Visual acuity reduced    |               | LASIX              | /00032601/                 | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | SPIRONOLACTONE     |                            | C UNKNOWN                | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015              | 10737993      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132575    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Arthropathy              |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015                                                 | 10738319      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132150    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Tinnitus<br>Dizziness<br>Headache<br>Irritability<br>Nausea |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                 | 10738442      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132312    |                 | Female              | USA            |
| <u>Preferred Term</u>                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Arthritis                                                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                 | 10738452      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133864    | 35 YR           | Female              | USA            |
| <u>Preferred Term</u>                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Weight increased<br>Therapeutic response changed            |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                 | 10738939      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132490    |                 | Female              | USA            |
| <u>Preferred Term</u>                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chromaturia                                                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |  |  |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|--|--|
| 26-Jan-2015              | 10738941      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132334    | 64 YR           | Male                | USA            |  |  |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |  |  |
| Nightmare                |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |  |  |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |  |  |
| 26-Jan-2015              | 10738946      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132348    |                 | Male                | USA            |  |  |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |  |  |
| Photophobia              |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |  |  |
|                          |               | BRIMONIDINE        |                            | C                        |                               |                 |                     |                |  |  |
|                          |               | PREDNISOLONE       |                            | C                        |                               |                 |                     |                |  |  |
|                          |               | DORZOLAMIDE        |                            | C                        |                               |                 |                     |                |  |  |
|                          |               | LATANOPROST        |                            | C                        |                               |                 |                     |                |  |  |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |  |  |
| 26-Jan-2015              | 10738947      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132285    |                 | Female              | USA            |  |  |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |  |  |
| Night sweats             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |  |  |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |  |  |
| Somnolence               |               |                    |                            |                          |                               |                 |                     |                |  |  |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |  |  |
| 26-Jan-2015              | 10738958      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132494    | 50 YR           | Male                | USA            |  |  |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |  |  |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |  |  |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |  |  |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------|---------------|----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015                             | 10739035      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0132351    | 64 YR           | Female              | USA            |
| <u>Preferred Term</u>                   |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                                |               | HARVONI              |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                             | 10739053      | EXPEDITED (15-DAY)   |                            | HO,OT                    | US-<br>GILEAD-2015-0133443    |                 | Female              | USA            |
| <u>Preferred Term</u>                   |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Convulsion                              |               | HARVONI              |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                             | 10739067      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0132396    |                 | Female              | USA            |
| <u>Preferred Term</u>                   |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pallor<br>Heart rate irregular          |               | HARVONI              |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                             | 10739082      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0132455    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>                   |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Irritability                            |               | HARVONI<br>RIBAVIRIN |                            | S ORAL<br>C              | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                             | 10739098      | EXPEDITED (15-DAY)   |                            | OT                       | US-<br>GILEAD-2015-0133396    | 33 YR           | Male                | USA            |
| <u>Preferred Term</u>                   |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Suicidal ideation<br>Abnormal behaviour |               | HARVONI              |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015                                     | 10739108      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132664    | 49 YR           | Male                | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea<br>Headache                              |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                     | 10739114      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133313    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                     | 10739116      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133333    | 61 YR           | Female              | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                                       |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                     | 10739127      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133009    | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Stress<br>Anxiety<br>Depressed mood<br>Headache |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                          | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------------------------------------------------|---------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015                                                                       | 10739193      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0133187    | 30 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                             |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                                                                         |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                          | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                                       | 10739206      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0133251    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                             |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                                                                          |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                          | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                                       | 10739208      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0133215    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                             |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                                                                              |               | HARVONI                |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                          | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                                       | 10739226      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0133135    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                             |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Body temperature decreased<br>Feeling cold                                        |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                          | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                                                       | 10739239      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0133261    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                             |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dehydration<br>Blood creatinine increased<br>Creatinine renal clearance decreased |               | HARVONI<br>LIRAGLUTIDE |                            | S UNKNOWN<br>C           | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015                                              | 10739249      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133308    |                 | Female              | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hordeolum<br>Arthralgia                                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                              | 10739259      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133331    |                 | Female              | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Oral candidiasis                                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                              | 10739284      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133379    |                 | Female              | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Abdominal pain upper<br>Diarrhoea<br>Vomiting |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                              | 10739291      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133314    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pruritus<br>Rash                                         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015              | 10739297      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133611    |                 | Unknown             | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pyrexia                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015              | 10739301      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133392    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Malaise                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Fatigue                  |               | RIBAVIRIN          |                            | C                        | UNK                           |                 |                     |                |
| Asthenia                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015              | 10739307      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133424    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015              | 10739312      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133650    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood count abnormal     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               | RIBAVIRIN          |                            | C                        |                               |                 |                     |                |
| Unevaluable event        |               |                    |                            |                          |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                              | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------------------------|---------------|-----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Jan-2015                                           | 10739345      | EXPEDITED (15-DAY)    |                            |                          | US-<br>GILEAD-2015-0133875    | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>                                 |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                               |               | HARVONI               |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                              | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                           | 10744699      | DIRECT                | Y                          |                          |                               | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>                                 |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain in extremity<br>Peripheral swelling              |               | HARVONI               |                            | S ORAL                   | 1 TABLET, DAILY, PO           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                              | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                           | 10744726      | DIRECT                |                            |                          |                               | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>                                 |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Weight decreased                                      |               | HARVONI<br>LISINOPRIL |                            | S ORAL<br>C              |                               |                 |                     |                |
| <u>FDA Received Date</u>                              | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                           | 10744750      | DIRECT                | Y                          |                          |                               | 52 YR           | Female              | USA            |
| <u>Preferred Term</u>                                 |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                               |               | HARVONI 90MG-400MG    |                            | S ORAL                   | 1 TAB, QD, PO                 |                 |                     |                |
| <u>FDA Received Date</u>                              | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Jan-2015                                           | 10745442      | DIRECT                | Y                          | HO                       |                               | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>                                 |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fluid retention<br>Localised oedema<br>Scrotal oedema |               | HARVONI               |                            | S ORAL                   | 1                             |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Jan-2015              | 10741839      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133145    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Facial paresis           |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Abdominal discomfort     |               |                    |                            |                          |                               |                 |                     |                |
| Hyperhidrosis            |               |                    |                            |                          |                               |                 |                     |                |
| Lacrimation increased    |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015              | 10741884      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133281    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dysgeusia                |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Sleep disorder           |               | RIBAPAK            |                            | C                        |                               |                 |                     |                |
| Decreased appetite       |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Memory impairment        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015              | 10741904      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133305    | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                           | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Jan-2015                                        | 10742008      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0133651    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                              |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension<br>Blood glucose increased<br>Fatigue |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                           | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                                        | 10742770      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0133969    |                 | Male                | USA            |
| <u>Preferred Term</u>                              |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                                           |               | HARVONI                 |                            | S UNKNOWN                | 2 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                           | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                                        | 10742796      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0133518    | 65 YR           | Female              | USA            |
| <u>Preferred Term</u>                              |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Limb discomfort<br>Fatigue                         |               | HARVONI                 |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                           | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                                        | 10743109      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0133413    |                 | Female              | USA            |
| <u>Preferred Term</u>                              |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                                           |               | HARVONI<br>VITAMINS NOS |                            | S UNKNOWN<br>C           |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|-------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Jan-2015                  | 10743161      | EXPEDITED (15-DAY)                  |                            |                          | US-<br>GILEAD-2015-0133895    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Epistaxis                    |               | HARVONI                             |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                  | 10743226      | EXPEDITED (15-DAY)                  |                            |                          | US-<br>GILEAD-2015-0133896    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Epistaxis                    |               | HARVONI                             |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                  | 10743232      | EXPEDITED (15-DAY)                  |                            |                          | US-<br>GILEAD-2015-0134117    |                 | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Feeling abnormal<br>Headache |               | HARVONI                             |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                  | 10743256      | EXPEDITED (15-DAY)                  |                            |                          | US-<br>GILEAD-2015-0133905    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pyrexia<br>Sinusitis         |               | HARVONI                             |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Jan-2015                  | 10745791      | DIRECT                              |                            | OT                       |                               | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                      |               | HARVONI 90-400MG GILEAD<br>SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 28-Jan-2015              | 10745790      | EXPEDITED (15-DAY)     |                            | OT                       | CA-<br>GILEAD-2015-0133678    |                 | Male                | CAN            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urinary retention        |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Peripheral swelling      |               | TRUVADA                |                            | C                        |                               |                 |                     |                |
| Somnolence               |               | ATAZANAVIR W/RITONAVIR |                            | C                        |                               |                 |                     |                |
|                          |               | METHADONE              |                            | C                        |                               |                 |                     |                |
|                          |               | ZOPLICONE              |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015              | 10746519      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0134101    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Tooth infection          |               | HARVONI                |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
|                          |               | RIBAVIRIN              |                            | C                        |                               |                 |                     |                |
|                          |               | CLINDAMYCIN            |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015              | 10746521      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0134056    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis          |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015              | 10746523      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0134412    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 28-Jan-2015              | 10746525      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134390    | 49 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               | HARVONI            |                            | S ORAL                   | 400 mg, QD                    |                 | GILEAD              |                |
| Depression               |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015              | 10746526      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134324    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Tinnitus                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015              | 10746527      | EXPEDITED (15-DAY) |                            | HO,OT                    | IE-<br>GILEAD-2015-0134165    | 70 YR           | Female              | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ascites                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Pneumonia                |               | RIBAVIRIN          |                            | S ORAL                   | 1 DF, QD                      |                 |                     |                |
| Cellulitis               |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                          |               | FLUOXETINE         |                            | C                        |                               |                 |                     |                |
|                          |               | CEFUROXIME         |                            | C                        |                               |                 |                     |                |
|                          |               | CO-TRIMOXAZOLE     |                            | C                        |                               |                 |                     |                |
|                          |               | SPIRONOLACTONE     |                            | C                        |                               |                 |                     |                |
|                          |               | TEMAZEPAM          |                            | C                        |                               |                 |                     |                |
|                          |               | FRUSEMIDE          | /                          | C                        |                               |                 |                     |                |
|                          |               | 00032601/          |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 28-Jan-2015                                 | 10746528      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134273    | 52 YR           | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspnoea                                    |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
|                                             |               | ALBUTEROL SULFATE  |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015                                 | 10746532      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134102    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain                              |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015                                 | 10746533      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133817    |                 | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood thyroid stimulating hormone increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 28-Jan-2015                                 | 10748880      | DIRECT             | Y                          | OT                       |                               | 52 YR           | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aortic stenosis                             |               | HARVONI 90MG-400MG |                            | S ORAL                   | 1 tablet, qd, oral            |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 29-Jan-2015              | 10748385      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133545    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | TACROLIMUS         |                            | C                        |                               |                 |                     |                |
|                          |               | CARVEDILOL         |                            | C                        | 12.5 mg, UNK                  |                 |                     |                |
|                          |               | LOSARTAN           |                            | C                        |                               |                 |                     |                |
|                          |               | CREON              |                            | C                        |                               |                 |                     |                |
|                          |               | FISH OIL           |                            | C                        |                               |                 |                     |                |
|                          |               | LANTUS             |                            | C                        |                               |                 |                     |                |
|                          |               | CALCIUM            |                            | C                        |                               |                 |                     |                |
|                          |               | PRAVASTATIN        |                            | C                        |                               |                 |                     |                |
|                          |               | NOVOLOG            |                            | C                        |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 29-Jan-2015              | 10750839      | DIRECT                               |                            |                          |                               |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest pain               |               | HARVONI 90-400MG TAB GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Abdominal pain upper     |               |                                      |                            |                          |                               |                 |                     |                |
| Dyspepsia                |               |                                      |                            |                          |                               |                 |                     |                |
| Dyspnoea                 |               |                                      |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                                      |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>              | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------|----------------------------|--------------------------|--------------------------------------------|-----------------|---------------------|----------------|
| 29-Jan-2015              | 10751165      | DIRECT                  |                            |                          |                                            | 64 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                         | <u>Duration</u> | <u>Manufacturer</u> |                |
| Constipation             |               | HARVONI 90/400MG GILEAD |                            | S ORAL                   | 90/400mg (1 tablet)<br>once daily by mouth |                 | GILEAD              |                |
| Ear disorder             |               |                         |                            |                          |                                            |                 |                     |                |
| Tinnitus                 |               |                         |                            |                          |                                            |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                             | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-----------------------------------------------------------|-----------------|---------------------|----------------|
| 30-Jan-2015                | 10739253      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0133332                                | 66 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                        | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cognitive disorder         |               | HARVONI            |                            | S UNKNOWN                | UNK                                                       |                 | GILEAD              |                |
| Fatigue                    |               |                    |                            |                          |                                                           |                 |                     |                |
| Feeling abnormal           |               |                    |                            |                          |                                                           |                 |                     |                |
| Headache                   |               |                    |                            |                          |                                                           |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                             | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 30-Jan-2015                | 10750533      | EXPEDITED (15-DAY) |                            | HO                       | IE-ROCHE-1528362                                          | 61 YR           | Male                | IRL            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                        | <u>Duration</u> | <u>Manufacturer</u> |                |
| Haemoglobin decreased      |               | Copegus            |                            | S UNKNOWN                | 400 mg in the morning<br>and and 600 mg in the<br>evening |                 |                     |                |
| Blood phosphorus decreased |               | HARVONI            |                            | S ORAL                   |                                                           |                 |                     |                |
| Blood potassium decreased  |               | TRUVADA            |                            | C                        |                                                           |                 |                     |                |
|                            |               | PREZISTA           |                            | C                        |                                                           |                 |                     |                |
|                            |               | NORVIR             |                            | C                        |                                                           |                 |                     |                |
|                            |               | LANSOPRAZOLE       |                            | C                        |                                                           |                 |                     |                |
|                            |               | SEPTRIN            |                            | C                        |                                                           |                 |                     |                |
|                            |               | METHADONE          |                            | C                        |                                                           |                 |                     |                |
|                            |               | LAXOSE             |                            | C                        |                                                           |                 |                     |                |
|                            |               | FUROSEMIDE         |                            | C                        |                                                           |                 |                     |                |
|                            |               | Diazepam           |                            | C UNKNOWN                |                                                           |                 |                     |                |
|                            |               | THIAMINE           |                            | C                        |                                                           |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 30-Jan-2015              | 10752227      | EXPEDITED (15-DAY) |                            | HO,OT                    | IE-<br>GILEAD-2015-0134166    | 45 YR           | Female              | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ascites                  |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | RIBAVIRIN          |                            | S ORAL                   | 1 DF, QD                      |                 |                     |                |
|                          |               | RIFAXIMIN          |                            | C                        |                               |                 |                     |                |
|                          |               | TRANEXAMIC ACID    |                            | C                        |                               |                 |                     |                |
|                          |               | DOVOBET            |                            | C                        |                               |                 |                     |                |
|                          |               | URSOFALK           |                            | C                        |                               |                 |                     |                |
|                          |               | CIPROFLOXACIN      |                            | C                        |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 30-Jan-2015              | 10754234      | DIRECT                   | Y                          |                          |                               |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug hypersensitivity    |               | HARVONI 90/400 MG GILEAD |                            | S ORAL                   | 1 tablet                      |                 | GILEAD              |                |

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>                  | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|-----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 30-Jan-2015                      | 10754771      | DIRECT                            |                            | OT                       |                               |                 | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>                    |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                          |               | HARVONI 90-400MG GILEAD SCIENCES  |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Feeling abnormal                 |               | THYROID (ARMOUR) 2G (120 MG) TABS |                            | C                        |                               |                 |                     |                |
| Gastrooesophageal reflux disease |               | PRILOSEC                          |                            | C                        |                               |                 |                     |                |
| Feeling abnormal                 |               | CITALOPRAM                        |                            | C                        |                               |                 |                     |                |
| Condition aggravated             |               |                                   |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 30-Jan-2015              | 10755150      | DIRECT                           |                            |                          |                               |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | ATORVASTATIN                     |                            | C                        |                               |                 |                     |                |
|                          |               | FLUVIRIN MULTIDOSE VIAL          |                            | C                        |                               |                 |                     |                |
|                          |               | METFORMIN ER                     |                            | C                        |                               |                 |                     |                |
|                          |               | INCIVEK                          |                            | C                        |                               |                 |                     |                |
|                          |               | FISH OIL                         |                            | C                        |                               |                 |                     |                |
|                          |               | PEGASYS                          |                            | C                        |                               |                 |                     |                |
|                          |               | GLUCOSAMINE CHONDROITIN          |                            | C                        |                               |                 |                     |                |
|                          |               | RIBAVIRIN                        |                            | C                        |                               |                 |                     |                |
|                          |               | FIN FISH OIL X/S ENT CD          |                            | C                        |                               |                 |                     |                |
|                          |               | CALCIUM                          |                            | C                        |                               |                 |                     |                |
|                          |               | VITAMIN D                        |                            | C                        |                               |                 |                     |                |
|                          |               | DESONIDE                         |                            | C                        |                               |                 |                     |                |
|                          |               | CONTOUR NEXT TEST STRIPS         |                            | C                        |                               |                 |                     |                |
|                          |               | MICROLET COLORED LANCETS         |                            | C                        |                               |                 |                     |                |
| Constipation             |               |                                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 30-Jan-2015              | 10755225      | DIRECT                           |                            |                          |                               | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | VICODIN                          |                            | C                        |                               |                 |                     |                |
| Mood altered             |               | VIVELLE-DOT                      |                            | C                        |                               |                 |                     |                |
| Decreased appetite       |               | CALCIUM                          |                            | C                        |                               |                 |                     |                |
| Rash erythematous        |               | AMBIEN                           |                            | C                        |                               |                 |                     |                |
|                          |               | IMITREX                          |                            | C                        |                               |                 |                     |                |
| Crying                   |               |                                  |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                                  |                            |                          |                               |                 |                     |                |
| Migraine                 |               |                                  |                            |                          |                               |                 |                     |                |
| Rash                     |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Feb-2015              | 10704986      | EXPEDITED (15-DAY)               |                            | DE,HO,OT                 | US-GILEAD-2015-0131119        | 52 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Death                    |               | HARVONI                          |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Acute hepatic failure    |               |                                  |                            |                          |                               |                 |                     |                |
| Disease progression      |               |                                  |                            |                          |                               |                 |                     |                |
| Hepatic cirrhosis        |               |                                  |                            |                          |                               |                 |                     |                |
| Jaundice                 |               |                                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Feb-2015              | 10753861      | EXPEDITED (15-DAY) |                            | HO,OT                    | IE-ROCHE-1528375              | 70 YR           | Female              | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ascites                  |               | Ribavirin          |                            | S ORAL                   |                               |                 |                     |                |
| Pneumonia                |               | HARVONI            |                            | S ORAL                   |                               |                 |                     |                |
| Cellulitis               |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                          |               | FLUOXETINE         |                            | C                        |                               |                 |                     |                |
|                          |               | CEFUROXIME         |                            | C                        |                               |                 |                     |                |
|                          |               | COTRIMOXAZOLE      |                            | C                        |                               |                 |                     |                |
|                          |               | SPIRONOLACTONE     |                            | C                        |                               |                 |                     |                |
|                          |               | TEMAZEPAM          |                            | C                        |                               |                 |                     |                |
|                          |               | FRUSEMIDE          |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Feb-2015              | 10756335      | EXPEDITED (15-DAY) |                            |                          | US-GILEAD-2015-0133426        |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug ineffective         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Feb-2015              | 10756337      | EXPEDITED (15-DAY) |                            |                          | US-GILEAD-2015-0133959        | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
|                          |               | CARVEDILOL         |                            | C                        | 3.25 mg, UNK                  |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Feb-2015                      | 10756430      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0134496    | 70 YR           | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Renal impairment                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Blood creatinine increased       |               |                    |                            |                          |                               |                 |                     |                |
| Blood urea increased             |               |                    |                            |                          |                               |                 |                     |                |
| Decreased appetite               |               |                    |                            |                          |                               |                 |                     |                |
| Weight decreased                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Feb-2015                      | 10756440      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134533    |                 | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Thyroid function test abnormal   |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| Product packaging quantity issue |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                      | 10739185      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133065    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasal congestion                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Cough                            |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                      | 10739209      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132862    |                 | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Peripheral swelling              |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash                             |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Feb-2015                    | 10743237      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134052    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dry mouth                      |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Epigastric discomfort          |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                        |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                       |               |                    |                            |                          |                               |                 |                     |                |
| Oral disorder                  |               |                    |                            |                          |                               |                 |                     |                |
| Product measured potency issue |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                    | 10759377      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133057    | 49 YR           | Female              | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash erythematous              |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Peripheral swelling            |               | AMITIZA            |                            | C                        | UNK                           |                 |                     |                |
|                                |               | IRBESARTAN         |                            | C                        | UNK                           |                 |                     |                |
|                                |               | MORPHINE           |                            | C                        | UNK                           |                 |                     |                |
|                                |               | OXYCODONE          |                            | C                        |                               |                 |                     |                |
|                                |               | MACROGOL           |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                    | 10759397      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134317    |                 | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Oropharyngeal pain             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Cough                          |               |                    |                            |                          |                               |                 |                     |                |
| Social problem                 |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Feb-2015                          | 10759399      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134213    |                 | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cough                                |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                          | 10759415      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133977    |                 | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood glucose decreased<br>Dizziness |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                          | 10759502      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134016    | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                          | 10759518      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134121    | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                          | 10759524      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132966    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                                 |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Feb-2015                        | 10759529      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134442    |                 | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                            |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                        | 10759537      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134450    |                 | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis                    |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Chills                             |               |                    |                            |                          |                               |                 |                     |                |
| Headache                           |               |                    |                            |                          |                               |                 |                     |                |
| Influenza                          |               |                    |                            |                          |                               |                 |                     |                |
| Pyrexia                            |               |                    |                            |                          |                               |                 |                     |                |
| Upper respiratory tract congestion |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                        | 10759631      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134443    |                 | Unknown             | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dizziness                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Feeling drunk                      |               |                    |                            |                          |                               |                 |                     |                |
| Vertigo                            |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015                        | 10759648      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134290    | 71 YR           | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Back disorder                      |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Feb-2015              | 10759657      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134596    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Spinal pain              |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Arthralgia               |               |                    |                            |                          |                               |                 |                     |                |
| Decreased interest       |               |                    |                            |                          |                               |                 |                     |                |
| Depression               |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Neck pain                |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015              | 10759695      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134463    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015              | 10759703      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134484    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chills                   |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Arthralgia               |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Joint swelling           |               |                    |                            |                          |                               |                 |                     |                |
| Myalgia                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015              | 10759734      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134488    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Feb-2015              | 10759735      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134498    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gout                     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015              | 10759758      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134611    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis          |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015              | 10759773      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134497    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain upper     |               | HARVONI<br>ZANTAC  |                            | S UNKNOWN<br>C           |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Feb-2015              | 10761129      | DIRECT             | Y                          | OT                       |                               | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Rash          |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Feb-2015                       | 10761221      | DIRECT             | Y                          | OT                       |                               | 46 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lip swelling                      |               | HARVONI            |                            | S ORAL                   | 1 tablet Once daily By mouth  |                 | GILEAD              |                |
| Eye swelling                      |               |                    |                            |                          |                               |                 |                     |                |
| Rash generalised                  |               |                    |                            |                          |                               |                 |                     |                |
| Type IV hypersensitivity reaction |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                       | 10717186      | EXPEDITED (15-DAY) |                            | OT                       | US-GILEAD-2015-0131160        | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ascites                           |               | HARVONI            |                            | S ORAL                   | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                       | 10731121      | EXPEDITED (15-DAY) |                            | OT                       | US-GILEAD-2015-0131973        | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hallucination, auditory           |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| Agitation                         |               |                    |                            |                          |                               |                 |                     |                |
| Distractibility                   |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                          |               |                    |                            |                          |                               |                 |                     |                |
| Soliloquy                         |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                       | 10763101      | EXPEDITED (15-DAY) |                            |                          | US-GILEAD-2015-0134794        | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                           |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Feb-2015                                      | 10763129      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135033    | 47 YR           | Male                | USA            |
| <u>Preferred Term</u>                            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose                              |               | HARVONI            |                            | S UNKNOWN                | 2 DF, Once                    |                 | GILEAD              |                |
| <u>FDA Received Date</u>                         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                                      | 10763148      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134942    | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>                            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Disturbance in attention<br>Headache<br>Insomnia |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                                      | 10763160      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135140    |                 | Male                | USA            |
| <u>Preferred Term</u>                            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sinusitis<br>Nasopharyngitis                     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                                      | 10763167      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135198    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>                            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                                             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Feb-2015              | 10763185      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135196    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015              | 10763198      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135130    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Viral load               |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015              | 10763209      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135474    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | SUBOXONE           |                            | C                        | UNK                           |                 |                     |                |
|                          |               | AMBIEN             |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015              | 10763888      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135304    | 49 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               | ADVIL              | /00109201/                 | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Feb-2015              | 10764030      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134974    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain                     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015              | 10764077      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0134424    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rheumatoid arthritis     |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015              | 10764084      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134745    | 44 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension             |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
|                          |               | AMLODIPINE         |                            | C ORAL                   | 1 DF, QD                      |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015              | 10764090      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135496    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Increased appetite       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Weight increased         |               | TIZANIDINE         |                            | S UNKNOWN                | 4 mg, QD                      |                 |                     |                |
| Drug effect decreased    |               | MORPHINE SULFATE   |                            | C                        | UNK                           |                 |                     |                |
| Abdominal pain upper     |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Irritability             |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Feb-2015                   | 10764955      | DIRECT                  |                            |                          |                               |                 | Female              | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                        |               | HARVONI                 |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Feb-2015                   | 10765810      | DIRECT                  | Y                          | HO                       |                               | 46 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza                     |               | HARVONI 90/400MG GILEAD |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Feb-2015                   | 10699069      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0130799    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bronchitis                    |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Potentiating drug interaction |               | Z-PAK                   |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| Fatigue                       |               | XIFAXAN                 |                            | C                        |                               |                 |                     |                |
| Chest discomfort              |               |                         |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Feb-2015                   | 10699322      | EXPEDITED (15-DAY)      |                            | DE,HO,OT                 | US-<br>GILEAD-2015-0130275    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cardiac arrest                |               | HARVONI                 |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Convulsion                    |               | AMIODARONE              |                            | C                        |                               |                 |                     |                |
| Hyponatraemia                 |               | NADOLOL                 |                            | C                        |                               |                 |                     |                |
| Hypoalbuminaemia              |               | PRAMIPEXOLE             |                            | C                        |                               |                 |                     |                |
| Hepatic enzyme increased      |               | OMEPRAZOLE              |                            | C                        |                               |                 |                     |                |
| Leukocytosis                  |               | LASIX                   |                            | C                        |                               |                 | /00032601/          |                |
| Thrombocytopenia              |               | SILYBUM MARIANUM        |                            | C                        |                               |                 |                     |                |
| Coagulopathy                  |               |                         |                            |                          |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Feb-2015              | 10759646      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134194    | 51 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Nausea                   |               | LASIX              | /00032601/                 | C                        |                               |                 |                     |                |
| Headache                 |               | ADVIL              | /00109201/                 | C                        |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Feb-2015              | 10767721      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135061    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gingival disorder        |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Back disorder            |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Feb-2015              | 10767744      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135325    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Feb-2015              | 10767745      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135385    | 31 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|--------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Feb-2015                  | 10767764      | EXPEDITED (15-DAY)       |                            | HO,OT                    | US-<br>GILEAD-2015-0135639    | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic cirrhosis            |               | HARVONI                  |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Gastrointestinal haemorrhage |               | PROTONIX                 |                            | C                        | UNK                           |                 |                     |                |
| Anaemia                      |               |                          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Feb-2015                  | 10776155      | DIRECT                   |                            | OT                       |                               | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                     |               | HARVONI 90/400 MG GILEAD |                            | S ORAL                   | 1 tab daily oral              |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015                  | 10746524      | EXPEDITED (15-DAY)       |                            |                          | US-<br>GILEAD-2015-0133695    | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                      |               | HARVONI                  |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                      |               |                          |                            |                          |                               |                 |                     |                |
| Headache                     |               |                          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015                  | 10770915      | EXPEDITED (15-DAY)       |                            | OT                       | US-<br>GILEAD-2015-0135848    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dermatitis bullous           |               | HARVONI                  |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 06-Feb-2015                     | 10771816      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0135510    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension<br>Headache        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015                     | 10771949      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135709    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C virus test positive |               | HARVONI            |                            | S                        | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015                     | 10771981      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135713    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C virus test positive |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015                     | 10772027      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135561    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                                 |               | HARVONI            |                            | S                        | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015                     | 10772120      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135683    | 66 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased        |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 06-Feb-2015              | 10772269      | EXPEDITED (15-DAY) |                            | DE,OT                    | US-<br>GILEAD-2015-0136217    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Death                    |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S                        |                               |                 | GILEAD              |                |
|                          |               | COMPLERA           |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
|                          |               | COMPLERA           |                            | S                        |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Feb-2015              | 10780312      | DIRECT             | Y                          |                          |                               | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension             |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015              | 10717635      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0131149    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hyperglycaemia           |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Drug interaction         |               | LANTUS             |                            | S UNKNOWN                | 50 IU, QHS                    |                 |                     |                |
|                          |               | METFORMIN          |                            | S UNKNOWN                | 500 Unknown, BID              |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015              | 10727394      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2015-0132493    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain           |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | RIBAVIRIN          |                            | S UNKNOWN                | UNK                           |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|---------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015              | 10738047      | EXPEDITED (15-DAY)        |                            | HO,OT                    | US-<br>GILEAD-2015-0133623    | 73 YR           | Male                | USA            |
|                          |               |                           |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>            |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ascites                  |               | HARVONI                   |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Oedema                   |               | ABILIFY                   |                            | C                        |                               |                 |                     |                |
| Atelectasis              |               | ALDACTONE<br>00006201/    | /                          | C UNKNOWN                | 25 mg, UNK                    |                 |                     |                |
| Oedema peripheral        |               | ALDACTONE<br>00006201/    | /                          | C UNKNOWN                | 50 UNK, UNK                   |                 |                     |                |
| Arthralgia               |               | ASPIRIN<br>00002701/      | /                          | C                        |                               |                 |                     |                |
|                          |               | AVODART                   |                            | C UNKNOWN                | 0.5 mg, UNK                   |                 |                     |                |
|                          |               | CRESTOR                   |                            | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | KLONOPIN                  |                            | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | LEXAPRO                   |                            | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | VITAMIN D<br>00107901/    | /                          | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | B12                       | /00056201/                 | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               | MULTIVITAMIN<br>07504101/ | /                          | C UNKNOWN                | UNK                           |                 |                     |                |
|                          |               |                           |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015              | 10763232      | EXPEDITED (15-DAY)        |                            |                          | US-<br>GILEAD-2015-0135355    | 55 YR           | Female              | USA            |
|                          |               |                           |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>            |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Local swelling           |               | HARVONI                   |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               |                           |                            |                          |                               |                 |                     |                |
| Pain of skin             |               |                           |                            |                          |                               |                 |                     |                |
| Pruritus                 |               |                           |                            |                          |                               |                 |                     |                |
| Skin disorder            |               |                           |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015                                    | 10776561      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135566    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                       |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                    | 10776941      | EXPEDITED (15-DAY) |                            | OT                       | DE-<br>GILEAD-2015-0135391    |                 | Female              | DEU            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Helminthic infection<br>Zoonosis               |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                    | 10776968      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135615    |                 | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Balance disorder<br>Balance disorder<br>Nausea |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                    | 10776997      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135627    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Decreased interest                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                    | 10777156      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0135716    | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Retinal detachment                             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015                  | 10777170      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0135721    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Atrial fibrillation          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                  | 10777375      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135674    | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                      |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                  | 10777392      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0135835    | 66 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastrointestinal haemorrhage |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                  | 10777511      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0135900    | 44 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Angioedema                   |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash generalised             |               | LEVOTHYROXINE      |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                  | 10777757      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135787    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Depression                   |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015                                              | 10777760      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135865    | 66 YR           | Female              | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood glucose increased<br>Anxiety                       |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                              | 10777796      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135937    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vertigo                                                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                              | 10777878      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135893    |                 | Male                | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Swollen tongue                                           |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                 | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                                              | 10777880      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135918    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>                                    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Stomatitis<br>Anxiety<br>Fatigue<br>Headache<br>Insomnia |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015                      | 10777883      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135938    |                 | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pyrexia                          |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Arthralgia                       |               |                    |                            |                          |                               |                 |                     |                |
| Chills                           |               |                    |                            |                          |                               |                 |                     |                |
| White blood cell count increased |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                      | 10777894      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135958    | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                          |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                      | 10777901      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135724    |                 | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Malaise                          |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Hypertension                     |               | OMEPRAZOLE         |                            | S UNKNOWN                |                               |                 |                     |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                      | 10778108      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136316    |                 | Female              | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash erythematous                |               | HARVONI            |                            | S UNKNOWN                | UNK, QD                       |                 | GILEAD              |                |
| Inflammation                     |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015                         | 10778110      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136279    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nervousness                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                         | 10778131      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135658    |                 | Female              | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash pruritic                       |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                         | 10778154      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136236    |                 | Male                | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Mouth swelling<br>Speech disorder   |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                         | 10778155      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136152    |                 | Male                | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Confusional state<br>Disorientation |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                         | 10778156      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136013    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Depression                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                                              | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|---------------------------------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Feb-2015                       | 10781806      | DIRECT                                                        | Y                          |                          |                               | 65 YR           | Female              | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                                                |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                           |               | HARVONI 90-400MG GILEAD SCIENCES                              |                            | S ORAL                   | 90-400 mg                     |                 | GILEAD              |                |
| Condition aggravated              |               |                                                               |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                                              | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                       | 10782719      | DIRECT                                                        | Y                          | HO                       |                               | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                                                |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rhabdomyolysis                    |               | HARVONI 90/400 MG GILEAD                                      |                            | S                        |                               |                 | GILEAD              |                |
| Blood urine present               |               |                                                               |                            |                          |                               |                 |                     |                |
| Oral herpes                       |               |                                                               |                            |                          |                               |                 |                     |                |
| Upper respiratory tract infection |               |                                                               |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                                              | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Feb-2015                       | 10782755      | DIRECT                                                        | Y                          | HO                       |                               | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                                                |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug withdrawal convulsions       |               | LEDIPASVIR-SOFOSBUVIR (HARVONI)                               |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Metabolic acidosis                |               | ALPRAZOLAM (XANAX) 1MG/3X PER DAY                             |                            | C                        |                               |                 |                     |                |
|                                   |               | CARISOPRODOL (SOMA)                                           |                            | C                        |                               |                 |                     |                |
|                                   |               | DEXTROAMPHETAMINE-AMPHETAMINE (AMPHETAMINE-DEXTROAMPHETAMINE) |                            | C                        |                               |                 |                     |                |
|                                   |               | ESCITALOPRAM (LEXAPRO)                                        |                            | C                        |                               |                 |                     |                |
|                                   |               | OXYCODONE (ROXICODONE)                                        |                            | C                        |                               |                 |                     |                |
|                                   |               | OXYMORPHONE (OPANA ER)                                        |                            | C                        |                               |                 |                     |                |
|                                   |               | ZOLDIPEM (AMBIEN)                                             |                            | C                        |                               |                 |                     |                |
| Drug dose omission                |               |                                                               |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Feb-2015                                  | 10712085      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131007    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| VIIth nerve paralysis                        |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015                                  | 10781254      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0136136    |                 | Female              | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Renal failure acute                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015                                  | 10783670      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136138    |                 | Male                | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| III-defined disorder<br>Insomnia             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015                                  | 10783676      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136475    | 53 YR           | Female              | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lacrimation increased<br>Fatigue<br>Headache |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Feb-2015              | 10783682      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0136431    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nervousness              |               | HARVONI                          |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                                  |                            |                          |                               |                 |                     |                |
| Headache                 |               |                                  |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015              | 10783831      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0136342    | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI                          |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Back pain                |               |                                  |                            |                          |                               |                 |                     |                |
| Flushing                 |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015              | 10783832      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0136347    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza                |               | HARVONI                          |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015              | 10785721      | DIRECT                           |                            |                          |                               | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Feb-2015                | 10785736      | DIRECT                           |                            |                          |                               | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                   |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   | 1 tab qd po                   |                 | GILEAD              |                |
| Fatigue                    |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015                | 10785961      | DIRECT                           |                            | OT                       |                               | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                    |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                            |               | LISINOPRIL                       |                            | C                        |                               |                 |                     |                |
|                            |               | LEXAPRO                          |                            | C                        |                               |                 |                     |                |
|                            |               | SPIROLACTONE                     |                            | C                        |                               |                 |                     |                |
|                            |               | COREG                            |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Feb-2015                | 10786089      | DIRECT                           |                            | HO                       |                               | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cardiac failure congestive |               | HARVONI 90/400MG GILEAD          |                            | S ORAL                   |                               |                 |                     |                |
|                            |               | ASPIRIN                          |                            | C                        |                               |                 |                     |                |
|                            |               | BYSTOLIC                         |                            | C                        |                               |                 |                     |                |
|                            |               | CETIRIZINE                       |                            | C                        |                               |                 |                     |                |
|                            |               | CREON                            |                            | C                        |                               |                 |                     |                |
|                            |               | LORAZEPAM                        |                            | C                        |                               |                 |                     |                |
|                            |               | SYMBICORT                        |                            | C                        |                               |                 |                     |                |
|                            |               | LASIX                            |                            | C                        |                               |                 |                     |                |
|                            |               | POTASSIUM ELIXIR                 |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 11-Feb-2015              | 10746294      | EXPEDITED (15-DAY) |                            | OT                       | IE-<br>GILEAD-2015-0133932    | 39 YR           | Male                | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | RIBAVIRIN          |                            | S ORAL                   | 600 mg, BID                   |                 |                     |                |
|                          |               | SEPTRIN            |                            | S ORAL                   | 960 mg, QD                    |                 |                     |                |
|                          |               | SPIRONOLACTONE     |                            | C                        |                               |                 |                     |                |
|                          |               | RIFAXIMIN          |                            | C                        |                               |                 |                     |                |
|                          |               | THIAMINE           |                            | C                        |                               |                 |                     |                |
|                          |               | METHADONE          |                            | C                        |                               |                 |                     |                |
|                          |               | IRON               |                            | C                        |                               |                 |                     |                |
|                          |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                          |               | LACTULOSE          |                            | C                        |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Feb-2015              | 10647567      | EXPEDITED (15-DAY)    |                            |                          | US-<br>GILEAD-2014-0126535    | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug eruption            |               | HARVONI               |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Rash                     |               | LOSARTAN              |                            | C                        |                               |                 |                     |                |
| Headache                 |               | FLUTICASONE           |                            | C                        |                               |                 |                     |                |
|                          |               | PROAIR<br>00139502/   | /                          | C                        |                               |                 |                     |                |
|                          |               | PRILOSEC<br>00661201/ | /                          | C                        |                               |                 |                     |                |
|                          |               | FLUOXETINE            |                            | C                        |                               |                 |                     |                |
|                          |               | CARVEDILOL            |                            | C                        |                               |                 |                     |                |
|                          |               | IBUPROFEN             |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Feb-2015                                    | 10790312      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0135670    | 52 YR           | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Fatigue                            |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Feb-2015                                    | 10790513      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136688    |                 | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dizziness<br>Ammonia increased<br>Hypertension |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Feb-2015                                    | 10790654      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136105    |                 | Female              | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Joint injury                                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Feb-2015                                    | 10790684      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136717    |                 | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sciatica                                       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Feb-2015                                    | 10790766      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136359    | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                                      |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Feb-2015                       | 10790969      | EXPEDITED (15-DAY)               |                            | HO                       | US-<br>GILEAD-2015-0136657    |                 | Female              | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Neck pain                         |               | HARVONI                          |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Feb-2015                       | 10793493      | DIRECT                           | Y                          | HO                       |                               | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Upper respiratory tract infection |               | HARVONI 90/400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Confusional state                 |               |                                  |                            |                          |                               |                 |                     |                |
| Encephalopathy                    |               |                                  |                            |                          |                               |                 |                     |                |
| Hallucinations, mixed             |               |                                  |                            |                          |                               |                 |                     |                |
| Pneumonia                         |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Feb-2015                       | 10809141      | DIRECT                           |                            |                          |                               |                 | Male                | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Asthenia                          |               | HARVONI                          |                            | S ORAL                   | 1 Tablet QD PO                |                 | GILEAD              |                |
|                                   |               | ASPIRIN                          |                            | C                        |                               |                 |                     |                |
|                                   |               | CLONAZEPAM                       |                            | C                        |                               |                 |                     |                |
|                                   |               | TAMSULOSIN                       |                            | C                        |                               |                 |                     |                |
|                                   |               | LOSARTAN/HET                     |                            | C                        |                               |                 |                     |                |
|                                   |               | FLUOXETINE                       |                            | C                        |                               |                 |                     |                |
|                                   |               | METOPROLOL                       |                            | C                        |                               |                 |                     |                |
| Fatigue                           |               |                                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 13-Feb-2015                | 10714885      | EXPEDITED (15-DAY) |                            | DE,OT                    | US-<br>GILEAD-2015-0131279    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Death                      |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Headache                   |               |                    |                            |                          |                               |                 |                     |                |
| Overdose                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Feb-2015                | 10717597      | EXPEDITED (15-DAY) |                            | DE,OT                    | US-<br>GILEAD-2015-0132178    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myocardial infarction      |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| Haemoglobin decreased      |               |                    |                            |                          |                               |                 |                     |                |
| Respiratory disorder       |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Feb-2015                | 10743028      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0133022    | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood creatinine increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Dysphagia                  |               | CHLORPROMAZINE     |                            | C                        | UNK                           |                 |                     |                |
|                            |               | DAPTOMYCIN         |                            | C                        | UNK                           |                 |                     |                |
|                            |               | ERTAPENEM          |                            | C                        | UNK                           |                 |                     |                |
|                            |               | FINASTERIDE        |                            | C                        | UNK                           |                 |                     |                |
|                            |               | FLECAINIDE         |                            | C                        | UNK                           |                 |                     |                |
|                            |               | MIDODRINE          |                            | C                        | UNK                           |                 |                     |                |
|                            |               | RIFAXIMIN          |                            | C                        | UNK                           |                 |                     |                |
|                            |               | VANCOMYCIN         |                            | C                        | UNK                           |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 13-Feb-2015                          | 10793689      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0136683    | 74 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood alkaline phosphatase increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Glomerular filtration rate decreased |               | ATORVASTATIN       |                            | C                        | UNK                           |                 |                     |                |
| Alanine aminotransferase increased   |               | LISINOPRIL         |                            | C                        |                               |                 |                     |                |
| Aspartate aminotransferase increased |               | HCTZ               |                            | C                        |                               |                 |                     |                |
| Blood bilirubin increased            |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                                      |               | NICOTINE           |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Feb-2015                          | 10793696      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0136573    |                 | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest discomfort                     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Chills                               |               |                    |                            |                          |                               |                 |                     |                |
| Confusional state                    |               |                    |                            |                          |                               |                 |                     |                |
| Cyanosis                             |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                              |               |                    |                            |                          |                               |                 |                     |                |
| Hyperhidrosis                        |               |                    |                            |                          |                               |                 |                     |                |
| Throat tightness                     |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Feb-2015                          | 10794616      | EXPEDITED (15-DAY) |                            | DE,HO,OT                 | US-<br>GILEAD-2015-0137345    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sudden death                         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Depression                           |               | LISINOPRIL         |                            | C UNKNOWN                | UNK                           |                 |                     |                |
| Abdominal pain                       |               | LEXAPRO            |                            | C UNKNOWN                | UNK                           |                 |                     |                |
| Diarrhoea                            |               |                    |                            |                          |                               |                 |                     |                |
| Weight decreased                     |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 13-Feb-2015                     | 10794698      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136396    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypoglycaemia                   |               | HARVONI            |                            | S    UNKNOWN             | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Feb-2015                     | 10794701      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136392    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                        |               | HARVONI            |                            | S    ORAL                | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Feb-2015                     | 10812118      | DIRECT             | Y                          |                          |                               | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain in extremity               |               | HARVONI 90-400 MG  |                            | S    ORAL                | 1 tablet                      |                 | GILEAD              |                |
| Pain in extremity               |               | ALBUTEROL          |                            | C                        |                               |                 |                     |                |
| Contusion                       |               | AMLODIPINE         |                            | C                        |                               |                 |                     |                |
| Fatigue                         |               | ASPIRIN            |                            | C                        |                               |                 |                     |                |
|                                 |               | ATORVASTATIN       |                            | C                        |                               |                 |                     |                |
|                                 |               | BUDESONIDE         |                            | C                        |                               |                 |                     |                |
|                                 |               | CHOLECALCIFEROL    |                            | C                        |                               |                 |                     |                |
|                                 |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                                 |               | SYMBICORT          |                            | C                        |                               |                 |                     |                |
| Decreased appetite              |               |                    |                            |                          |                               |                 |                     |                |
| Joint range of motion decreased |               |                    |                            |                          |                               |                 |                     |                |
| Pain                            |               |                    |                            |                          |                               |                 |                     |                |
| Peripheral swelling             |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Feb-2015               | 10717636      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131161    |                 | Male                | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood bilirubin increased |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                           |               | RIBAVIRIN          |                            | C ORAL                   | 1200 mg, QD                   |                 |                     |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015               | 10783799      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136410    |                 | Male                | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Retching                  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Headache                  |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                    |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015               | 10798316      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0136497    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Epistaxis                 |               |                    |                            |                          |                               |                 |                     |                |
| Tinnitus                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015               | 10798332      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0137008    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension              |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Feb-2015                          | 10798336      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0137173    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pericarditis                         |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015                          | 10798366      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0137177    | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pericarditis<br>Dyspnoea             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015                          | 10798739      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136398    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Psychomotor hyperactivity<br>Fatigue |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|--------------------------|---------------|--------------------|----------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 16-Feb-2015              | 10798754      | EXPEDITED (15-DAY) |                            | DE              | IE-<br>GILEAD-2015-0137044    | 41 YR              | Female          | IRL                 |
|                          |               |                    |                            |                 |                               |                    |                 |                     |
| <u>Preferred Term</u>    |               |                    | <u>Product</u>             | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Malaise                  |               |                    | HARVONI                    | S               | ORAL                          | 1 DF, UNK          |                 | GILEAD              |
|                          |               |                    | COPEGUS                    | C               | UNKNOWN                       | 400 mg, BID        |                 |                     |
|                          |               |                    | TRUVADA                    | C               |                               | UNK                |                 | GILEAD              |
|                          |               |                    | ISENTRESS                  | C               |                               | 400 mg, BID        |                 |                     |
|                          |               |                    | PREZISTA                   | C               |                               | 800 mg, QD         |                 |                     |
|                          |               |                    | NORVIR                     | C               |                               | 100 mg, QD         |                 |                     |
|                          |               |                    | SEPTRIN                    | C               |                               | 960 mg, QD         |                 |                     |
|                          |               |                    | INDERAL                    | C               |                               | 30 mg, BID         |                 |                     |
|                          |               |                    | INDERAL                    | C               |                               |                    |                 |                     |
|                          |               |                    | ALDACTONE<br>00006201/     | C               |                               | 75 mg, QD          |                 |                     |
|                          |               |                    | TARGAXAN                   | C               |                               | 550 mg, BID        |                 |                     |
|                          |               |                    | PANTOPRAZOLE               | C               |                               | 20 mg, QD          |                 |                     |
|                          |               |                    | LAXOSE                     | C               |                               | 15 ml, TID         |                 |                     |
|                          |               |                    | MIRTAZAPINE                | C               |                               | 30 mg, QD          |                 |                     |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|--------------------------|---------------|--------------------|----------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 16-Feb-2015              | 10798757      | EXPEDITED (15-DAY) |                            |                 | US-<br>GILEAD-2015-0136696    | 57 YR              | Female          | USA                 |
|                          |               |                    |                            |                 |                               |                    |                 |                     |
| <u>Preferred Term</u>    |               |                    | <u>Product</u>             | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Accidental overdose      |               |                    | HARVONI                    | S               | UNKNOWN                       | UNK, BID           |                 | GILEAD              |
|                          |               |                    | HARVONI                    | S               | UNKNOWN                       | UNK, QD            |                 | GILEAD              |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|--------------------------|---------------|--------------------|----------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 16-Feb-2015              | 10798759      | EXPEDITED (15-DAY) |                            |                 | US-<br>GILEAD-2015-0136715    |                    | Female          | USA                 |
|                          |               |                    |                            |                 |                               |                    |                 |                     |
| <u>Preferred Term</u>    |               |                    | <u>Product</u>             | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Drug level increased     |               |                    | HARVONI                    | S               | UNKNOWN                       |                    |                 | GILEAD              |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Feb-2015                     | 10798893      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136908    | 43 YR           | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015                     | 10798908      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136952    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C virus test positive |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015                     | 10798909      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137130    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                        |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015                     | 10798912      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136892    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Fatigue             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 16-Feb-2015                | 10798918      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136986    |                 | Male                | USA            |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myalgia                    |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Back pain                  |               |                    |                            |                          |                               |                 |                     |                |
| Musculoskeletal chest pain |               |                    |                            |                          |                               |                 |                     |                |
| Musculoskeletal stiffness  |               |                    |                            |                          |                               |                 |                     |                |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 16-Feb-2015                | 10798932      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137306    |                 | Female              | USA            |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Feb-2015                | 10739242      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133205    |                 | Male                | USA            |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Viral test positive        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Feb-2015                | 10786032      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2015-0136517    | 66 YR           | Male                | USA            |
| <hr/>                      |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Liver disorder             |               | LETAIRIS           |                            | S UNKNOWN                | 10 mg, QD                     |                 | GILEAD              |                |
| Malaise                    |               | LETAIRIS           |                            | S                        |                               |                 | GILEAD              |                |
|                            |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
|                            |               | ADCIRCA            |                            | C                        |                               |                 |                     |                |
|                            |               | VANCOMYCIN         |                            | C                        |                               |                 |                     |                |
|                            |               | HYDROCODONE        |                            | C                        |                               |                 |                     |                |
|                            |               | AMBIEN             |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Feb-2015              | 10803144      | EXPEDITED (15-DAY)      |                            | DE,HO,OT                 | DE-<br>GILEAD-2015-0137543    | 66 YR           | Male                | DEU            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cerebral haemorrhage     |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | AGGRENOLX               |                            | S ORAL                   | 2 DF, QD                      |                 |                     |                |
|                          |               | PREDNISOLONE            |                            | C ORAL                   | 5 mg, QD                      |                 |                     |                |
|                          |               | SANDIMMUN               |                            | C ORAL                   | 25 mg, UNK                    |                 |                     |                |
|                          |               | AZATHIOPRINE            |                            | C ORAL                   | 50 mg, QD                     |                 |                     |                |
|                          |               | DOCITON                 |                            | C ORAL                   | 10 mg, TID                    |                 |                     |                |
|                          |               | PANTOZOL /<br>01263204/ |                            | C ORAL                   | 20 mg, QD                     |                 |                     |                |
|                          |               | SPIRONOLACTONE A L      |                            | C ORAL                   | 5 mg, QD                      |                 |                     |                |
|                          |               | TORASEMID               |                            | C ORAL                   | 10 mg, QD                     |                 |                     |                |
|                          |               | TAMSULOSIN              |                            | C ORAL                   | 0.4 mg, QD                    |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Feb-2015              | 10841344      | DIRECT           |                            | OT                       |                               | 85 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                |               | HARVONI          |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Muscle spasms            |               |                  |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Feb-2015              | 10853162      | DIRECT           | Y                          | OT                       |                               | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dizziness                |               | HARVONI          |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| Visual impairment        |               |                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Feb-2015              | 10853183      | DIRECT                           | Y                          |                          |                               | 60 YR           | Male                |                |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Peripheral coldness      |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015              | 10853629      | DIRECT                           |                            | OT                       |                               |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Constipation             |               | HAVONI                           |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | CODEINE                          |                            | C                        |                               |                 |                     |                |
|                          |               | VICODIN                          |                            | C                        |                               |                 |                     |                |
|                          |               | PROTONIX                         |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015              | 10853654      | DIRECT                           | Y                          |                          |                               | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015              | 10853655      | DIRECT                           |                            | OT                       |                               | 58 YR           | Unknown             | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug dose omission       |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Feb-2015              | 10854826      | DIRECT                               |                            | HO                       |                               | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic encephalopathy   |               | HARVONI                              |                            | S                        | ORAL                          |                 | GILEAD              |                |
| Frequent bowel movements |               | LEXAPRO                              |                            | C                        |                               |                 |                     |                |
|                          |               | FUROSEMIDE ORAL                      |                            | C                        |                               |                 |                     |                |
|                          |               | LACTULOSE                            |                            | C                        |                               |                 |                     |                |
|                          |               | NADOLOL                              |                            | C                        |                               |                 |                     |                |
|                          |               | NEOMYCIN                             |                            | C                        |                               |                 |                     |                |
|                          |               | PROMETHAZINE                         |                            | C                        |                               |                 |                     |                |
|                          |               | RIFAXIMIN                            |                            | C                        |                               |                 |                     |                |
|                          |               | SPIRONOLACTONE                       |                            | C                        |                               |                 |                     |                |
| Anaemia                  |               |                                      |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015              | 10854847      | DIRECT                               |                            |                          |                               | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI 90-400MG GILEAD SCIENCES     |                            | S                        | ORAL                          |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015              | 10860992      | DIRECT                               | Y                          |                          |                               | 44 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza like illness   |               | HARVONI 90-400MG TAB GILEAD SCIENCES |                            | S                        | ORAL                          |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015              | 10860998      | DIRECT                               | Y                          |                          |                               | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fluid imbalance          |               | HARVONI                              |                            | S                        | ORAL                          | 1               | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Feb-2015                        | 10861001      | DIRECT             | Y                          |                          |                               | 65 YR           | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Nausea                  |               | HARVONI 90-400 MG  |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015                        | 10861094      | DIRECT             | Y                          |                          |                               |                 | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Cough<br>Sleep disorder |               | HARVONI            |                            | S ORAL                   | 1 pill, QD, Oral              | 4 WEEK          |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Feb-2015                        | 10861175      | DIRECT             | Y                          | HO,LT                    |                               | 68 YR           | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Atrial fibrillation                |               | HARVONI            |                            | S ORAL                   | 1                             |                 |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                        | 10691200      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0128242    |                 | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                        | 10737992      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0133092    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Orthostatic hypotension            |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Feb-2015                         | 10739122      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132713    | 53 YR           | Male                | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Renal disorder                      |               | HARVONI            |                            | S ORAL                   | 1 UNK, UNK                    |                 | GILEAD              |                |
| Back pain                           |               |                    |                            |                          |                               |                 |                     |                |
| Muscle strain                       |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                         | 10756393      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133956    | 61 YR           | Female              | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alpha 1 foetoprotein decreased      |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                         | 10798907      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0137063    |                 | Male                | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Viral load increased                |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Drug ineffective                    |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                         | 10830645      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0131947    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pancytopenia                        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Glomerular filtration rate abnormal |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Feb-2015                                 | 10833299      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0137835    |                 | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rheumatoid arthritis                        |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                                 | 10833571      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0136100    |                 | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Multiple fractures<br>Road traffic accident |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                                 | 10836026      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137107    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                                    |               | HARVONI            |                            | S ORAL                   | 1 DF, BID                     |                 | GILEAD              |                |
|                                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                                 | 10836028      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137109    | 51 YR           | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety<br>Fatigue                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                                 | 10836029      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137007    |                 | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug dose omission                          |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------|---------------|--------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Feb-2015                      | 10836036      | EXPEDITED (15-DAY)       |                            |                          | US-<br>GILEAD-2015-0137110    | 66 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Tinnitus                         |               | HARVONI                  |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                      | 10836061      | EXPEDITED (15-DAY)       |                            |                          | US-<br>GILEAD-2015-0137270    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>            |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety<br>Nausea                |               | HARVONI                  |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                      | 10862796      | DIRECT                   | Y                          | HO                       |                               | 39 YR           | Male                |                |
| <u>Preferred Term</u>            |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hypertension<br>Tachycardia      |               | HARVONI                  |                            | S ORAL                   |                               |                 | UNKNOWN             |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                      | 10862821      | DIRECT                   | Y                          |                          |                               | 56 YR           | Female              |                |
| <u>Preferred Term</u>            |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Palpitations<br>Chest discomfort |               | HARVONI                  |                            | S ORAL                   | 1 tablet                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>         | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                      | 10862894      | DIRECT                   | Y                          |                          |                               | 58 YR           | Male                |                |
| <u>Preferred Term</u>            |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Thirst               |               | HARVONI 90/400 MG GILEAD |                            | S ORAL                   |                               |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Feb-2015                                         | 10866431      | DIRECT             |                            | HO                       |                               | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Mental status changes<br>Convulsion                 |               | HARVONI            |                            | S ORAL                   | 1 pill QD Oral                |                 | GILEAD              |                |
| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Feb-2015                                         | 10866437      | DIRECT             |                            | HO                       |                               | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastric disorder<br>Clostridium difficile infection |               | HARVONI            |                            | S ORAL                   | 1 QD Oral                     |                 |                     |                |
| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                         | 10712072      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0130952    | 48 YR           | Female              | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                            |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                         | 10712097      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131130    |                 | Male                | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza like illness<br>Pyrexia                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|---------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015              | 10717661      | EXPEDITED (15-DAY)  |                            |                          | US-<br>GILEAD-2015-0131188    | 58 YR           | Female              | USA            |
| <hr/>                    |               |                     |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Genital herpes           |               | HARVONI             |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Abasia                   |               |                     |                            |                          |                               |                 |                     |                |
| Back pain                |               |                     |                            |                          |                               |                 |                     |                |
| Lymphadenopathy          |               |                     |                            |                          |                               |                 |                     |                |
| Muscle spasms            |               |                     |                            |                          |                               |                 |                     |                |
| Nasopharyngitis          |               |                     |                            |                          |                               |                 |                     |                |
| Pain in extremity        |               |                     |                            |                          |                               |                 |                     |                |
| <hr/>                    |               |                     |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10739143      | EXPEDITED (15-DAY)  |                            |                          | US-<br>GILEAD-2015-0133372    | 45 YR           | Male                | USA            |
| <hr/>                    |               |                     |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Feeling hot              |               | HARVONI             |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Irritability             |               | NEXIUM<br>01479302/ | /                          | C ORAL                   | 20 mg, UNK                    |                 |                     |                |
| Diarrhoea                |               | ALEVE               |                            | C ORAL                   | 2 DF, prn                     |                 |                     |                |
| Headache                 |               |                     |                            |                          |                               |                 |                     |                |
| <hr/>                    |               |                     |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10777032      | EXPEDITED (15-DAY)  |                            | OT                       | US-<br>GILEAD-2015-0135860    | 24 YR           | Female              | USA            |
| <hr/>                    |               |                     |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dermatitis bullous       |               | HARVONI             |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| Rash                     |               |                     |                            |                          |                               |                 |                     |                |
| Rash erythematous        |               |                     |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------|---------------|----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015                                 | 10780827      | EXPEDITED (15-DAY)   |                            | OT                       | US-<br>GILEAD-2015-0130428    |                 | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug ineffective                            |               | HARVONI              |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                 | 10844737      | EXPEDITED (15-DAY)   |                            | OT                       | US-<br>GILEAD-2015-0137324    |                 | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Renal impairment<br>Blood glucose increased |               | HARVONI              |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                 | 10844809      | EXPEDITED (15-DAY)   |                            | DE,OT                    | US-<br>GILEAD-2015-0138178    |                 | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Death                                       |               | HARVONI<br>RIBAVIRIN |                            | S UNKNOWN<br>C           |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                 | 10846534      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0137187    |                 | Female              | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                                    |               | HARVONI              |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                    | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                 | 10846600      | EXPEDITED (15-DAY)   |                            | HO,OT                    | US-<br>GILEAD-2015-0138134    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>                       |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chronic hepatic failure                     |               | HARVONI              |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015              | 10846602      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137255    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10846607      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137271    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10846626      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137275    | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myalgia                  |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10846678      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137287    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015              | 10846681      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137362    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose      |               | HARVONI            |                            | S ORAL                   | 1 DF, BID                     |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10847206      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137394    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pruritus                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10847217      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137582    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose      |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S UNKNOWN                | 2 UNK, UNK                    |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10847223      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137552    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                 |               | HARVONI            |                            | S ORAL                   | df                            |                 | GILEAD              |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Dizziness postural       |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015                                  | 10847226      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137840    |                 | Female              | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastroesophageal reflux disease<br>Dyspepsia |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                  | 10847227      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137446    | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue<br>Dyspepsia<br>Headache             |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                  | 10847241      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137587    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Diarrhoea                        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                                  | 10847245      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137592    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>                        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                                      |               | HARVONI<br>CHANTIX |                            | S ORAL<br>S UNKNOWN      | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015              | 10847247      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0137848    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | INSULIN                |                            | C                        |                               |                 |                     |                |
|                          |               | COLACE                 |                            | C                        |                               |                 |                     |                |
|                          |               | VASOTEC<br>00574902/   | /                          | C                        |                               |                 |                     |                |
|                          |               | METHADONE              |                            | C                        |                               |                 |                     |                |
|                          |               | LASIX                  | /00032601/                 | C                        |                               |                 |                     |                |
|                          |               | ALDACTONE<br>00006201/ | /                          | C                        |                               |                 |                     |                |
|                          |               | LACTULOSE              |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10847251      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0137448    | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urticaria                |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash                     |               | HYDROXYCHLOROQUINE     |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015              | 10847256      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0137504    | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                        |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015                          | 10847259      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0137546    |                 | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aspartate aminotransferase increased |               | HARVONI                 |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Alanine aminotransferase increased   |               | LIPITOR                 |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                          | 10847272      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0137943    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                             |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                          | 10847305      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0137846    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                              |               | HARVONI                 |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                                      |               | PROPANOLOL<br>00030001/ | /                          | C                        |                               |                 |                     |                |
|                                      |               | LACTULOSE               |                            | C                        |                               |                 |                     |                |
|                                      |               | VENTOLIN<br>00139501/   | /                          | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                          | 10847312      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0137953    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                             |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
|--------------------------------------------------------------|---------------|---------------------------|----------------------------|---------------------------------------|--------------------------------|-----------------|-------------------------------|----------------|
| 20-Feb-2015                                                  | 10847369      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2015-0137965     | 55 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Abdominal distension<br>Headache    |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S ORAL    | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 20-Feb-2015                                                  | 10847461      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2015-0137451     | 53 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Headache                            |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 20-Feb-2015                                                  | 10847512      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2015-0137678     |                 | Female                        | USA            |
| <u>Preferred Term</u><br>Road traffic accident<br>Drug abuse |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>UNK      | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 20-Feb-2015                                                  | 10847516      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2015-0137558     | 50 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Nasopharyngitis                     |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S ORAL    | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>          | <u>Health Professional</u> | <u>Outcomes</u>                       | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 20-Feb-2015                                                  | 10847529      | EXPEDITED (15-DAY)        |                            |                                       | US-<br>GILEAD-2015-0137888     | 61 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Skin lesion                         |               | <u>Product</u><br>HARVONI |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN | <u>Dosage Text</u><br>UNK      | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015                            | 10847575      | EXPEDITED (15-DAY) |                            | LT,OT                    | DE-<br>GILEAD-2015-0138413    | 59 YR           | Male                | DEU            |
| <u>Preferred Term</u>                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pulmonary fibrosis                     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Condition aggravated                   |               | ACC                | /00082801/                 | C ORAL                   | 600 mg, TID                   |                 |                     |                |
| Respiratory failure                    |               | THYRONAJOD         |                            | C ORAL                   | 50 µg, QD                     |                 |                     |                |
|                                        |               | PREDNISOLON        | /                          | C ORAL                   | UNK                           |                 |                     |                |
|                                        |               | 00016201/          |                            |                          |                               |                 |                     |                |
|                                        |               | TORASEMID          |                            | C ORAL                   | 5 mg, UNK                     |                 |                     |                |
| <u>FDA Received Date</u>               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                            | 10847665      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0137143    |                 | Male                | USA            |
| <u>Preferred Term</u>                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Unevaluable event                      |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Weight decreased                       |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                            | 10847696      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137977    |                 | Male                | USA            |
| <u>Preferred Term</u>                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood creatine phosphokinase increased |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>               | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Feb-2015                            | 10847706      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138026    | 40 YR           | Male                | USA            |
| <u>Preferred Term</u>                  |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                              |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 20-Feb-2015              | 10868470      | DIRECT             |                            |                          |                               | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI            |                            | S ORAL                   | 90-400 mg                     |                 | GILEAD              |                |
|                          |               | FLUTICASONE        |                            | C                        |                               |                 |                     |                |
| Headache                 |               | LEVITRA            |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10855487      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136972    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose      |               | HARVONI            |                            | S UNKNOWN                | 2 DF, UNK                     |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856268      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0138007    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bladder cancer           |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856385      | EXPEDITED (15-DAY) |                            | HO,OT                    | GB-<br>GILEAD-2015-0137748    |                 | Male                | GBR            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic cirrhosis        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Feb-2015              | 10856443      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0138540    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cryoglobulinaemia        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Burning sensation        |               |                    |                            |                          |                               |                 |                     |                |
| Erythema                 |               |                    |                            |                          |                               |                 |                     |                |
| Pruritus                 |               |                    |                            |                          |                               |                 |                     |                |
| Rash                     |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856496      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137478    | 46 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856512      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137877    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Feeling cold             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Peripheral coldness      |               | LEVOTHYROXINE      |                            | C                        | 100 µg, QD                    |                 |                     |                |
|                          |               | TRAZODONE          |                            | C                        | 100 mg, UNK                   |                 |                     |                |
|                          |               | BUPROPION          |                            | C                        | 100 mg, UNK                   |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856575      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138048    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 23-Feb-2015              | 10856603      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138120    | 48 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sinusitis                |               | HARVONI            |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856662      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138130    | 43 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis          |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856686      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138444    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Negative thoughts        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856691      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138537    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 23-Feb-2015              | 10856709      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138532    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Dizziness    |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>                                                                                                         | <u>Health Professional</u> | <u>Outcomes</u>                                             | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
|--------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------------------------|-------------------------------|-----------------|-------------------------------|----------------|
| 23-Feb-2015                                                  | 10856718      | EXPEDITED (15-DAY)                                                                                                       |                            |                                                             | US-<br>GILEAD-2015-0138582    |                 | Male                          | USA            |
| <u>Preferred Term</u><br>Metabolic acidosis<br>Hyperkalaemia |               | <u>Product</u><br>HARVONI                                                                                                |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN                       | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>                                                                                                         | <u>Health Professional</u> | <u>Outcomes</u>                                             | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 23-Feb-2015                                                  | 10856773      | EXPEDITED (15-DAY)                                                                                                       |                            |                                                             | US-<br>GILEAD-2015-0138639    |                 | Male                          | USA            |
| <u>Preferred Term</u><br>Abdominal pain upper                |               | <u>Product</u><br>HARVONI                                                                                                |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN                       | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>                                                                                                         | <u>Health Professional</u> | <u>Outcomes</u>                                             | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 23-Feb-2015                                                  | 10863418      | EXPEDITED (15-DAY)                                                                                                       |                            |                                                             | US-<br>GILEAD-2015-0138545    |                 | Female                        | USA            |
| <u>Preferred Term</u><br>Headache                            |               | <u>Product</u><br>HARVONI                                                                                                |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN                       | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                     | <u>Case #</u> | <u>Case Type</u>                                                                                                         | <u>Health Professional</u> | <u>Outcomes</u>                                             | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 23-Feb-2015                                                  | 10871523      | DIRECT                                                                                                                   |                            | OT                                                          |                               | 59 YR           | Male                          | USA            |
| <u>Preferred Term</u><br>Drug dose omission                  |               | <u>Product</u><br>HARVONI 90/400MG GILEAD<br>METOPROLOL<br>LISINOPRIL<br>HYDROCODONE/APAP<br>ASA<br>ACCU-CHEK AVIVA PLUS |                            | <u>Role</u> <u>Route</u><br>S ORAL<br>C<br>C<br>C<br>C<br>C | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 24-Feb-2015                           | 10739296      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133446    | 36 YR           | Male                | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                               |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015                           | 10752207      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0134070    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diverticulitis                        |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash generalised                      |               | PRAVASTATIN        |                            | C                        | 20 mg, UNK                    |                 |                     |                |
|                                       |               | COUMADIN           |                            | C                        |                               |                 |                     |                |
|                                       |               | 00014802/          |                            |                          |                               |                 |                     |                |
|                                       |               | GLIPIZIDE          |                            | C                        |                               |                 |                     |                |
|                                       |               | LEVEMIR            |                            | C                        |                               |                 |                     |                |
|                                       |               | LISINOPRIL         |                            | C                        |                               |                 |                     |                |
|                                       |               | GABAPENTIN         |                            | C                        |                               |                 |                     |                |
|                                       |               | AMBIEN             |                            | C                        |                               |                 |                     |                |
|                                       |               | AMITRIPTYLINE      |                            | C                        |                               |                 |                     |                |
|                                       |               | NORCO              |                            | C                        | UNK, prn                      |                 |                     |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015                           | 10798483      | EXPEDITED (15-DAY) |                            | DE,HO,OT                 | AT-<br>GILEAD-2015-0137032    | 54 YR           | Male                | AUT            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Septic shock                          |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| Enterocolitis                         |               | SPIRONOLACTONE     |                            | C ORAL                   | 50 mg, UNK                    |                 |                     |                |
| Abdominal pain                        |               |                    |                            |                          |                               |                 |                     |                |
| General physical health deterioration |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 24-Feb-2015                | 10863535      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137962    | 47 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood creatinine increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                            |               | LEVOTHYROXINE      |                            | C                        |                               |                 |                     |                |
|                            |               | BUPROPION          |                            | C                        |                               |                 |                     |                |
|                            |               | INDOMETHACIN       | /                          | C                        |                               |                 |                     |                |
|                            |               | 00003801/          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015                | 10863593      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138067    |                 | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Nausea                     |               | RIBAVIRIN          |                            | S UNKNOWN                |                               |                 |                     |                |
| Diarrhoea                  |               | FIORICET           |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015                | 10863603      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137844    | 64 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                    |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Amnesia                    |               |                    |                            |                          |                               |                 |                     |                |
| Malaise                    |               |                    |                            |                          |                               |                 |                     |                |
| Tremor                     |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015                | 10863605      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137983    |                 | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vertigo                    |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 24-Feb-2015              | 10863630      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0138055    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Enzyme level decreased   |               | HARVONI                          |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Platelet disorder        |               | RIBAVIRIN                        |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015              | 10863660      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0138138    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Thermal burn             |               | HARVONI                          |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015              | 10864251      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0139019    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI                          |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015              | 10864253      | EXPEDITED (15-DAY)               |                            |                          | US-<br>GILEAD-2015-0139018    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI                          |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 24-Feb-2015              | 10879531      | DIRECT                           |                            | OT                       |                               | 65 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   | 1 tablet Daily Oral           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 24-Feb-2015              | 10879854      | DIRECT                           |                            |                          |                               | 53 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Menstrual disorder       |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | NYSTATIN                         |                            | C                        |                               |                 |                     |                |
|                          |               | GAVILYTE-G                       |                            | C                        |                               |                 |                     |                |
|                          |               | METFORMIN                        |                            | C                        |                               |                 |                     |                |
|                          |               | VIT C                            |                            | C                        |                               |                 |                     |                |
|                          |               | CORRECTOL                        |                            | C                        |                               |                 |                     |                |
|                          |               | MULTIVITAL                       |                            | C                        |                               |                 |                     |                |
|                          |               | ENALAPRIL                        |                            | C                        |                               |                 |                     |                |
|                          |               | HCTZ/TRAIMT                      |                            | C                        |                               |                 |                     |                |
|                          |               | LORAZEPAM                        |                            | C                        |                               |                 |                     |                |
| Menstrual disorder       |               |                                  |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 24-Feb-2015              | 10879939      | DIRECT                           |                            |                          |                               | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Diarrhoea                |               | WARFRAIN                         |                            | C                        |                               |                 |                     |                |
| Rash                     |               | PATANOL                          |                            | C                        |                               |                 |                     |                |
| Rash                     |               | FENOFIBRATE                      |                            | C                        |                               |                 |                     |                |
|                          |               | CEREFOLIN                        |                            | C                        |                               |                 |                     |                |
|                          |               | RISPERDAL                        |                            | C                        |                               |                 |                     |                |
| Migraine                 |               |                                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 25-Feb-2015              | 10777354      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2015-0135806    | 45 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Throat tightness         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash generalised         |               | SYNTHROID          |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015              | 10867007      | NON-EXPEDITED      |                            |                          | US-PFIZER<br>INC-2015070354   | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               | Chantix            |                            | S                        | UNK                           |                 | PFIZER              |                |
|                          |               | HARVONI            |                            | S ORAL                   | 1 DF, 1x/day                  |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015              | 10867579      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138553    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myalgia                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015              | 10868079      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138155    | 44 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza like illness   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |
| Myalgia                  |               |                    |                            |                          |                               |                 |                     |                |
| Nausea                   |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 25-Feb-2015              | 10868601      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139153    | 25 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain                     |               | HARVONI            |                            | S ORAL                   | 1 Unknown, QD                 |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| Myalgia                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015              | 10868801      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139146    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pruritus                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Abdominal discomfort     |               |                    |                            |                          |                               |                 |                     |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015              | 10877709      | DIRECT             |                            |                          |                               | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pain in extremity        |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Hypoaesthesia            |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                          |               | CYCLOSPORINE       |                            | C                        |                               |                 |                     |                |
|                          |               | AMLODIPINE         |                            | C                        |                               |                 |                     |                |
|                          |               | MAGNESIUM          |                            | C                        |                               |                 |                     |                |
| Pain in extremity        |               |                    |                            |                          |                               |                 |                     |                |
| Sensory disturbance      |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 25-Feb-2015              | 10877973      | DIRECT                   |                            | OT                       |                               | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Decreased appetite       |               | RIBAVIRIN                |                            | S ORAL                   |                               |                 | ZYDUS PHARM         |                |
| Nausea                   |               | METHADONE                |                            | C                        |                               |                 |                     |                |
| Insomnia                 |               | HUMALOG INSULIN          |                            | C                        |                               |                 |                     |                |
|                          |               | SYNTHROID                |                            | C                        |                               |                 |                     |                |
|                          |               | CEPHALEXIN               |                            | C                        |                               |                 |                     |                |
|                          |               | LISINOPRIL               |                            | C                        |                               |                 |                     |                |
|                          |               | ATENOLOL                 |                            | C                        |                               |                 |                     |                |
|                          |               | AMLODIPINE               |                            | C                        |                               |                 |                     |                |
|                          |               | LEVOTHYROXINE            |                            | C                        |                               |                 |                     |                |
|                          |               | FUROSEMIDE               |                            | C                        |                               |                 |                     |                |
|                          |               | POTASSIUM                |                            | C                        |                               |                 |                     |                |
|                          |               | A & D                    |                            | C                        |                               |                 |                     |                |
|                          |               | RIBAVIRIN                |                            | C                        |                               |                 |                     |                |
|                          |               | CLONIDINE                |                            | C                        |                               |                 |                     |                |
|                          |               | MAGNESIUM                |                            | C                        |                               |                 |                     |                |
|                          |               | VIT D                    |                            | C                        |                               |                 |                     |                |
| Abdominal pain upper     |               |                          |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015              | 10880894      | DIRECT                   |                            |                          |                               | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain upper     |               | HARVONI 90/400 MG GILEAD |                            | S ORAL                   |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                 | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------|---------------|--------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 25-Feb-2015                              | 10881494      | DIRECT                   | Y                          |                          |                               | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea<br>Flatulence                  |               | HARVONI 90/400 MG GILEAD |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| <u>FDA Received Date</u>                 | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 25-Feb-2015                              | 10882614      | DIRECT                   |                            | HO,DS                    |                               | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>                    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cluster headache<br>Diplopia<br>Migraine |               | HARVONI                  |                            | S                        | 1 pill am mouth               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                 | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                              | 10714690      | EXPEDITED (15-DAY)       |                            | DE,OT                    | CA-<br>GILEAD-2015-0131927    | 60 YR           | Male                | CAN            |
| <u>Preferred Term</u>                    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Haemorrhage                              |               | HARVONI                  |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
|                                          |               | RIBAVIRIN                |                            | C ORAL                   | 400 mg, UNK                   |                 |                     |                |
|                                          |               | PANGRAF                  |                            | C ORAL                   | 1 mg, UNK                     |                 |                     |                |
|                                          |               | RANITIDINE               |                            | C ORAL                   | 150 mg, UNK                   |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015              | 10870213      | EXPEDITED (15-DAY) |                            | HO                       | FR-SA-2015SA022121            | 14 YR           | Male                | FRA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Epilepsy                 |               | DEPAKINE           |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | DEPAKINE           |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | LASILIX            |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | IMOVANE            |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | PANTOPRAZOLE       |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | HARVONI            |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | XEROQUEL           |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | ATARAX             |                            | S ORAL                   | strenght: 25 mg               |                 |                     |                |
|                          |               | ADCIRCA            |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | COVERSYL           |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | ALDACTONE          |                            | S ORAL                   |                               |                 |                     |                |
|                          |               | NICOBION           |                            | S ORAL                   |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015              | 10870716      | EXPEDITED (15-DAY) |                            |                          | US-GILEAD-2015-0139185        | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diarrhoea                |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015              | 10870725      | EXPEDITED (15-DAY) |                            |                          | US-GILEAD-2015-0139299        |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Peripheral swelling      |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015                  | 10870752      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139205    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea<br>Diarrhoea          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                  | 10872112      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138122    |                 | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Insomnia         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                  | 10872210      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138580    | 46 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash<br>Abdominal discomfort |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                  | 10872222      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139411    | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015                                                                 | 10872229      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139393    | 62 YR           | Unknown             | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Psychomotor hyperactivity<br>Cyst drainage<br>Pain in extremity<br>Pruritus |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                                                                 | 10872241      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138742    | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis                                                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                                                                 | 10872260      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138745    |                 | Male                | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic pain                                                                |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                    | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 26-Feb-2015                                                                 | 10872280      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138609    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                       |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                                                     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015                             | 10872281      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138610    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>                   |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lethargy<br>Fatigue<br>Feeling abnormal |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 26-Feb-2015              | 10872282      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138641    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia universalis     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                                           | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-----------------------------------------------------------------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015                | 10735713      | EXPEDITED (15-DAY) |                            | HO                       | IE-ROCHE-1525375                                                                        | 61 YR           | Male                | IRL            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                                      | <u>Duration</u> | <u>Manufacturer</u> |                |
| Haemoglobin decreased      |               | Copegus            |                            | S UNKNOWN                | 400mg mane and<br>600mg tarde                                                           |                 |                     |                |
| Blood phosphorus decreased |               | HARVONI            |                            | S ORAL                   | 400mg/ 90mg<br>Most recent therapy<br>prior to the event was<br>received on 09/Jan/2015 |                 |                     |                |
| Blood potassium decreased  |               | TRUVADA            |                            | C UNKNOWN                | 245mg/200mg                                                                             |                 |                     |                |
|                            |               | PREZISTA           |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
|                            |               | NORVIR             |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
|                            |               | LANSOPRAZOLE       |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
|                            |               | SEPTRIN FORTE      |                            | C UNKNOWN                | 160mg/800mg Tablets                                                                     |                 |                     |                |
|                            |               | METHADONE          |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
|                            |               | LAXOSE             |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
|                            |               | FUROSEMIDE         |                            | C UNKNOWN                | Mane                                                                                    |                 |                     |                |
|                            |               | Diazepam           |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
|                            |               | THIAMINE           |                            | C UNKNOWN                |                                                                                         |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                                           | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                | 10746444      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0133704                                                              |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                                      | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C                |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                                                                                |                 | GILEAD              |                |
| Drug ineffective           |               | NORVASC            |                            | C                        |                                                                                         |                 |                     |                |
|                            |               | AMARYL             |                            | C                        |                                                                                         |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------|---------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015                           | 10783648      | EXPEDITED (15-DAY)     |                            | HO,OT                    | IE-<br>GILEAD-2015-0136051    | 51 YR           | Male                | IRL            |
| <u>Preferred Term</u>                 |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sepsis                                |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Syncope                               |               | RIBAVIRIN              |                            | S ORAL                   | UNK                           |                 |                     |                |
| Body temperature decreased            |               | ALDACTONE<br>00006201/ | /                          | C                        |                               |                 |                     |                |
|                                       |               | THIAMINE               |                            | C                        |                               |                 |                     |                |
|                                       |               | PARACETAMOL            |                            | C                        |                               |                 |                     |                |
|                                       |               | RIFAXIMIN              |                            | C                        |                               |                 |                     |                |
|                                       |               | OMEPRAZOLE             |                            | C                        |                               |                 |                     |                |
|                                       |               | PROPRANOLOL            |                            | C                        |                               |                 |                     |                |
|                                       |               | LACTULOSE              |                            | C                        |                               |                 |                     |                |
|                                       |               | MOVICOL<br>01749801/   | /                          | C                        |                               |                 |                     |                |
|                                       |               | CIPROFLOXACIN          |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                           | 10872038      | EXPEDITED (15-DAY)     |                            | OT                       | US-<br>GILEAD-2015-0138727    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alanine aminotransferase increased    |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Aspartate aminotransferase increased  |               |                        |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                           | 10873696      | EXPEDITED (15-DAY)     |                            | OT                       | US-<br>GILEAD-2015-0138602    |                 | Male                | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastric bypass                        |               | HARVONI                |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Hepatitis C virus test positive       |               |                        |                            |                          |                               |                 |                     |                |
| Wrong technique in drug usage process |               |                        |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015                                                                    | 10874140      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0138604    |                 | Female              | USA            |
| <u>Preferred Term</u>                                                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Lipase increased<br>Abdominal pain<br>Amylase increased<br>Dyspnoea<br>Malaise |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                                                                    | 10874158      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138606    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Irritability<br>Insomnia                                                       |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                                                                    | 10874166      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138904    |                 | Female              | USA            |
| <u>Preferred Term</u>                                                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Feeling hot<br>Rash                                                            |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                                                                    | 10874168      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138608    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                                                       |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015                    | 10874169      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138936    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety<br>Fatigue<br>Headache |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                    | 10874180      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139170    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis<br>Pyrexia     |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>       | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                    | 10874189      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139216    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>          |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>        | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------------------|----------------------------|--------------------------|--------------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015              | 10874222      | EXPEDITED (15-DAY)                  |                            | HO                       | FR-<br>ABBVIE-15P-056-135327<br>8-00 | 14 YR           | Male                | FRA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                   | <u>Duration</u> | <u>Manufacturer</u> |                |
| Epilepsy                 |               | DEPAKINE                            |                            | S ORAL                   |                                      |                 |                     |                |
| Brain death              |               | LASILIX                             |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | IMOVANE                             |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | PANTOPRAZOLE                        |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | HARVONI (LEDIPASVIR/<br>SOFOSBUVIR) |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | XEROQUEL                            |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | ATARAX                              |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | ADCIRCA                             |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | COVERSYL                            |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | ALDACTONE                           |                            | S ORAL                   |                                      |                 |                     |                |
|                          |               | NICOTINAMIDE                        |                            | S ORAL                   |                                      |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>        | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015              | 10874237      | EXPEDITED (15-DAY)                  |                            |                          | US-<br>GILEAD-2015-0139440           | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                   | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis          |               | HARVONI                             |                            | S ORAL                   | 1 DF, QD                             |                 | GILEAD              |                |
| Fatigue                  |               |                                     |                            |                          |                                      |                 |                     |                |
| Nausea                   |               |                                     |                            |                          |                                      |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                    | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>        | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015              | 10874264      | EXPEDITED (15-DAY)                  |                            |                          | US-<br>GILEAD-2015-0139803           | 30 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                      |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                   | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash pruritic            |               | HARVONI                             |                            | S UNKNOWN                | UNK                                  |                 | GILEAD              |                |
| Rash                     |               | RAMIPRIL                            |                            | C                        |                                      |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015                     | 10874283      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139681    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest pain                      |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                     | 10875065      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0138711    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C<br>Drug ineffective |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                     | 10875372      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0139346    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Crohn's disease                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015                     | 10881925      | DIRECT             |                            |                          |                               | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                         |               | HARVONI            |                            | S ORAL                   | 90mg/400mg 1qd po             |                 | GILEAD              |                |
| Nausea                          |               | VICTOZA            |                            | C                        |                               |                 |                     |                |
| Insomnia                        |               | LISINOPRIL         |                            | C                        |                               |                 |                     |                |
| Vision blurred                  |               | PERCOCET           |                            | C                        |                               |                 |                     |                |
|                                 |               | ATIVAN             |                            | C                        |                               |                 |                     |                |
| Diarrhoea                       |               |                    |                            |                          |                               |                 |                     |                |
| Diplopia                        |               |                    |                            |                          |                               |                 |                     |                |
| Headache                        |               |                    |                            |                          |                               |                 |                     |                |
| Lymphadenopathy                 |               |                    |                            |                          |                               |                 |                     |                |
| Vomiting                        |               |                    |                            |                          |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 27-Feb-2015              | 10884742      | DIRECT             |                            |                          |                               |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI 90MG-400MG |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | MORPHINE SULFATE   |                            | C                        |                               |                 |                     |                |
|                          |               | CYCLOBENZAPRINE    |                            | C                        |                               |                 |                     |                |
|                          |               | FLUVIRIN           |                            | C                        |                               |                 |                     |                |
|                          |               | CITALOPRAM         |                            | C                        |                               |                 |                     |                |
|                          |               | GLUCOS/CHOND       |                            | C                        |                               |                 |                     |                |
|                          |               | MORPHINE SULF      |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 27-Feb-2015              | 10886566      | DIRECT             |                            |                          |                               |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | MORPHINE SULFATE   |                            | C                        |                               |                 |                     |                |
|                          |               | CYCLOBENZAPRINE    |                            | C                        |                               |                 |                     |                |
|                          |               | FLUVIRIN           |                            | C                        |                               |                 |                     |                |
|                          |               | CITALOPRAM         |                            | C                        |                               |                 |                     |                |
|                          |               | GLUCOS/CHOND D/S   |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10691719      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2014-0129934    | 44 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Abdominal discomfort     |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Mar-2015              | 10722362      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0131890    | 23 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pregnancy                |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10727419      | EXPEDITED (15-DAY) |                            | HO                       | IE-<br>GILEAD-2015-0132636    | 38 YR           | Female              | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Haemoglobin decreased    |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                          |               | COPEGUS            |                            | S ORAL                   | 1000 mg, QD                   |                 |                     |                |
|                          |               | COPEGUS            |                            | S ORAL                   | 400 mg, BID                   |                 |                     |                |
|                          |               | TRUVADA            |                            | C                        | 1 DF, UNK                     |                 | GILEAD              |                |
|                          |               | DAPSONE            |                            | C                        | 100 mg, QD                    |                 |                     |                |
|                          |               | LANSOPRAZOLE       |                            | C                        | 15 mg, UNK                    |                 |                     |                |
|                          |               | ZITHROMAX          |                            | C                        | 1.25 g, Q1Wk                  |                 |                     |                |
|                          |               | PREZISTA           |                            | C                        | 800 mg, QD                    |                 |                     |                |
|                          |               | LAXOSE             |                            | C                        | 15 ml, TID                    |                 |                     |                |
|                          |               | INDERAL            |                            | C                        | 10 mg, BID                    |                 |                     |                |
|                          |               | NORVIR             |                            | C                        | 100 mg, QD                    |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10739119      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0132783    | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Flatulence               |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Abdominal distension     |               |                    |                            |                          |                               |                 |                     |                |
| Abdominal pain           |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                              | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|------------------------------------------------------------|-----------------|---------------------|----------------|
| 02-Mar-2015                | 10739308      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133814                                 | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                         | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                                                   |                 | GILEAD              |                |
| Fatigue                    |               |                    |                            |                          |                                                            |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                              | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015                | 10746259      | EXPEDITED (15-DAY) |                            | HO                       | IE-<br>GILEAD-2015-0133931                                 | 61 YR           | Male                | IRL            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                         | <u>Duration</u> | <u>Manufacturer</u> |                |
| Haemoglobin decreased      |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                                                  |                 | GILEAD              |                |
| Blood phosphorus decreased |               | COPEGUS            |                            | S UNKNOWN                | 400 mg in the morning<br>and 600 mg in the<br>evening, UNK |                 |                     |                |
| Blood potassium decreased  |               | TRUVADA            |                            | C                        | 1 DF, UNK                                                  |                 | GILEAD              |                |
|                            |               | TRUVADA            |                            | C                        |                                                            |                 | GILEAD              |                |
|                            |               | PREZISTA           |                            | C                        | 800 mg, QD                                                 |                 |                     |                |
|                            |               | NORVIR             |                            | C                        | 100 mg, QD                                                 |                 |                     |                |
|                            |               | LANSOPRAZOLE       |                            | C                        | 15 mg, QD                                                  |                 |                     |                |
|                            |               | SEPTRIN            |                            | C                        | 960 mg, QD                                                 |                 |                     |                |
|                            |               | METHADONE          |                            | C                        | 40 mg, QD                                                  |                 |                     |                |
|                            |               | LAXOSE             |                            | C                        | 15 ml, BID                                                 |                 |                     |                |
|                            |               | FUROSEMIDE         |                            | C                        | 40 mg, QD                                                  |                 |                     |                |
|                            |               | DIAZEPAM           |                            | C                        | 2 mg, QD                                                   |                 |                     |                |
|                            |               | THIAMINE           |                            | C                        | 300 mg, QD                                                 |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|--------------------------|---------------|--------------------|----------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 02-Mar-2015              | 10749337      | EXPEDITED (15-DAY) |                            | OT              | IE-<br>GILEAD-2015-0133933    | 58 YR              | Female          | IRL                 |
|                          |               |                    |                            |                 |                               |                    |                 |                     |
| <u>Preferred Term</u>    |               |                    | <u>Product</u>             | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Renal impairment         |               |                    | HARVONI                    | S               | ORAL                          | 1 DF, QD           |                 | GILEAD              |
|                          |               |                    | RIBAVIRIN                  | S               | ORAL                          | 200 mg, BID        |                 |                     |
|                          |               |                    | PROGRAF                    | S               | ORAL                          | 1 mg, BID          |                 |                     |
|                          |               |                    | PROGRAF                    | S               | ORAL                          | 1 mg, QD           |                 |                     |
|                          |               |                    | COVERSYL ARGININE          | S               | ORAL                          | 2.5 mg, QD         |                 |                     |
|                          |               |                    | CO-TRIMOXAZOLE             | C               |                               |                    |                 |                     |
|                          |               |                    | URSOFALK                   | C               |                               | 250 mg, UNK        |                 |                     |
|                          |               |                    | HALCION                    | C               |                               |                    |                 |                     |
|                          |               |                    | OMEPRAZOLE                 | C               |                               |                    |                 |                     |
|                          |               |                    | RIFAXIMIN                  | C               |                               |                    |                 |                     |
|                          |               |                    | TRANEXAMIC ACID            | C               |                               |                    |                 |                     |
|                          |               |                    | CARVEDILOL                 | C               |                               |                    |                 |                     |
|                          |               |                    | VENLAFAXINE                | C               |                               |                    |                 |                     |

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|-----------------------------------|---------------|--------------------|----------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 02-Mar-2015                       | 10749348      | EXPEDITED (15-DAY) |                            | OT              | IE-<br>GILEAD-2015-0133934    | 51 YR              | Male            | IRL                 |
|                                   |               |                    |                            |                 |                               |                    |                 |                     |
| <u>Preferred Term</u>             |               |                    | <u>Product</u>             | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Lower respiratory tract infection |               |                    | HARVONI                    | S               | ORAL                          | 400mg/90mg         |                 | GILEAD              |
|                                   |               |                    | RIBAVIRIN                  | S               | ORAL                          | UNK                |                 |                     |
|                                   |               |                    | SPIRONOLACTONE             | C               |                               |                    |                 |                     |
|                                   |               |                    | THIAMINE                   | C               |                               |                    |                 |                     |
|                                   |               |                    | RIFAXIMIN                  | C               |                               |                    |                 |                     |
|                                   |               |                    | OMEPRAZOLE                 | C               |                               |                    |                 |                     |
|                                   |               |                    | PROPANOLOL<br>00030001/    | C               |                               |                    |                 |                     |
|                                   |               |                    | CIPROFLOXACIN              | C               |                               |                    |                 |                     |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Mar-2015              | 10879614      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0139306    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Liver transplant         |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10880004      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139186    |                 | Unknown             | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myalgia                  |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10880005      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139194    | 34 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Irritability<br>Fatigue  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10880305      | EXPEDITED (15-DAY) |                            | DE                       | US-<br>GILEAD-2015-0140087    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bleeding varicose vein   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Mar-2015              | 10897211      | DIRECT                               | Y                          |                          |                               | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspnoea                 |               | HARVONI                              |                            | S ORAL                   | 1 pill QD                     |                 | GILEAD              |                |
| Nervous system disorder  |               | SYNTHROID                            |                            | S                        |                               |                 |                     |                |
|                          |               | KYLETRA                              |                            | C                        |                               |                 |                     |                |
|                          |               | INVIRASE                             |                            | C                        |                               |                 |                     |                |
|                          |               | ISENTRESS                            |                            | C                        |                               |                 |                     |                |
|                          |               | VALTREX                              |                            | C                        |                               |                 |                     |                |
| Drug interaction         |               |                                      |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10897574      | DIRECT                               |                            |                          |                               | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI 90-400MG TAB GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | ZOLPIDEM                             |                            | C                        |                               |                 |                     |                |
|                          |               | LOSARTAN                             |                            | C                        |                               |                 |                     |                |
|                          |               | AMLODIPINE                           |                            | C                        |                               |                 |                     |                |
|                          |               | LIDOCAIN                             |                            | C                        |                               |                 |                     |                |
|                          |               | OXYCONTIN                            |                            | C                        |                               |                 |                     |                |
|                          |               | CRESTOR                              |                            | C                        |                               |                 |                     |                |
|                          |               | CLONIDINE                            |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 02-Mar-2015              | 10897841      | DIRECT                               | Y                          |                          |                               | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI                              |                            | S ORAL                   | one tablet                    |                 | GILEAD              |                |
| Fatigue                  |               |                                      |                            |                          |                               |                 |                     |                |
| Fungal infection         |               |                                      |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 02-Mar-2015                | 10898169      | DIRECT             | Y                          |                          |                               | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal discomfort       |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Insomnia                   |               |                    |                            |                          |                               |                 |                     |                |
| Irritability               |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                | 10741222      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0133671    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dysphagia                  |               | HARVONI            |                            | S ORAL                   | UNK                           |                 | GILEAD              |                |
| Intentional product misuse |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                | 10756417      | EXPEDITED (15-DAY) |                            | OT                       | IE-<br>GILEAD-2015-0134406    | 57 YR           | Male                | IRL            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Encephalopathy             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Peritonitis bacterial      |               | RIBAVIRIN          |                            | S ORAL                   | 600 mg, BID                   |                 |                     |                |
|                            |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                            |               | PROPRANOLOL        | /                          | C                        |                               |                 |                     |                |
|                            |               | 00030001/          |                            |                          |                               |                 |                     |                |
|                            |               | CIPROFLOXACIN      |                            | C                        |                               |                 |                     |                |
|                            |               | SPIRONOLACTONE     |                            | C                        |                               |                 |                     |                |
|                            |               | RIFAXIMIN          |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                      | <u>Age</u>      | <u>Sex</u>           | <u>Country</u> |
|-------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|--------------------------------------------------------------------|-----------------|----------------------|----------------|
| 03-Mar-2015                                     | 10847525      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137883                                         |                 | Male                 | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                 | <u>Duration</u> | <u>Manufacturer</u>  |                |
| Pyrexia<br>Headache                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                                                           |                 | GILEAD               |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                      | <u>Age</u>      | <u>Sex</u>           | <u>Country</u> |
| 03-Mar-2015                                     | 10856664      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138125                                         | 58 YR           | Male                 | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                 | <u>Duration</u> | <u>Manufacturer</u>  |                |
| Vision blurred<br>Anxiety<br>Headache<br>Nausea |               | HARVONI            |                            | S ORAL                   | 1 UNK, UNK                                                         |                 | GILEAD               |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                      | <u>Age</u>      | <u>Sex</u>           | <u>Country</u> |
| 03-Mar-2015                                     | 10861413      | EXPEDITED (15-DAY) |                            | DE,HO                    | DE-B.I.<br>PHARMACEUTICALS,IN<br>C./RIDGEFIELD-2015-<br>BI-08361BP | 66 YR           | Male                 | DEU            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                 | <u>Duration</u> | <u>Manufacturer</u>  |                |
| Cerebral haemorrhage                            |               | AGGRENEX           |                            | S ORAL                   | 2 anz                                                              |                 | BOEHRINGER INGELHEIM |                |
|                                                 |               | HARVONI            |                            | S ORAL                   | 1 anz                                                              |                 |                      |                |
|                                                 |               | PREDNISOLONE       |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | SANDIMMUN          |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | AZATHIOPRINE       |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | DOCITON            |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | PANTOZOL           |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | SPIRONOLACTONE A L |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | TORASEMID          |                            | C UNKNOWN                |                                                                    |                 |                      |                |
|                                                 |               | TAMSULOSIN         |                            | C UNKNOWN                |                                                                    |                 |                      |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Mar-2015                | 10875360      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0139065    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased   |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                | 10882131      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139116    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Malaise<br>Fatigue         |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                | 10882246      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139931    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Constipation               |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                | 10882274      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139975    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Sleep disorder |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                | 10882434      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139987    | 67 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                   |               | HARVONI            |                            | S ORAL                   | UNK Unknown, BID              |                 | GILEAD              |                |
|                            |               | HARVONI            |                            | S ORAL                   | UNK Unknown, QD               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Mar-2015                   | 10882748      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0139174    |                 | Female              | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pneumonia                     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                   | 10883115      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138985    | 58 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea<br>Vomiting            |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                   | 10883124      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138975    | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Labyrinthitis<br>Ear disorder |               | HARVONI            |                            | S ORAL                   | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                   | 10883444      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140241    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                      |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>      | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                   | 10883474      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140323    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>         |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Fatigue           |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Mar-2015              | 10883506      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0138581    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Drug interaction         |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Feeling abnormal         |               | RITONAVIR          |                            | S UNKNOWN                |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015              | 10883589      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139295    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015              | 10883618      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139479    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015              | 10900528      | DIRECT             |                            | OT                       |                               | 63 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Constipation             |               | STOOL SOFTNER CAP  |                            | C                        |                               |                 |                     |                |
|                          |               | LISINOPRIL         |                            | C                        |                               |                 |                     |                |
|                          |               | HYDROCHLOROT       |                            | C                        |                               |                 |                     |                |
|                          |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |
|                          |               | PROZAC             |                            | C                        |                               |                 |                     |                |
|                          |               | MULTI VITAMIN      |                            | C                        |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                 | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Mar-2015                              | 10900551      | DIRECT                           |                            |                          |                               | 62 YR           | Female              | USA            |
| <u>Preferred Term</u>                    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                  |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Weight decreased                         |               | NORTIPTYLINE                     |                            | C                        |                               |                 |                     |                |
| Headache                                 |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>                 | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                              | 10900616      | DIRECT                           | Y                          |                          |                               | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                                 |               | HARVONI                          |                            | S ORAL                   | 1 tablet                      |                 | GILEAD              |                |
| Myalgia                                  |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>                 | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015                              | 10900617      | DIRECT                           | Y                          |                          |                               | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>                    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| International normalised ratio decreased |               | HARVONI                          |                            | S ORAL                   | 1 tablet, daily, po           |                 | GILEAD              |                |
| Product substitution issue               |               |                                  |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 03-Mar-2015              | 10900910      | DIRECT                   | Y                          | LT                       |                               | 68 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Oropharyngeal cancer     |               | HARVONI 90/400 MG GILEAD |                            | S ORAL                   | 1 dose                        |                 | GILEAD              |                |
|                          |               | WARFARIN                 |                            | C                        |                               |                 |                     |                |
|                          |               | CALCIUM                  |                            | C                        |                               |                 |                     |                |
|                          |               | CHOLECALCIFEROL          |                            | C                        |                               |                 |                     |                |
|                          |               | HYDROCODONE              |                            | C                        |                               |                 |                     |                |
|                          |               | SUMATRIPTONE             |                            | C                        |                               |                 |                     |                |
|                          |               | DILTIAZEM                |                            | C                        |                               |                 |                     |                |
|                          |               | TESTOSTERONE             |                            | C                        |                               |                 |                     |                |
|                          |               | SIROLIMUS                |                            | C                        |                               |                 |                     |                |
|                          |               | TEMAZEPAM                |                            | C                        |                               |                 |                     |                |
|                          |               | MAGNESIUM                |                            | C                        |                               |                 |                     |                |
| Recurrent cancer         |               |                          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 03-Mar-2015              | 10901069      | DIRECT                   |                            |                          |                               | 69 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Confusional state        |               | HARVONI                  |                            | S ORAL                   | one tablet qd oral            |                 |                     |                |
| Dysgraphia               |               |                          |                            |                          |                               |                 |                     |                |
| Feeling jittery          |               |                          |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10627293      | EXPEDITED (15-DAY)       |                            |                          | US-<br>GILEAD-2014-0125062    | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                     |               | HARVONI                  |                            | S UNKNOWN                | 90 mg, UNK                    |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015              | 10752225      | EXPEDITED (15-DAY)     |                            | HO                       | IE-<br>GILEAD-2015-0134164    | 56 YR           | Male                | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bleeding varicose vein   |               | HARVONI                |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
|                          |               | COPEGUS                |                            | S UNKNOWN                | 600 mg, BID                   |                 |                     |                |
|                          |               | TRUVADA                |                            | C                        |                               |                 | GILEAD              |                |
|                          |               | ISENTRESS              |                            | C                        | 400 mg, BID                   |                 |                     |                |
|                          |               | OMEPRAZOLE             |                            | C                        | 20 mg, QD                     |                 |                     |                |
|                          |               | FUROSEMIDE             |                            | C                        | 40 mg, QD                     |                 |                     |                |
|                          |               | ALDACTONE<br>00006201/ | /                          | C                        | 100 mg, QD                    |                 |                     |                |
|                          |               | INDERAL                |                            | C                        | 10 mg, BID                    |                 |                     |                |
|                          |               | DIAZEPAM               |                            | C                        | 5 mg, UNK                     |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10771921      | EXPEDITED (15-DAY)     |                            | DE,HO                    | US-<br>GILEAD-2015-0135884    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                 |               | HARVONI                |                            | S UNKNOWN                | 1 DF, UNK                     |                 | GILEAD              |                |
|                          |               | VICODIN                |                            | S UNKNOWN                |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                      | <u>Age</u>      | <u>Sex</u>           | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|--------------------------------------------------------------------|-----------------|----------------------|----------------|
| 04-Mar-2015              | 10861433      | EXPEDITED (15-DAY) |                            | DE,HO,OT                 | DE-B.I.<br>PHARMACEUTICALS,IN<br>C./RIDGEFIELD-2015-<br>BI-08148DE | 66 YR           | Male                 | DEU            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                 | <u>Duration</u> | <u>Manufacturer</u>  |                |
| Cerebral haemorrhage     |               | AGGRENEX           |                            | S ORAL                   | 2 anz                                                              |                 | BOEHRINGER INGELHEIM |                |
|                          |               | HARVONI            |                            | S ORAL                   | 1 anz                                                              |                 |                      |                |
|                          |               | PREDNISOLON        |                            | C ORAL                   | 5 mg                                                               |                 |                      |                |
|                          |               | SANDIMMUN          |                            | C ORAL                   | 125 mg                                                             |                 |                      |                |
|                          |               | AZATHIOPRIN        |                            | C UNKNOWN                | 50 mg                                                              |                 |                      |                |
|                          |               | DOCITON            |                            | C ORAL                   | 30 mg                                                              |                 |                      |                |
|                          |               | PANTOZOL           |                            | C ORAL                   | 20 mg                                                              |                 |                      |                |
|                          |               | SPIRONOLACTON AL   |                            | C ORAL                   | 0.5 anz                                                            |                 |                      |                |
|                          |               | TORASEMID          |                            | C ORAL                   | 10 mg                                                              |                 |                      |                |
|                          |               | TAMSULOSIN         |                            | C ORAL                   | 0.4 mg                                                             |                 |                      |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                      | <u>Age</u>      | <u>Sex</u>           | <u>Country</u> |
| 04-Mar-2015              | 10883428      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140065                                         | 64 YR           | Female               | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                 | <u>Duration</u> | <u>Manufacturer</u>  |                |
| Back pain                |               | HARVONI            |                            | S UNKNOWN                |                                                                    |                 | GILEAD               |                |
| Fatigue                  |               |                    |                            |                          |                                                                    |                 |                      |                |
| Nausea                   |               |                    |                            |                          |                                                                    |                 |                      |                |
| Vomiting                 |               |                    |                            |                          |                                                                    |                 |                      |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>                                      | <u>Age</u>      | <u>Sex</u>           | <u>Country</u> |
| 04-Mar-2015              | 10886829      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0140012                                         |                 | Male                 | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                                                 | <u>Duration</u> | <u>Manufacturer</u>  |                |
| Myocardial infarction    |               | HARVONI            |                            | S UNKNOWN                |                                                                    |                 | GILEAD               |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015                          | 10886837      | EXPEDITED (15-DAY) |                            | HO,OT                    | DE-<br>GILEAD-2015-0139463    |                 | Female              | DEU            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain upper                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Aphagia                              |               |                    |                            |                          |                               |                 |                     |                |
| Cholelithiasis                       |               |                    |                            |                          |                               |                 |                     |                |
| Gamma-glutamyltransferase increased  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015                          | 10886883      | NON-EXPEDITED      |                            |                          | US-PFIZER<br>INC-2015070343   |                 | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aspartate aminotransferase increased |               | Lipitor            |                            | S                        | UNK                           |                 | PFIZER              |                |
| Alanine aminotransferase increased   |               | HARVONI            |                            | S                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015                          | 10887139      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0139947    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cardiac failure congestive           |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015                          | 10887140      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0139948    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cardiac failure congestive           |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015              | 10887471      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140540    |                 | Female              | USA            |
|                          |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Dizziness                |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10887472      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140365    | 63 YR           | Male                | USA            |
|                          |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Accidental overdose      |               | HARVONI            |                            | S ORAL                   | 1 DF, BID                     |                 | GILEAD              |                |
|                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10887506      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140328    |                 | Female              | USA            |
|                          |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10887508      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140511    | 61 YR           | Female              | USA            |
|                          |               |                    |                            |                          |                               |                 |                     |                |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015              | 10887552      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140503    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10887670      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140296    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Allergic sinusitis       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | LORATADINE         |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10887677      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140292    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Confusional state        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Memory impairment        |               |                    |                            |                          |                               |                 |                     |                |
| Sleep disorder           |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10887680      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140212    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015              | 10887732      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139353    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Local swelling           |               |                    |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015                       | 10903354      | DIRECT                           |                            |                          |                               | 54 YR           | Female              | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Palpitations                      |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
| Upper respiratory tract infection |               | LYRICA                           |                            | C                        |                               |                 |                     |                |
| Bronchitis                        |               |                                  |                            |                          |                               |                 |                     |                |
| Influenza like illness            |               |                                  |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015              | 10903779      | DIRECT                  | Y                          | OT                       |                               | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Breast pain              |               | HARVONI 90/400MG GILEAD |                            | S ORAL                   | one tablet QD                 |                 | GILEAD              |                |
|                          |               | PRILOSEC                |                            | C                        |                               |                 |                     |                |
|                          |               | CENTRUM                 |                            | C                        |                               |                 |                     |                |
|                          |               | SPIRIVA INHALER         |                            | C                        |                               |                 |                     |                |
| Breast swelling          |               |                         |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u>       | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 04-Mar-2015              | 10904068      | DIRECT           |                                  |                          |                               | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               |                  | <u>Product</u>                   | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Anxiety                  |               |                  | HARVONI 90-400MG GILEAD SCIENCES | S ORAL                   |                               |                 | GILEAD              |                |
| Abnormal dreams          |               |                  |                                  |                          |                               |                 |                     |                |
| Fatigue                  |               |                  |                                  |                          |                               |                 |                     |                |
| Mood altered             |               |                  |                                  |                          |                               |                 |                     |                |
| Sleep disorder           |               |                  |                                  |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u>       | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 04-Mar-2015              | 10904586      | DIRECT           |                                  | OT                       |                               | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               |                  | <u>Product</u>                   | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               |                  | HARVONI 90-400MG GILEAD SCIENCES | S ORAL                   |                               |                 | GILEAD              |                |
| Headache                 |               |                  | STRIBILD                         | C                        |                               |                 |                     |                |
| Fatigue                  |               |                  | LORAZEPAM                        | C                        |                               |                 |                     |                |
| Irritability             |               |                  | TEMAZEPAM                        | C                        |                               |                 |                     |                |
|                          |               |                  | CIALIS                           | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>           | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Mar-2015              | 10792590      | EXPEDITED (15-DAY)         |                            | DE,OT                    | US-<br>GILEAD-2015-0136997    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>             |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Death                    |               | HARVONI                    |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| Abdominal pain           |               | ZIAGEN                     |                            | C ORAL                   | 300 mg, UNK                   |                 |                     |                |
| Vomiting                 |               | NORVIR                     |                            | C ORAL                   | 100 mg, UNK                   |                 |                     |                |
| Malaise                  |               | REYATAZ                    |                            | C ORAL                   | 300 mg, UNK                   |                 |                     |                |
| Fatigue                  |               | LYRICA                     |                            | C ORAL                   | 100 mg, UNK                   |                 |                     |                |
|                          |               | VITAMIN D3                 |                            | C ORAL                   | 1000 IU, UNK                  |                 |                     |                |
|                          |               | NEUROTIN<br>01003001/      | /                          | C ORAL                   | 600 mg, UNK                   |                 |                     |                |
|                          |               | TIVICAY                    |                            | C ORAL                   | 50 mg, UNK                    |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>           | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015              | 10871423      | EXPEDITED (15-DAY)         |                            | HO                       | FR-PFIZER<br>INC-2015067195   | 54 YR           | Male                | FRA            |
| <u>Preferred Term</u>    |               | <u>Product</u>             |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Epilepsy                 |               | Aldactone                  |                            | S ORAL                   | 75 mg, 1x/day                 |                 | PFIZER              |                |
| Amnesia                  |               | HARVONI                    |                            | S ORAL                   | 82 mg, 1x/day                 |                 |                     |                |
| Confusional state        |               | XEROQUEL                   |                            | S ORAL                   | 500 mg, 1x/day                |                 |                     |                |
| Disorientation           |               | ATARAX                     |                            | S ORAL                   | 25 mg, as needed              |                 |                     |                |
| Aphasia                  |               | ADCIRCA                    |                            | S ORAL                   | 40 mg, 1x/day                 |                 |                     |                |
| Agitation                |               | DEPAKINE                   |                            | S ORAL                   | 400 mg, 2x/day                |                 |                     |                |
|                          |               | DEPAKINE                   |                            | S ORAL                   | 500 mg, 2x/day                |                 |                     |                |
|                          |               | COVERSYL                   |                            | S ORAL                   | 2.5 mg, 1x/day                |                 |                     |                |
|                          |               | LASILIX SPECIAL /00032601/ |                            | S ORAL                   | 125 mg, 1x/day                |                 |                     |                |
|                          |               | IMOVANE                    |                            | S ORAL                   | 7.5 mg, 1x/day                |                 |                     |                |
|                          |               | NICOBION                   |                            | S ORAL                   | 1 g, 1x/day                   |                 |                     |                |
|                          |               | PANTOPRAZOLE               |                            | S ORAL                   |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Mar-2015                        | 10882269      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139974    |                 | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Confusional state                  |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Dizziness                          |               |                    |                            |                          |                               |                 |                     |                |
| Gait disturbance                   |               |                    |                            |                          |                               |                 |                     |                |
| Headache                           |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015                        | 10888407      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0139999    |                 | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Renal failure                      |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Alanine aminotransferase decreased |               | VIREAD             |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015                        | 10889094      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140023    |                 | Female              | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Agitation                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Lip swelling                       |               | WELLBUTRIN         |                            | C                        |                               |                 |                     |                |
| Blood pressure increased           |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015                        | 10889098      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139643    | 48 YR           | Male                | USA            |
| <u>Preferred Term</u>              |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Somnolence                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Mar-2015                                     | 10889414      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139622    | 65 YR           | Female              | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                         |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015                                     | 10889415      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139591    | 73 YR           | Male                | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Depression<br>Abdominal distension<br>Fatigue   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015                                     | 10889434      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140202    |                 | Female              | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased<br>Fatigue<br>Headache |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>                        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015                                     | 10889435      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0140287    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>                           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Diabetes mellitus                               |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| Hyperglycaemia                                  |               | AMLODIPINE         |                            | S ORAL                   | 2.5 mg, UNK                   |                 |                     |                |
|                                                 |               | OMEPRAZOLE         |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 05-Mar-2015              | 10889436      | EXPEDITED (15-DAY)    |                            |                          | US-<br>GILEAD-2015-0140430    | 56 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                  |               | HARVONI               |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015              | 10889445      | EXPEDITED (15-DAY)    |                            | HO                       | US-<br>GILEAD-2015-0140530    | 65 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Chest pain<br>Pain       |               | HARVONI               |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 05-Mar-2015              | 10889447      | EXPEDITED (15-DAY)    |                            | HO                       | US-<br>GILEAD-2015-0140531    | 50 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash                     |               | HARVONI               |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015              | 10866173      | EXPEDITED (15-DAY)    | Y                          | OT                       | DE2015GSK004348               | 50 YR           | Male                | DEU            |
| <u>Preferred Term</u>    |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood HIV RNA increased  |               | TRIUMEQ               |                            | S                        |                               |                 |                     |                |
| Drug interaction         |               | HARVONI               |                            | S                        |                               |                 |                     |                |
| Viraemia                 |               | RIBAVIRIN (RIBAVIRIN) |                            | S                        |                               |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------------|----------------------------|--------------------------|--------------------------------|-----------------|---------------------|----------------|
| 06-Mar-2015              | 10891241      | EXPEDITED (15-DAY)     |                            | HO                       | GB-009507513-1503GB<br>R002183 | 47 YR           | Unknown             | GBR            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>             | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nephrotic syndrome       |               | RIBAVIRIN              |                            | S                        |                                |                 | MERCK               |                |
|                          |               | HARVONI                |                            | S                        |                                |                 |                     |                |
|                          |               | SOFOSBUVIR             |                            | S                        |                                |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015              | 10892340      | EXPEDITED (15-DAY)     |                            |                          | US-<br>GILEAD-2015-0139756     | 72 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>             | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI                |                            | S ORAL                   | 1 DF, UNK                      |                 | GILEAD              |                |
| Headache                 |               |                        |                            |                          |                                |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>       | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015              | 10892864      | EXPEDITED (15-DAY)     |                            | OT                       | IE-<br>GILEAD-2015-0139958     | 69 YR           | Female              | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>         |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>             | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urinary tract infection  |               | HARVONI                |                            | S ORAL                   | 1 DF, QD                       |                 | GILEAD              |                |
|                          |               | RIBAVIRIN              |                            | S ORAL                   | 1000 mg, UNK                   |                 |                     |                |
|                          |               | SALBUTAMOL             |                            | C                        |                                |                 |                     |                |
|                          |               | OMEPRAZOLE             |                            | C                        |                                |                 |                     |                |
|                          |               | FLUOXETINE             |                            | C                        |                                |                 |                     |                |
|                          |               | SERETIDE               |                            | C                        |                                |                 |                     |                |
|                          |               | IBANDRONIC ACID        |                            | C                        |                                |                 |                     |                |
|                          |               | CEFUROXIME             |                            | C                        |                                |                 |                     |                |
|                          |               | ALDACTONE<br>00006201/ |                            | C                        |                                |                 |                     |                |
|                          |               | TEMAZEPAM              |                            | C                        |                                |                 |                     |                |
|                          |               | FRUSEMIDE<br>00032601/ |                            | C                        |                                |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 06-Mar-2015                                         | 10892869      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139635    | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Fatigue                                             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015                                         | 10892872      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139797    |                 | Female              | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Inappropriate schedule of drug administration       |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015                                         | 10893487      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0140039    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aggression<br>Agitation                             |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>                            | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015                                         | 10893778      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139932    |                 | Female              | USA            |
| <u>Preferred Term</u>                               |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Urticaria<br>Hypersensitivity<br>Periorbital oedema |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 06-Mar-2015                | 10893783      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139867    | 55 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                    |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015                | 10894973      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0140462    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Toxicity to various agents |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Nausea                     |               | DIGOXIN            |                            | S UNKNOWN                |                               |                 |                     |                |
| Drug interaction           |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                    |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015                | 10894983      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2015-0140528    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood bilirubin increased  |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Jaundice                   |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 06-Mar-2015                | 10895717      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140038    | 58 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Depression                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------------------------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015                                                                           | 10763137      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0135073    | 53 YR           | Female              | USA            |
| <u>Preferred Term</u>                                                                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Encephalopathy<br>Headache                                                            |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                                                                           | 10777845      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0136092    | 69 YR           | Male                | USA            |
| <u>Preferred Term</u>                                                                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Mental impairment<br>Confusional state<br>Disorientation<br>Feeling jittery<br>Nausea |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>                                                              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                                                                           | 10883454      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0140268    |                 | Male                | USA            |
| <u>Preferred Term</u>                                                                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Neutrophil count decreased                                                            |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015                     | 10887414      | EXPEDITED (15-DAY) |                            | HO,OT                    | CA-<br>GILEAD-2015-0140120    | 71 YR           | Female              | CAN            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Bradycardia                     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Atrioventricular block complete |               | AMIODARONE         |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| Hypotension                     |               | BISOPROLOL         |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| Syncope                         |               | FUROSEMIDE         |                            | C                        |                               |                 |                     |                |
|                                 |               | LACTULOSE          |                            | C                        |                               |                 |                     |                |
|                                 |               | ASPIRIN /          |                            | C                        |                               |                 |                     |                |
|                                 |               | 00002701/          |                            |                          |                               |                 |                     |                |
|                                 |               | SYMBICORT          |                            | C                        |                               |                 |                     |                |
|                                 |               | L THYROXIN         |                            | C                        |                               |                 |                     |                |
|                                 |               | TELMASURGE         |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                     | 10896693      | EXPEDITED (15-DAY) |                            | HO                       | GB-ROCHE-1548658              | 47 YR           | Unknown             | GBR            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nephrotic syndrome              |               | Ribavirin          |                            | S UNKNOWN                |                               |                 |                     |                |
|                                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 |                     |                |
|                                 |               | SOFOSBUVIR         |                            | S UNKNOWN                |                               |                 |                     |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                     | 10898170      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140545    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash generalised                |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10898870      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140781    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
| Abdominal pain           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10898875      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140904    | 59 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10898879      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140797    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10898887      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141002    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
| Tinnitus                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899309      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139158    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
|                          |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015                           | 10899380      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140140    |                 | Female              | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Overdose                              |               | HARVONI            |                            | S UNKNOWN                | 2 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                           | 10899381      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0139595    | 34 YR           | Female              | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nasopharyngitis<br>Oropharyngeal pain |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                           | 10899384      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140162    |                 | Male                | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                              |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                           | 10899395      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140127    | 59 YR           | Female              | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Influenza like illness<br>Pain        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10899398      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140461    | 61 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Eye swelling             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Rash generalised         |               | KEPPRA             |                            | S UNKNOWN                |                               |                 |                     |                |
| Drug interaction         |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899401      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140416    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Anxiety                  |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899402      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140247    | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Flatulence               |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899403      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140388    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Myalgia                  |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|----------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015                | 10899404      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140477    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sleep disorder             |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                | 10899405      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140446    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                | 10899406      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140401    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspepsia                  |               | HARVONI            |                            | S                        |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                | 10899409      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140488    | 52 YR           | Female              | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Middle insomnia<br>Fatigue |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>   | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                | 10899410      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140734    |                 | Male                | USA            |
| <u>Preferred Term</u>      |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                   |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10899412      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140809    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                 |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899414      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140493    | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache<br>Fatigue      |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899416      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140739    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899417      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140799    | 64 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nausea                   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10899422      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141219    | 64 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain           |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015                           | 10899423      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141206    | 56 YR           | Female              | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Pyrexia<br>Constipation<br>Headache   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                           | 10899424      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141224    |                 | Female              | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sinusitis                             |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                           | 10899425      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141192    |                 | Female              | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Respiratory tract infection           |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>              | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                           | 10899426      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141213    | 46 YR           | Male                | USA            |
| <u>Preferred Term</u>                 |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Gastrointestinal disorder<br>Headache |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015                     | 10899428      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140803    |                 | Female              | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Rash generalised                |               | HARVONI            |                            | S ORAL                   | 1 DF, UNK                     |                 | GILEAD              |                |
| Pruritus                        |               | HCTZ               |                            | C                        |                               |                 |                     |                |
|                                 |               | LEVOXYL            |                            | C                        |                               |                 |                     |                |
|                                 |               | PROZAC             |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                     | 10899429      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141202    |                 | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood pressure increased        |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Blood pressure fluctuation      |               |                    |                            |                          |                               |                 |                     |                |
| Visual impairment               |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                     | 10899431      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141246    | 52 YR           | Male                | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                         |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>        | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015                     | 10899432      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0141287    |                 | Unknown             | USA            |
| <u>Preferred Term</u>           |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C virus test positive |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10905042      | DIRECT                           |                            | OT                       |                               | 60 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Muscle spasms            |               | HARVONI                          |                            | S ORAL                   |                               |                 |                     |                |
| Energy increased         |               | VITAMIN D 1000 MG                |                            | C                        |                               |                 |                     |                |
| Indifference             |               | POLICOSANOL                      |                            | C                        |                               |                 |                     |                |
|                          |               | VICODIN                          |                            | C                        |                               |                 |                     |                |
|                          |               | SCIALICA                         |                            | C                        |                               |                 |                     |                |
|                          |               | ALPHA LIPOIC ACID                |                            | C                        |                               |                 |                     |                |
| Fatigue                  |               |                                  |                            |                          |                               |                 |                     |                |
| Muscle tightness         |               |                                  |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10905188      | DIRECT                           | Y                          |                          |                               | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI 90-400MG GILEAD SCIENCES |                            | S ORAL                   |                               |                 | GILEAD              |                |
|                          |               | ALPRAZOLAM                       |                            | C                        |                               |                 |                     |                |
|                          |               | ATENOLOL                         |                            | C                        |                               |                 |                     |                |
|                          |               | METHADINE                        |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                 | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10905258      | DIRECT                           | Y                          | HO,LT                    |                               | 45 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                   |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Suicide attempt          |               | HARVONI                          |                            | S ORAL                   |                               | 1 MTH           | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10905631      | DIRECT                               |                            | DS,LT,OT,RI              |                               | 57 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vomiting                 |               | HARVONI                              |                            | S                        |                               |                 |                     |                |
| Nervous system disorder  |               | LYICA                                |                            | C                        |                               |                 |                     |                |
| Abasia                   |               | HYTROCLOLORITY TRAMDOL               |                            | C                        |                               |                 |                     |                |
| Malaise                  |               | LEXPRO                               |                            | C                        |                               |                 |                     |                |
| Muscular weakness        |               | PROLOSEC                             |                            | C                        |                               |                 |                     |                |
| Mental disorder          |               | ZANAFLEX                             |                            | C                        |                               |                 |                     |                |
|                          |               | XLEXDTIL                             |                            | C                        |                               |                 |                     |                |
|                          |               | EQUATE                               |                            | C                        |                               |                 |                     |                |
| Abnormal behaviour       |               |                                      |                            |                          |                               |                 |                     |                |
| Diarrhoea                |               |                                      |                            |                          |                               |                 |                     |                |
| Fall                     |               |                                      |                            |                          |                               |                 |                     |                |
| Impaired driving ability |               |                                      |                            |                          |                               |                 |                     |                |
| Pain                     |               |                                      |                            |                          |                               |                 |                     |                |
| Tremor                   |               |                                      |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 09-Mar-2015              | 10906907      | DIRECT                               | Y                          |                          |                               | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>                       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Abdominal pain           |               | HARVONI 90-400MG TAB GILEAD SCIENCES |                            | S ORAL                   |                               |                 |                     |                |
| Fatigue                  |               |                                      |                            |                          |                               |                 |                     |                |
| Flatulence               |               |                                      |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u> | <u>Health Professional</u> | <u>Outcomes</u> |              | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|------------------|----------------------------|-----------------|--------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10906970      | DIRECT           | Y                          |                 |              |                               | 51 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>   |                            | <u>Role</u>     | <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI          |                            | S               | ORAL         | 1 tablet                      |                 | GILEAD              |                |
| Mood swings              |               |                  |                            |                 |              |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>  | <u>Health Professional</u> | <u>Outcomes</u> |              | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------|----------------------------|-----------------|--------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10907403      | DIRECT            | Y                          | HO              |              |                               | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>    |                            | <u>Role</u>     | <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cerebrovascular accident |               | HARVONI 90-400 MG |                            | S               | ORAL         |                               |                 | GILEAD              |                |
| Pulmonary thrombosis     |               |                   |                            |                 |              |                               |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>         | <u>Health Professional</u> | <u>Outcomes</u> |              | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------------|----------------------------|-----------------|--------------|-------------------------------|-----------------|---------------------|----------------|
| 09-Mar-2015              | 10911597      | DIRECT                   | Y                          | HO              |              |                               | 74 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>           |                            | <u>Role</u>     | <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Transfusion              |               | HARVONI 90/400 MG GILEAD |                            | S               | ORAL         |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u>                   | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>         | <u>Sex</u>      | <u>Country</u>      |
|--------------------------|---------------------------------|--------------------|----------------------------|-----------------|-------------------------------|--------------------|-----------------|---------------------|
| 10-Mar-2015              | 10711467                        | EXPEDITED (15-DAY) |                            | OT              | US-<br>GILEAD-2015-0130084    | 61 YR              | Male            | USA                 |
| <u>Preferred Term</u>    | <u>Product</u>                  |                    | <u>Health Professional</u> | <u>Role</u>     | <u>Route</u>                  | <u>Dosage Text</u> | <u>Duration</u> | <u>Manufacturer</u> |
| Renal impairment         | HARVONI                         |                    |                            | S               | ORAL                          | 1 DF, UNK          |                 | GILEAD              |
|                          | ASPIRIN (E.C.)                  |                    |                            | C               | ORAL                          | 325 mg, UNK        |                 |                     |
|                          | FLOMAX                          |                    | /                          | C               |                               | 0.4 mg, UNK        |                 |                     |
|                          | 01280302/                       |                    |                            |                 |                               |                    |                 |                     |
|                          | ATARAX                          |                    | /                          | C               |                               | 50 mg, UNK         |                 |                     |
|                          | 00058402/                       |                    |                            |                 |                               |                    |                 |                     |
|                          | LINZESS                         |                    |                            | C               |                               | 145 µg, UNK        |                 |                     |
|                          | ATIVAN                          |                    |                            | C               |                               | 1 mg, UNK          |                 |                     |
|                          | MEVACOR                         |                    |                            | C               |                               | 40 mg, UNK         |                 |                     |
|                          | METHADONE HCL                   |                    |                            | C               |                               | 5 mg/5 ml          |                 |                     |
|                          | MULTIPLE VITAMINS WITH MINERALS |                    |                            | C               |                               |                    |                 |                     |
|                          | METAMUCIL                       |                    | /                          | C               |                               | 0.52 g, UNK        |                 |                     |
|                          | 00091301/                       |                    |                            |                 |                               |                    |                 |                     |
|                          | ZANTAC                          |                    |                            | C               |                               | 150 mg, UNK        |                 |                     |





FDA Adverse Event Reporting System (FAERS)  
Freedom of Information Act (FOIA)

Detailed Report

| <u>FDA Received Date</u> | <u>Case #</u>                 | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|-------------------------------|--------------------|----------------------------|-----------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Mar-2015              | 10731168                      | EXPEDITED (15-DAY) |                            | HO,OT           | US-<br>GILEAD-2015-0131733    | 55 YR           | Male                | USA            |
| <u>Preferred Term</u>    | <u>Product</u>                |                    | <u>Role</u>                | <u>Route</u>    | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Cerebrovascular accident | HARVONI                       |                    | S                          | UNKNOWN         | 1 DF, QD                      |                 | GILEAD              |                |
| Migraine                 | FUROSEMIDE                    |                    | C                          |                 | 40 mg, BID                    |                 |                     |                |
| Hypertension             | LISINOPRIL                    |                    | C                          |                 | 20 mg, BID                    |                 |                     |                |
| Headache                 | METOPROLOL                    |                    | C                          |                 | 12.5 mg, UNK                  |                 |                     |                |
|                          | BABY ASPIRIN                  |                    | C                          |                 |                               |                 |                     |                |
|                          | CETIRIZINE                    |                    | C                          |                 |                               |                 |                     |                |
|                          | LORAZEPAM                     |                    | C                          |                 |                               |                 |                     |                |
|                          | ALBUTEROL /<br>00139501/      |                    | C                          |                 |                               |                 |                     |                |
|                          | METOCARBAMOL                  |                    | C                          |                 |                               |                 |                     |                |
|                          | HYDROCODONE W/<br>PARACETAMOL |                    | C                          |                 |                               |                 |                     |                |
|                          | RANITIDINE                    |                    | C                          |                 |                               |                 |                     |                |
|                          | FORMOTEROL W/MOMETASONE       |                    | C                          |                 |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u>         | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|--------------------|----------------------------|--------------------------|---------------------------------------|-----------------|---------------------|----------------|
| 10-Mar-2015                       | 10899972      | EXPEDITED (15-DAY) |                            | HO                       | IE-ROCHE-1549227                      | 61 YR           | Male                | IRL            |
| <u>Preferred Term</u>             |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>                    | <u>Duration</u> | <u>Manufacturer</u> |                |
| Somnolence                        |               | Copegus            |                            | S ORAL                   |                                       |                 |                     |                |
| Asthenia                          |               | HARVONI            |                            | S ORAL                   | 400mg/90mg                            |                 |                     |                |
| Encephalopathy                    |               | KIVEXA             |                            | S UNKNOWN                | 600mg/300mg                           |                 |                     |                |
| Lower respiratory tract infection |               | PREZISTA           |                            | S ORAL                   |                                       |                 |                     |                |
| Fluid retention                   |               | NORVIR             |                            | S ORAL                   |                                       |                 |                     |                |
|                                   |               | SEPTRIN            |                            | S UNKNOWN                |                                       |                 |                     |                |
|                                   |               | METHADONE          |                            | C UNKNOWN                |                                       |                 |                     |                |
|                                   |               | LAXOSE             |                            | C UNKNOWN                |                                       |                 |                     |                |
|                                   |               | FUROSEMIDE         |                            | C UNKNOWN                |                                       |                 |                     |                |
|                                   |               | Diazepam           |                            | C UNKNOWN                | Nocte                                 |                 |                     |                |
|                                   |               | CALCICHEW D3 FORTE |                            | C UNKNOWN                | 544mg/400 units                       |                 |                     |                |
|                                   |               | THIAMINE           |                            | C UNKNOWN                |                                       |                 |                     |                |
|                                   |               | GALFER             |                            | C UNKNOWN                |                                       |                 |                     |                |
|                                   |               | LANSOPRAZOLE       |                            | C UNKNOWN                |                                       |                 |                     |                |
|                                   |               | NeoRecormon        |                            | C SUBCUTANEOUS           |                                       |                 |                     |                |
|                                   |               | VERSATIS           |                            | C UNKNOWN                | 1 patch applied daily for<br>12 hours |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Mar-2015              | 10901586      | EXPEDITED (15-DAY)      |                            | OT                       | IE-<br>GILEAD-2015-0140052    | 49 YR           | Female              | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Encephalopathy           |               | HARVONI                 |                            | S ORAL                   | OD                            |                 | GILEAD              |                |
|                          |               | RIBAVIRIN               |                            | S ORAL                   | 600 mg, BID                   |                 |                     |                |
|                          |               | CITALOPRAM<br>00582602/ | /                          | C                        | 20 mg, QD                     |                 |                     |                |
|                          |               | CITALOPRAM<br>00582602/ | /                          | C                        | 40mg OD                       |                 |                     |                |
|                          |               | THIAMINE<br>00056102/   | /                          | C                        | UNK                           |                 |                     |                |
|                          |               | OMEPRAZOLE              |                            | C                        | UNK                           |                 |                     |                |
|                          |               | FRUSEMIDE               |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Mar-2015              | 10901723      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0140496    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Insomnia                 |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Fatigue                  |               |                         |                            |                          |                               |                 |                     |                |
| Headache                 |               |                         |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Mar-2015              | 10901728      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0140999    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Tinnitus                 |               | HARVONI                 |                            | S UNKNOWN                |                               |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|---------------------------|---------------|-----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Mar-2015               | 10901816      | EXPEDITED (15-DAY)    |                            |                          | US-<br>GILEAD-2015-0141000    | 50 YR           | Female              | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Tinnitus                  |               | HARVONI<br>GABAPENTIN |                            | S UNKNOWN<br>C           |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Mar-2015               | 10902176      | EXPEDITED (15-DAY)    |                            | HO,OT                    | US-<br>GILEAD-2015-0140786    |                 | Male                | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic failure           |               | HARVONI               |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Blood bilirubin increased |               | RIBAVIRIN             |                            | S UNKNOWN                |                               |                 |                     |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Mar-2015               | 10902872      | EXPEDITED (15-DAY)    |                            |                          | US-<br>GILEAD-2015-0140455    |                 | Female              | USA            |
| <u>Preferred Term</u>     |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C RNA positive  |               | HARVONI               |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| <u>FDA Received Date</u>  | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Mar-2015               | 10902927      | EXPEDITED (15-DAY)    |                            | OT                       | CA-<br>GILEAD-2015-0140763    | 49 YR           | Male                | CAN            |
| <u>Preferred Term</u>     |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dermatitis bullous        |               | HARVONI               |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Rash pruritic             |               |                       |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 10-Mar-2015                          | 10912771      | DIRECT             | Y                          |                          |                               | 33 YR           | Male                |                |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hot flush                            |               | HARVONI            |                            | S ORAL                   | one tablet                    |                 |                     |                |
| Body temperature increased           |               |                    |                            |                          |                               |                 |                     |                |
| Hyperhidrosis                        |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 10-Mar-2015                          | 10912916      | DIRECT             | Y                          |                          |                               | 62 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                             |               | HARVONI 90-400 MG  |                            | S ORAL                   | 1 pill                        | 8 WEEK          |                     |                |
| Headache                             |               |                    |                            |                          |                               |                 |                     |                |
| Pruritus                             |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Mar-2015                          | 10905782      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0141103    |                 | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatitis C                          |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Drug ineffective                     |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Mar-2015                          | 10905834      | EXPEDITED (15-DAY) |                            | HO                       | US-<br>GILEAD-2015-0140893    | 54 YR           | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| White blood cell count increased     |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Blood alkaline phosphatase increased |               |                    |                            |                          |                               |                 |                     |                |
| Blood bilirubin increased            |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 11-Mar-2015                          | 10905845      | EXPEDITED (15-DAY) |                            | OT                       | US-<br>GILEAD-2015-0140892    |                 | Male                | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Blood alkaline phosphatase increased |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
| Hepatic enzyme increased             |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 11-Mar-2015                          | 10906027      | EXPEDITED (15-DAY) |                            | OT                       | DE-<br>GILEAD-2015-0141449    |                 | Male                | DEU            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Liver transplant                     |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Mar-2015                          | 10906395      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0137572    | 49 YR           | Female              | USA            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Vision blurred                       |               | HARVONI            |                            | S ORAL                   | 1 UNK, UNK                    |                 | GILEAD              |                |
| Hyperkalaemia                        |               | ALBUTEROL          |                            | C                        |                               |                 |                     |                |
|                                      |               | 00139501/          |                            |                          |                               |                 |                     |                |
| Sinusitis                            |               | ATIVAN             |                            | C                        |                               |                 |                     |                |
|                                      |               | PAROXETINE         |                            | C                        |                               |                 |                     |                |
|                                      |               | ALLOPURINOL        |                            | C                        |                               |                 |                     |                |
|                                      |               | ROPINIROLE         |                            | C                        |                               |                 |                     |                |
|                                      |               | IRON               |                            | C                        |                               |                 |                     |                |
|                                      |               | LASIX              |                            | C                        |                               |                 |                     |                |
|                                      |               | RANITIDINE         |                            | C                        |                               |                 |                     |                |
|                                      |               | LACTULOSE          |                            | C                        |                               |                 |                     |                |
|                                      |               | BIAXIN             |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 12-Mar-2015              | 10908819      | EXPEDITED (15-DAY) |                            | DE,OT                    | AT-<br>GILEAD-2015-0141490    |                 | Male                | AUT            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Sepsis                   |               | HARVONI            |                            | S UNKNOWN                |                               |                 | GILEAD              |                |
| Multi-organ failure      |               |                    |                            |                          |                               |                 |                     |                |
| Nephropathy              |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 12-Mar-2015              | 10911211      | EXPEDITED (15-DAY) |                            | HO,OT                    | GB-<br>GILEAD-2015-0140638    | 47 YR           | Unknown             | GBR            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Nephrotic syndrome       |               | HARVONI            |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | RIBAVIRIN          |                            | S UNKNOWN                | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Mar-2015              | 10763783      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0134909    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Erectile dysfunction     |               | HARVONI            |                            | S UNKNOWN                | UNK DF, UNK                   |                 | GILEAD              |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Headache                 |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Mar-2015              | 10914621      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0140908    | 57 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Insomnia                 |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u>      | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|-------------------------|----------------------------|-----------------|------------------------------------|-----------------|---------------------|----------------|
| 13-Mar-2015                       | 10914625      | EXPEDITED (15-DAY)      |                            | HO,OT           | IE-GLAXOSMITHKLINE-IE2015030209    | 61 YR           | Male                | IRL            |
| <u>Preferred Term</u>             |               | <u>Product</u>          | <u>Role</u>                | <u>Route</u>    | <u>Dosage Text</u>                 | <u>Duration</u> | <u>Manufacturer</u> |                |
| Somnolence                        |               | Kivexa                  | S                          |                 | 600mg/300mg                        |                 | VIIV                |                |
| Asthenia                          |               | Septrin                 | S                          |                 |                                    |                 | GLAXOSMITHKLINE     |                |
| Encephalopathy                    |               | HARVONI                 | S                          | ORAL            | 400mg/90mg                         |                 |                     |                |
| Asterixis                         |               | COPEGUS                 | S                          |                 |                                    |                 |                     |                |
| Lower respiratory tract infection |               | PREZISTA                | S                          |                 |                                    |                 |                     |                |
| Fluid retention                   |               | NORVIR                  | S                          |                 |                                    |                 |                     |                |
|                                   |               | METHADONE               | C                          |                 |                                    |                 |                     |                |
|                                   |               | LAXOSE                  | C                          |                 |                                    |                 |                     |                |
|                                   |               | FUROSEMIDE              | C                          |                 |                                    |                 |                     |                |
|                                   |               | DIAZEPAM                | C                          |                 | Nocte                              |                 |                     |                |
|                                   |               | CENTRUM                 | C                          |                 |                                    |                 |                     |                |
|                                   |               | CALCICHEW-D3 FORTE      | C                          |                 | 544mg/400 units                    |                 |                     |                |
|                                   |               | THIAMINE                | C                          |                 |                                    |                 |                     |                |
|                                   |               | GALFER                  | C                          |                 |                                    |                 |                     |                |
|                                   |               | LANSOPRAZOLE            | C                          |                 |                                    |                 |                     |                |
|                                   |               | NEORECORMON             | C                          | SUBCUTANEOUS    |                                    |                 |                     |                |
|                                   |               | VERSATIS                | C                          |                 | 1 patch applied daily for 12 hours |                 |                     |                |
|                                   |               | MOVICOL                 | C                          |                 |                                    |                 |                     |                |
|                                   |               | LACRI-LUBE EYE OINTMENT | C                          |                 |                                    |                 |                     |                |
| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u>      | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Mar-2015                       | 10914660      | EXPEDITED (15-DAY)      |                            |                 | US-GILEAD-2015-0140995             |                 | Female              | USA            |
| <u>Preferred Term</u>             |               | <u>Product</u>          | <u>Role</u>                | <u>Route</u>    | <u>Dosage Text</u>                 | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dysphagia                         |               | HARVONI                 | S                          | ORAL            |                                    |                 | GILEAD              |                |
| Product size issue                |               |                         |                            |                 |                                    |                 |                     |                |





**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|-------------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 13-Mar-2015              | 10914663      | EXPEDITED (15-DAY)      |                            |                          | US-<br>GILEAD-2015-0140787    | 63 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Headache                 |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>        | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 13-Mar-2015              | 10914783      | EXPEDITED (15-DAY)      |                            | HO,LT,OT                 | IE-<br>GILEAD-2015-0141025    | 51 YR           | Male                | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>          |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Meningitis tuberculous   |               | HARVONI                 |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Meningitis cryptococcal  |               | RIBAVIRIN               |                            | S ORAL                   | 1 DF, UNK                     |                 |                     |                |
|                          |               | ALDACTONE<br>00006201/  |                            | / C                      |                               |                 |                     |                |
|                          |               | FRUSEMIDE<br>00032601/  |                            | / C                      |                               |                 |                     |                |
|                          |               | THIAMINE                |                            | C                        |                               |                 |                     |                |
|                          |               | PARACETAMOL             |                            | C                        |                               |                 |                     |                |
|                          |               | RIFAXIMIN               |                            | C                        |                               |                 |                     |                |
|                          |               | PROPANOLOL<br>00030001/ |                            | / C                      |                               |                 |                     |                |
|                          |               | OMEPRAZOLE              |                            | C                        |                               |                 |                     |                |
|                          |               | LACTULOSE               |                            | C                        |                               |                 |                     |                |
|                          |               | MOVICOL<br>01749801/    |                            | / C                      |                               |                 |                     |                |
|                          |               | CIPROFLOXACIN           |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>          | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u> | <u>Manufacturer Control #</u>         | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|-----------------------------------|---------------|--------------------|----------------------------|-----------------|---------------------------------------|-----------------|---------------------|----------------|
| 16-Mar-2015                       | 10907893      | EXPEDITED (15-DAY) |                            | HO              | IE-<br>ABBVIE-15P-229-135795<br>5-00  | 61 YR           | Male                | IRL            |
| <u>Preferred Term</u>             |               | <u>Product</u>     | <u>Role</u>                | <u>Route</u>    | <u>Dosage Text</u>                    | <u>Duration</u> | <u>Manufacturer</u> |                |
| Encephalopathy                    |               | NORVIR             | S                          | UNKNOWN         |                                       |                 |                     |                |
| Lower respiratory tract infection |               | HARVONI            | S                          | ORAL            | 400mg/90mg                            |                 |                     |                |
| Asterixis                         |               | COPEGUS            | S                          | UNKNOWN         |                                       |                 |                     |                |
| Somnolence                        |               | KIVEXA             | S                          | UNKNOWN         | 600mg/300mg                           |                 |                     |                |
| Fluid retention                   |               | PREZISTA           | S                          | UNKNOWN         |                                       |                 |                     |                |
| Asthenia                          |               | SEPTRIN            | S                          | UNKNOWN         |                                       |                 |                     |                |
|                                   |               | METHADONE          | C                          |                 |                                       |                 |                     |                |
|                                   |               | LAXOSE             | C                          |                 |                                       |                 |                     |                |
|                                   |               | FUROSEMIDE         | C                          |                 |                                       |                 |                     |                |
|                                   |               | DIAZEPAM           | C                          |                 | Nocte                                 |                 |                     |                |
|                                   |               | CENTRUM            | C                          |                 | 1 dosage forms                        |                 |                     |                |
|                                   |               | CALCICHEW-D3 FORTE | C                          |                 | 544mg/400units                        |                 |                     |                |
|                                   |               | THIAMINE           | C                          |                 |                                       |                 |                     |                |
|                                   |               | GALFER             | C                          |                 |                                       |                 |                     |                |
|                                   |               | LANSOPRAZOLE       | C                          |                 |                                       |                 |                     |                |
|                                   |               | NEORECORMON        | C                          | SUBCUTANEOUS    |                                       |                 |                     |                |
|                                   |               | VERSATIS           | C                          |                 | 1 patch applied daily for<br>12 hours |                 |                     |                |
|                                   |               | MOVICOL            | C                          |                 | 2 dosage forms                        |                 |                     |                |
|                                   |               | LACRI-LUBE         | C                          | OPHTHALMIC      |                                       |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Mar-2015              | 10789736      | EXPEDITED (15-DAY) |                            | HO                       | IE-<br>GILEAD-2015-0136307    | 60 YR           | Male                | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Confusional state        |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Asterixis                |               | COPEGUS            |                            | C                        | UNK                           |                 |                     |                |
|                          |               | TARGAXAN           |                            | C                        | UNK                           |                 |                     |                |
|                          |               | LAXOSE             |                            | C                        | UNK                           |                 |                     |                |
|                          |               | PINADONE           |                            | C                        | UNK                           |                 |                     |                |
|                          |               | DIAZEPAM           |                            | C                        |                               |                 |                     |                |
|                          |               | DALMANE            |                            | C                        | UNK                           |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Mar-2015              | 10790970      | EXPEDITED (15-DAY) |                            | HO,OT                    | IE-<br>GILEAD-2015-0136292    | 55 YR           | Male                | IRL            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Hepatic encephalopathy   |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Coma scale abnormal      |               | COPEGUS            |                            | C                        | 400 mg, QD                    |                 |                     |                |
|                          |               | COPEGUS            |                            | C                        | 600 mg, QD                    |                 |                     |                |
|                          |               | TARGAXAN           |                            | C                        | 550 mg, BID                   |                 |                     |                |
|                          |               | LAXOSE             |                            | C                        | 30 ml, TID                    |                 |                     |                |
|                          |               | BENERVA            |                            | C                        | 100 mg, TID                   |                 |                     |                |
|                          |               | LANSOPRAZOLE       |                            | C                        | 15 mg, QD                     |                 |                     |                |
|                          |               | PINADONE           |                            | C                        | 25 mg, UNK                    |                 |                     |                |
|                          |               | HEPA MERZ          |                            | C                        |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Mar-2015                  | 10844763      | EXPEDITED (15-DAY) |                            | DE,OT                    | US-<br>GILEAD-2015-0138415    | 65 YR           | Male                | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Ischaemic enteritis          |               | HARVONI            |                            | S UNKNOWN                | 1 DF, QD                      |                 | GILEAD              |                |
| Mesenteric artery thrombosis |               | COCAINE            |                            | S UNKNOWN                |                               |                 |                     |                |
| Hepatic infarction           |               |                    |                            |                          |                               |                 |                     |                |
| Pneumonia aspiration         |               |                    |                            |                          |                               |                 |                     |                |
| Renal failure acute          |               |                    |                            |                          |                               |                 |                     |                |
| Splenic infarction           |               |                    |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u>     | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 17-Mar-2015                  | 10856402      | EXPEDITED (15-DAY) |                            | HO,OT                    | US-<br>GILEAD-2015-0137910    | 46 YR           | Female              | USA            |
| <u>Preferred Term</u>        |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Transient ischaemic attack   |               | HARVONI            |                            | S ORAL                   | 400 mg, QD                    |                 | GILEAD              |                |
| Contusion                    |               |                    |                            |                          |                               |                 |                     |                |
| Convulsion                   |               |                    |                            |                          |                               |                 |                     |                |
| Dizziness                    |               |                    |                            |                          |                               |                 |                     |                |
| Fall                         |               |                    |                            |                          |                               |                 |                     |                |
| Memory impairment            |               |                    |                            |                          |                               |                 |                     |                |
| Syncope                      |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>           | <u>Case #</u> | <u>Case Type</u>      | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|------------------------------------|---------------|-----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Mar-2015                        | 10872265      | EXPEDITED (15-DAY)    |                            | HO,OT                    | DE-<br>GILEAD-2015-0138879    | 59 YR           | Female              | DEU            |
| <u>Preferred Term</u>              |               | <u>Product</u>        |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Upper gastrointestinal haemorrhage |               | HARVONI               |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Haemorrhagic anaemia               |               | TOREM<br>01036501/    |                            | C ORAL                   | 200 mg, UNK                   |                 |                     |                |
| Anaemia                            |               | SPIRONOLACTONE        |                            | C ORAL                   | 25 mg, UNK                    |                 |                     |                |
| Varices oesophageal                |               | PANTOZOL<br>01263204/ |                            | C ORAL                   | 40 mg, UNK                    |                 |                     |                |
| Oesophageal ulcer                  |               |                       |                            |                          |                               |                 |                     |                |
| Pneumonia                          |               |                       |                            |                          |                               |                 |                     |                |

| <u>FDA Received Date</u>             | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 17-Mar-2015                          | 10911199      | EXPEDITED (15-DAY) |                            | OT                       | DE-<br>GILEAD-2015-0140932    | 39 YR           | Male                | DEU            |
| <u>Preferred Term</u>                |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Aspartate aminotransferase increased |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Gamma-glutamyltransferase increased  |               | TRUVADA            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
|                                      |               | TRUVADA            |                            | S                        |                               |                 | GILEAD              |                |
|                                      |               | PREZISTA           |                            | C ORAL                   | 800 mg, QD                    |                 |                     |                |
|                                      |               | NORVIR             |                            | C ORAL                   | 100 mg, QD                    |                 |                     |                |

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>   | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|--------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Mar-2015              | 10781563      | EXPEDITED (15-DAY) |                            |                          | US-<br>GILEAD-2015-0136015    | 60 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>     |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Flatulence               |               | HARVONI            |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Abdominal pain           |               |                    |                            |                          |                               |                 |                     |                |
| Asthenia                 |               |                    |                            |                          |                               |                 |                     |                |
| Diarrhoea                |               |                    |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                    |                            |                          |                               |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 18-Mar-2015              | 10836030      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0137117    | 43 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Alopecia                 |               | HARVONI              |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Abdominal pain upper     |               |                      |                            |                          |                               |                 |                     |                |
| Diarrhoea                |               |                      |                            |                          |                               |                 |                     |                |
| Dyspepsia                |               |                      |                            |                          |                               |                 |                     |                |
| Fatigue                  |               |                      |                            |                          |                               |                 |                     |                |
| Headache                 |               |                      |                            |                          |                               |                 |                     |                |
| Nausea                   |               |                      |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 18-Mar-2015              | 10911202      | EXPEDITED (15-DAY)   |                            | HO                       | FR-<br>GILEAD-2015-0135832    | 75 YR           | Female              | FRA            |
| <u>Preferred Term</u>    |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Neutropenia              |               | HARVONI              |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |
|                          |               | COAPROVEL            |                            | C ORAL                   | 300 mg, UNK                   |                 |                     |                |
|                          |               | EZETROL              |                            | C ORAL                   | 10 mg, UNK                    |                 |                     |                |
|                          |               | INEXIUM<br>01479302/ | /                          | C ORAL                   | 20 mg, UNK                    |                 |                     |                |
|                          |               | LEVOTHYROX           |                            | C ORAL                   | 100 µg, UNK                   |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Mar-2015              | 10746501      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0134076    | 64 YR           | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Tinnitus                 |               | HARVONI              |                            | S UNKNOWN                | UNK                           |                 | GILEAD              |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
|--------------------------|---------------|----------------------|----------------------------|--------------------------|-------------------------------|-----------------|---------------------|----------------|
| 19-Mar-2015              | 10865932      | EXPEDITED (15-DAY)   |                            |                          | US-<br>GILEAD-2015-0138668    |                 | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Dyspnoea                 |               | HARVONI              |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Feeling abnormal         |               | PANTOPRAZOLE         |                            | C                        |                               |                 |                     |                |
| Oedema peripheral        |               | FUROSEMIDE           |                            | C                        |                               |                 |                     |                |
| Speech disorder          |               | TAMSULOSIN           |                            | C                        |                               |                 |                     |                |
| Dysphonia                |               | VALSARTAN            |                            | C                        |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 19-Mar-2015              | 10911198      | EXPEDITED (15-DAY)   |                            | OT                       | US-<br>GILEAD-2015-0141197    |                 | Female              | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Seizure like phenomena   |               | HARVONI              |                            | S UNKNOWN                | UNK, QD                       |                 | GILEAD              |                |
| Headache                 |               |                      |                            |                          |                               |                 |                     |                |
| <u>FDA Received Date</u> | <u>Case #</u> | <u>Case Type</u>     | <u>Health Professional</u> | <u>Outcomes</u>          | <u>Manufacturer Control #</u> | <u>Age</u>      | <u>Sex</u>          | <u>Country</u> |
| 20-Mar-2015              | 10902612      | EXPEDITED (15-DAY)   |                            | HO,OT                    | US-<br>GILEAD-2015-0140712    | 67 YR           | Male                | USA            |
| <u>Preferred Term</u>    |               | <u>Product</u>       |                            | <u>Role</u> <u>Route</u> | <u>Dosage Text</u>            | <u>Duration</u> | <u>Manufacturer</u> |                |
| Syncope                  |               | HARVONI              |                            | S ORAL                   | 1 DF, QD                      |                 | GILEAD              |                |
| Sinus bradycardia        |               | PROPAFENONE          |                            | S ORAL                   | 425 mg, UNK                   |                 |                     |                |
| Trifascicular block      |               | METOPROLOL SUCCINATE |                            | S ORAL                   | 50 mg, QD                     |                 |                     |                |
|                          |               | VERAPAMIL            |                            | S ORAL                   | 200 mg, QD                    |                 |                     |                |
|                          |               | ASPIRIN 81           |                            | C ORAL                   | 81 mg, QD                     |                 |                     |                |



**FDA Adverse Event Reporting System (FAERS)**  
**Freedom of Information Act (FOIA)**  
**Detailed Report**

| <u>FDA Received Date</u>                                                                            | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>                            | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
|-----------------------------------------------------------------------------------------------------|---------------|--------------------------------------|----------------------------|--------------------------------------------|--------------------------------|-----------------|-------------------------------|----------------|
| 23-Mar-2015                                                                                         | 10717623      | EXPEDITED (15-DAY)                   |                            |                                            | US-<br>GILEAD-2015-0130998     | 59 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Diarrhoea<br>Anxiety                                                       |               | <u>Product</u><br>HARVONI            |                            | <u>Role</u> <u>Route</u><br>S ORAL         | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                            | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>                            | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 23-Mar-2015                                                                                         | 10759652      | EXPEDITED (15-DAY)                   |                            |                                            | US-<br>GILEAD-2015-0134395     | 53 YR           | Male                          | USA            |
| <u>Preferred Term</u><br>Dysphagia<br>Oropharyngeal pain<br>Wrong technique in drug usage process   |               | <u>Product</u><br>HARVONI            |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN      | <u>Dosage Text</u><br>UNK      | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                            | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>                            | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 23-Mar-2015                                                                                         | 10836048      | EXPEDITED (15-DAY)                   |                            |                                            | US-<br>GILEAD-2015-0137151     | 57 YR           | Female                        | USA            |
| <u>Preferred Term</u><br>Chromaturia<br>Dysuria                                                     |               | <u>Product</u><br>HARVONI<br>CURAMIN |                            | <u>Role</u> <u>Route</u><br>S UNKNOWN<br>C | <u>Dosage Text</u>             | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |
| <u>FDA Received Date</u>                                                                            | <u>Case #</u> | <u>Case Type</u>                     | <u>Health Professional</u> | <u>Outcomes</u>                            | <u>Manufacturer Control #</u>  | <u>Age</u>      | <u>Sex</u>                    | <u>Country</u> |
| 23-Mar-2015                                                                                         | 10856494      | EXPEDITED (15-DAY)                   |                            | OT                                         | US-<br>GILEAD-2015-0137532     |                 | Male                          | USA            |
| <u>Preferred Term</u><br>Aspartate aminotransferase increased<br>Alanine aminotransferase increased |               | <u>Product</u><br>HARVONI            |                            | <u>Role</u> <u>Route</u><br>S ORAL         | <u>Dosage Text</u><br>1 DF, QD | <u>Duration</u> | <u>Manufacturer</u><br>GILEAD |                |