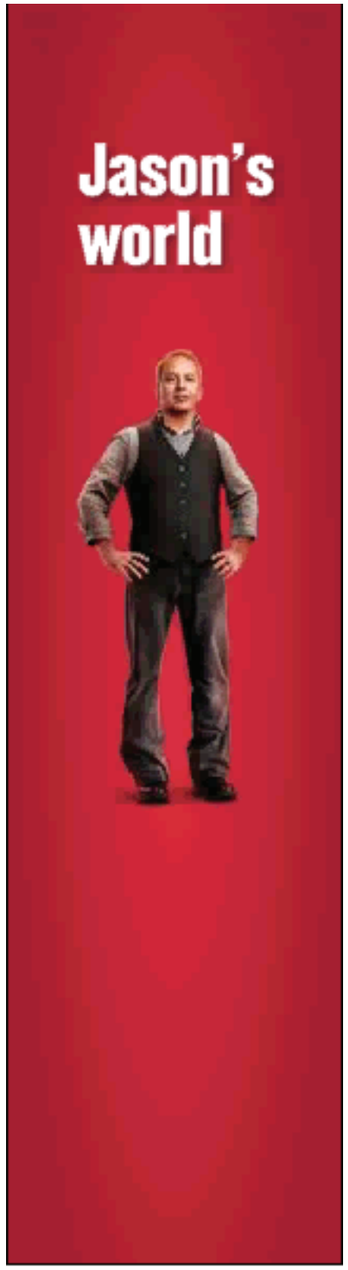
ATRIPLA: JASON'S WORLD- FLASH BANNER - 160X600 - "CONSUMER SITE"

FRAME 1



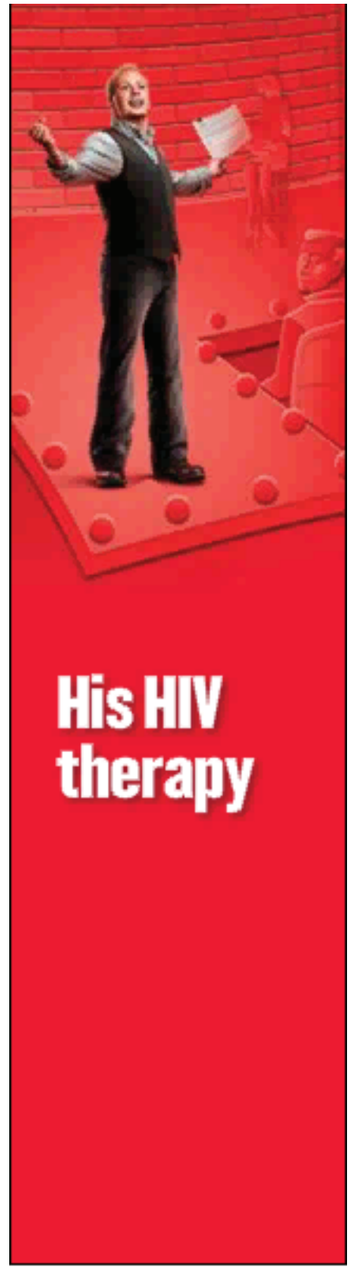
Jason comes in from the left side and copy that reads "Jason's world" comes in from the right.

FRAME 2



"Jason's world" fades out and copy that reads "is about theater." slides in from left.

FRAME 3



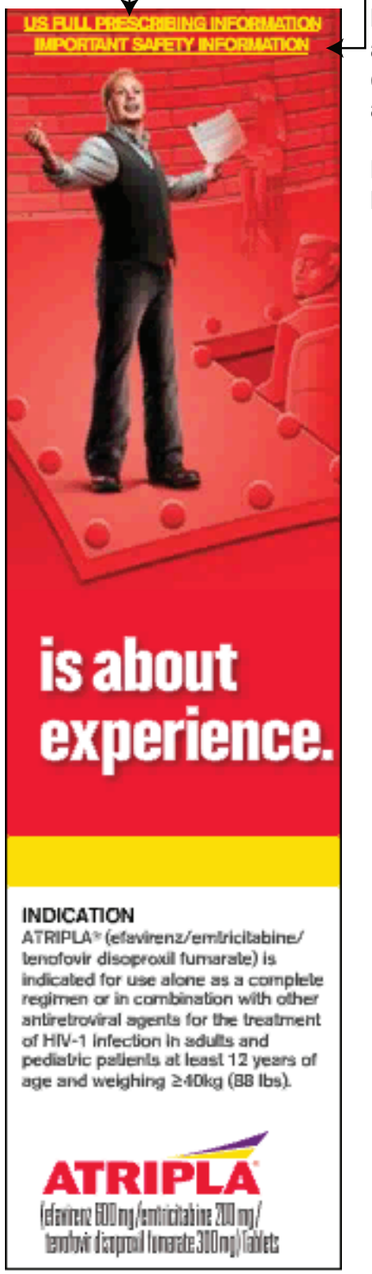
Red screen slowly dissolves to reveal Jason and his environment, along with copy that reads "His HIV therapy"

ATRIPLA: JASON'S WORLD- FLASH BANNER - 160X600 - "CONSUMER SITE"

Links to Full Prescribing Information:
http://packageinserts.bms.com/pi/pi_atripla.pdf
Opens in a new window

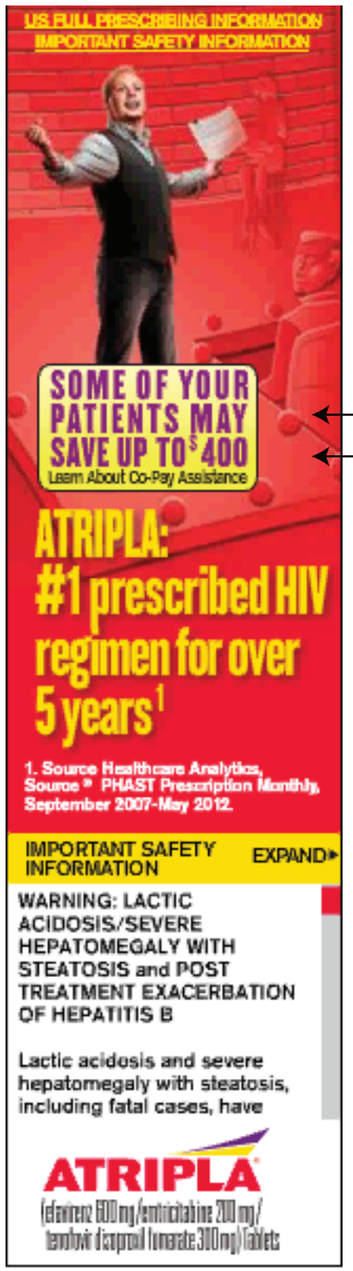
When clicked, Important Safety Information overlay appears on screen as in FRAME 6.

FRAME 4



Environment is shown at 100% and headline appears: "is about experience." ATRIPLA logo appears, as well as Indication, "Full Prescribing Information" link, and "Important Safety Information" link.

FRAME 5

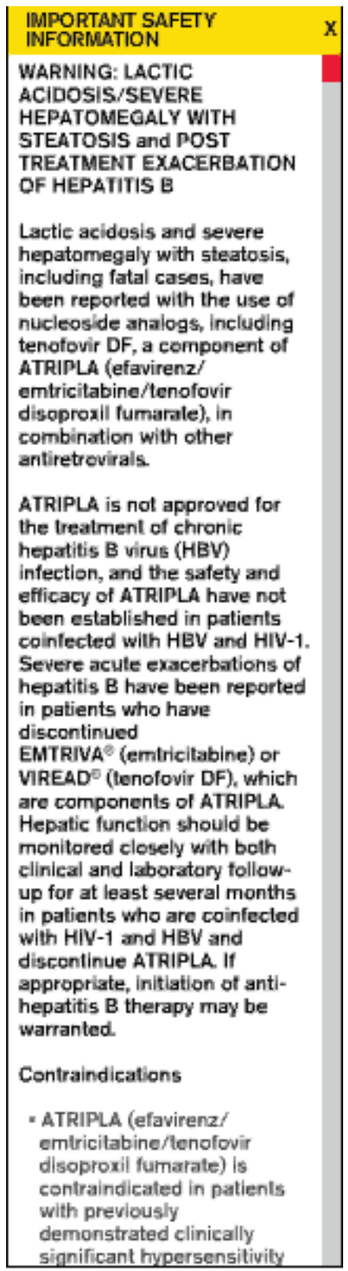


Headline fades out and new headline appears conveying ATRIPLA "#1 prescribed" messaging. A button linking co-pay savings information appears. Full ISI will expand and auto scroll in expanded state.

Links to ATRIPLA Co-pay Assistance Program:
http://www.atripla.com/copay-assistance.aspx
Opens in a new window

Rollover state

FRAME 6



When mouse rolls over "Expand," a scrollable ISI will animate up to fill frame.

ATRIPLA: JASON'S WORLD- FLASH BANNER - 160X600 - "CONSUMER SITE"

FRAME 7

IMPORTANT SAFETY INFORMATION X

significant hypersensitivity (e.g., Stevens-Johnson syndrome, erythema multiforme, or toxic skin eruptions) to efavirenz, a component of ATRIPLA.

- Coadministration of ATRIPLA with bepridil, cisapride, midazolam, pimozide, triazolam, or ergot derivatives is contraindicated, since competition for CYP3A by efavirenz could result in inhibition of metabolism of these drugs and create the potential for serious and/or life-threatening adverse reactions.

- ATRIPLA should not be administered concurrently with voriconazole because of significantly decreased voriconazole plasma concentrations and significantly increased efavirenz plasma concentrations.

- Concomitant use of ATRIPLA with St. John's wort (*Hypericum perforatum*) or St. John's wort-containing products is not recommended since this may lead to loss of virologic response and possible resistance to efavirenz or to non-nucleoside reverse transcriptase inhibitors (NNRTIs).

Warnings and Precautions

- Efavirenz plasma concentrations may be altered by substrates, inhibitors, or inducers of CYP3A. Efavirenz may alter plasma concentrations of drugs metabolized by CYP3A

FRAME 8

IMPORTANT SAFETY INFORMATION X

plasma concentrations of drugs metabolized by CYP3A or CYP2B6.

- Since ATRIPLA (efavirenz/emtricitabine/tenofovir disoproxil fumarate) contains emtricitabine and tenofovir DF, ATRIPLA should not be coadministered with COMPLERA® (emtricitabine/rilpivirine/ tenofovir DF), EMTRIVA® (emtricitabine), TRUVADA® (emtricitabine/tenofovir DF), or VIREAD® (tenofovir DF). Since ATRIPLA contains efavirenz, ATRIPLA should not be coadministered with SUSTIVA® (efavirenz) unless needed for dose-adjustment when coadministered with rifampin. Due to similarities between emtricitabine and lamivudine, ATRIPLA should not be coadministered with drugs containing lamivudine, including Combivir® (lamivudine/zidovudine), Epivir® or Epivir-HBV® (lamivudine), Epzicom® (abacavir sulfate/lamivudine), or Trizivir® (abacavir sulfate/lamivudine/zidovudine).

- ATRIPLA should not be administered with HEPSERA® (adefovir dipivoxil).

- Serious psychiatric adverse experiences, including severe depression (2.4%, 0.9%), suicidal ideation (0.7%, 0.3%), nonfatal suicide attempts (0.5%, 0%), aggressive behavior (0.4%, 0.5%), paranoid reactions (0.4%, 0.3%), and manic reactions (0.2%, 0.3%), have been reported in patients

FRAME 9

IMPORTANT SAFETY INFORMATION X

been reported in patients receiving efavirenz and control regimens, respectively. In addition to efavirenz, factors identified in a clinical trial that were associated with an increase in psychiatric symptoms included a history of injection drug use, psychiatric history, and use of psychiatric medication. There have been occasional reports of suicide, delusions, and psychosis-like behavior, but it could not be determined if efavirenz was the cause. Patients with serious psychiatric adverse experiences should be evaluated immediately to determine whether the risks of continued therapy outweigh the benefits.

- Fifty-three percent of patients reported central nervous system (CNS) symptoms (including dizziness [28.1%], insomnia [16.3%], impaired concentration [8.3%], somnolence [7.0%], abnormal dreams [6.2%], and hallucinations [1.2%]) when taking efavirenz compared to 25% of patients receiving control regimens. These symptoms usually begin during Days 1-2 of therapy and generally resolve after the first 2-4 weeks of therapy; they were severe in 2.0% of patients, and 2.1% of patients discontinued therapy. After 4 weeks of therapy, the prevalence of CNS symptoms of at least moderate severity ranged from 5% to 9% in patients treated with regimens containing efavirenz. Nervous system symptoms are not predictive of the less

FRAME 10

IMPORTANT SAFETY INFORMATION X

system symptoms are not predictive of the less frequent psychiatric symptoms. Patients receiving ATRIPLA should be alerted to the potential for additive CNS effects when ATRIPLA is used concomitantly with alcohol or psychoactive drugs. Patients who experience CNS symptoms such as dizziness, impaired concentration, and/or drowsiness should avoid potentially hazardous tasks such as driving or operating machinery.

- It is recommended that creatinine clearance (CrCl) be calculated in all patients prior to initiating therapy and as clinically appropriate during therapy with ATRIPLA, and routine monitoring of CrCl and serum phosphorus be performed for patients at risk of renal impairment, including patients who have previously experienced renal events while receiving adefovir dipivoxil. ATRIPLA should not be given to patients with CrCl < 50mL/min. Renal impairment, including cases of acute renal failure and Fanconi syndrome (renal tubular injury with severe hypophosphatemia), has been reported with the use of tenofovir DF. ATRIPLA should be avoided with concurrent or recent use of a nephrotoxic agent.

- ATRIPLA may cause fetal harm when administered during the first trimester to a pregnant woman. Women should not become pregnant or breastfeed while taking ATRIPLA. Barrier

FRAME 11

IMPORTANT SAFETY INFORMATION X

ATRIPLA. Barrier contraception must always be used in combination with other methods of contraception (e.g., oral or other hormonal contraceptives). Because of the long half-life of efavirenz, adequate contraceptive measures are recommended for 12 weeks after discontinuation of ATRIPLA. If the patient becomes pregnant while taking ATRIPLA, she should be apprised of the potential harm to the fetus.

- Mild-to-moderate rash is a common side effect of efavirenz. In controlled clinical trials in adults, 26% of patients treated with efavirenz experienced new-onset skin rash compared with 17% of patients treated in control groups. ATRIPLA should be discontinued in patients developing severe rash associated with blistering, desquamation, mucosal involvement, or fever.
  - Rash was reported in 46% (26/57) of pediatric patients receiving efavirenz. Grade 3 or 4 rash was reported in 5% of pediatric patients compared to 0.9% of adults receiving efavirenz.

- Liver enzymes should be monitored before and during treatment in patients with underlying hepatic disease, including hepatitis B or C infection; in patients with marked transaminase elevations; and when ATRIPLA is administered with ritonavir or other medications associated with liver toxicity.

ATRIPLA: JASON'S WORLD- FLASH BANNER - 160X600 - "CONSUMER SITE"

FRAME 12

IMPORTANT SAFETY INFORMATION X

ritonavir or other medications associated with liver toxicity. A few of the postmarketing reports of hepatic failure, including cases in patients with no pre-existing hepatic disease or other identifiable risk factors, were characterized by a fulminant course, progressing in some cases to transplantation or death. Liver enzyme monitoring should be considered for patients without pre-existing hepatic dysfunction or other risk factors.

- Bone mineral density (BMD) assessment should be considered for patients who have a history of pathologic bone fracture or other risk factors for osteoporosis or bone loss. Decreases in BMD have been seen with tenofovir DF. Cases of osteomalacia (associated with proximal renal tubulopathy and which may contribute to fractures) have been reported in association with the use of tenofovir DF.
- Use ATRIPLA with caution in patients with a history of seizures. Convulsions have been observed in patients receiving efavirenz, generally in the presence of known medical history of seizures.
- Immune reconstitution syndrome has been reported in patients treated with combination antiretroviral therapy, including the components of ATRIPLA. Autoimmune disorders (e.g., Graves' disease, polymyositis, and Guillain-Barré syndrome) have also been reported to occur in the setting of immune

FRAME 13

IMPORTANT SAFETY INFORMATION X

been reported to occur in the setting of immune reconstitution; however, the time to onset is more variable, and can occur many months after initiation of treatment.

- Redistribution/accumulation of body fat has been observed in patients receiving antiretroviral therapy.

Adverse Reactions

- In Study 934, through 144 weeks, the most frequently reported Grades 2-4 adverse reactions reported in ≥5% of subjects receiving efavirenz + emtricitabine + tenofovir DF were diarrhea (9%), nausea (9%), fatigue (9%), depression (9%), dizziness (8%), sinusitis (8%), upper respiratory tract infection (8%), rash event (7%), headache (6%), insomnia (5%), anxiety (5%), and nasopharyngitis (5%).
- The most common adverse reactions (incidence ≥10%, any severity) occurring in Study 934 include diarrhea, nausea, fatigue, headache, dizziness, depression, insomnia, abnormal dreams, and rash.
- Skin discoloration, associated with emtricitabine, may also occur.
- **Pediatric patients:** In addition to common adverse events reported in adults, anemia (7%) and hyperpigmentation (32%) were observed in pediatric patients treated with emtricitabine.

FRAME 14

IMPORTANT SAFETY INFORMATION X

with emtricitabine.

Drug Interactions

- Coadministration of ATRIPLA (efavirenz/emtricitabine/tenofovir disoproxil fumarate) with didanosine should be undertaken with caution. Patients receiving this combination should be monitored closely for didanosine-associated adverse reactions.
- Lopinavir/ritonavir has been shown to increase tenofovir concentrations. Patients on lopinavir/ritonavir plus ATRIPLA should be monitored for tenofovir-associated adverse reactions. ATRIPLA should be discontinued in patients who develop tenofovir-associated adverse reactions.
- Coadministration of ATRIPLA and atazanavir is not recommended. Efavirenz and tenofovir DF have been shown to decrease concentrations of atazanavir. Atazanavir has also been shown to increase tenofovir concentrations.
- Saquinavir should not be used as the only protease inhibitor in combination with ATRIPLA.
- **See Full Prescribing Information for complete list of drug-drug interactions.**

Hepatic Impairment

ATRIPLA (efavirenz/emtricitabine/tenofovir

FRAME 15

IMPORTANT SAFETY INFORMATION X

ATRIPLA (efavirenz/emtricitabine/tenofovir disoproxil fumarate) is not recommended for patients with moderate or severe hepatic impairment because of insufficient data; use caution in patients with mild hepatic impairment.

Dosage and Administration

The dose of ATRIPLA for patients at least 12 years of age and weighing ≥40kg (88 lbs) is 1 tablet (containing 600 mg of efavirenz, 200 mg of emtricitabine, and 300 mg of tenofovir DF) once daily taken orally on an empty stomach. Dosing at bedtime may improve the tolerability of nervous system symptoms. ATRIPLA is not recommended for use in patients <12 years of age or in patients with CrCl<50mL/min. When ATRIPLA is administered with rifampin to patients weighing ≥50kg, an additional 200mg/day of efavirenz is recommended.

Please see
Full Prescribing Information,
including Boxed WARNINGS.

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http://packageinserts.bms.com/pi/pi_atripla.pdf
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FRAME 16

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patients with mild hepatic impairment.

Dosage and Administration

The dose of ATRIPLA for patients at least 12 years of age and weighing ≥40kg (88 lbs) is 1 tablet (containing 600 mg of efavirenz, 200 mg of emtricitabine, and 300 mg of tenofovir DF) once daily taken orally on an empty stomach. Dosing at bedtime may improve the tolerability of nervous system symptoms. ATRIPLA is not recommended for use in patients <12 years of age or in patients with CrCl<50mL/min. When ATRIPLA is administered with rifampin to patients weighing ≥50kg, an additional 200mg/day of efavirenz is recommended.

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