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Bixlenvo™ (bictegravir/lenacapavir) Efficacy and Safety by Baseline RAMs

This document is in response to your request for information regarding the efficacy and general safety of Bixlenvo™ (bictegravir/lenacapavir [BIC/LEN]) by baseline resistance-associated mutations (RAMs).

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The full indication, important safety information, and boxed warnings are available at: www.gilead.com/-/media/files/pdfs/medicines/hiv/BIXLENVO/BIXLENVO_pi

Summary

Product Labeling[1]

BIC/LEN is indicated as a complete regimen for the treatment of HIV-1 infection in adults to replace the current ARV regimen in those who are VS (HIV-1 RNA <50 c/mL) on a stable ARV regimen with no known or suspected resistance to the individual components of BIC/LEN.

Clinical Data on the Efficacy and Safety of BIC/LEN by Baseline RAMs

ARTISTRY-1: An ongoing phase 2/3 study is evaluating the efficacy and safety of switching to BIC/LEN vs continuing a complex ART regimen in VS PWH.[2]

Results from phase 2 have been reported.[2,3]

- Through Week 48, high rates of virologic suppression were maintained in each group: BIC 75 mg + LEN 25 mg, 92.2%; BIC 75 mg + LEN 50 mg, 90.4%; and complex ART regimen, 100%.[2]
- High rates of virologic suppression were maintained through Week 48 in participants regardless of baseline NRTI, NNRTI, PI, and/or INSTI RAMs.[4]

Results from phase 3 through Week 48 have been reported.[5]

- High rates of virologic suppression were maintained in each group: BIC/LEN STR 75 mg/50 mg, 96%; complex ART regimen, 94%. BIC/LEN was non-inferior to complex ART regimens in the maintenance of virologic suppression.[5]
- High rates of virologic suppression were maintained through Week 48 across participants with and without baseline NRTI, NNRTI, PI, and/or INSTI RAMs.[6]

ARTISTRY-2: An ongoing phase 3 study is evaluating the efficacy and safety of switching from BIC/FTC/TAF to BIC/LEN STR 75 mg/50 mg vs continuing BIC/FTC/TAF in VS PWH.[7]

- Through Week 48, virologic suppression rates were high in both groups: BIC/LEN 75 mg/50 mg, 93%; BIC/FTC/TAF, 91%. BIC/LEN was non-inferior to BIC/FTC/TAF in maintaining virologic suppression.[7]

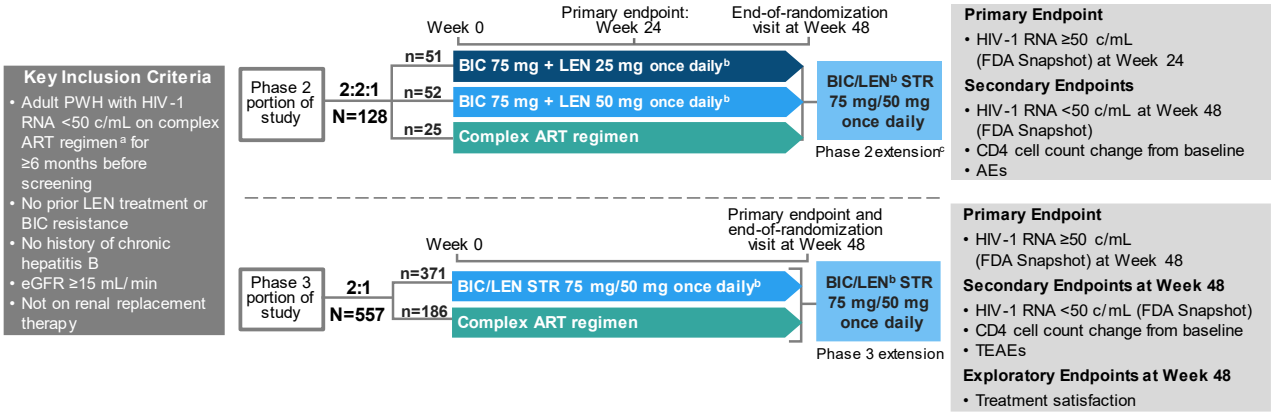
- Of the 2 participants in each group who underwent resistance analysis, 1 participant in the BIC/LEN group and both participants in the BIC/FTC/TAF group had no treatment-emergent resistance. The other participant in the BIC/LEN group had a history of RAL and DTG exposure, and an isolated R263K IN substitution at Week 36 was detected. The participant was switched to DRV/c/FTC/TAF at Week 48 with a maximum HIV-1 RNA of 208 c/mL at Week 36.[7]
- A subgroup analysis evaluating virologic outcomes with BIC/LEN by baseline RAM status has not been published or presented.

Clinical Data on the Efficacy and Safety of BIC/LEN by Baseline RAMs

ARTISTRY-1: Switching to BIC/LEN vs Complex ART

An ongoing, randomized, multicenter, open-label, phase 2/3 study (NCT05502341) is evaluating the efficacy and safety of switching to BIC/LEN vs continuing their ART regimen in PWH who were receiving a complex ART regimen.[2,3]

Figure 1. ARTISTRY-1 Phase 2/3: Study Design[3,5,8]



[a]Due to viral resistance, intolerance, or contraindication to existing STRs. Regimens contained the following: a boosted PI or NNRTI + ≥1 other third agent from a class other than NRTIs, or ≥2 pills/day or a dosing frequency >once daily, or parenteral ART (excluding a complete long-acting injectable regimen) plus oral ART.
[b]Oral loading doses of LEN (600 mg for 2 days) were given after participants switched from their complex ART regimen.
[c]All participants reached the Week 48 timepoint and completed the end-of-randomization visit before entering the OLE phase.

Phase 2 of ARTISTRY-1

During the phase 2 portion of the study, participants were randomly assigned to switch to BIC 75 mg + LEN (25 or 50 mg; oral) or to continue their complex ART regimen. After the randomized period, participants could continue on to the extension period and receive BIC/LEN STR (Figure 1).[2]

Table 1. Phase 2 of ARTISTRY-1: Baseline Demographics, Disease Characteristics, and Historical Resistance Mutations[3]

Key Demographics and Characteristics		BIC 75 mg + LEN 25 mg (n=51)	BIC 75 mg + LEN 50 mg (n=52)	Complex ART Regimen (n=25)	Total (N=128)
Age, median (range), years		62 (26–79)	62 (34–76)	58 (41–70)	60 (26–79)
Female sex assigned at birth, n (%)		13 (25.5)	7 (13.5)	4 (16)	24 (19)
Race, White/Black/Asian/other, %		56.9/35.3/3.9/3.9	65.4/30.8/3.8/0	80/20/0/0	64.8/30.5/3.1/1.6
Hispanic/Latinx,[a] n (%)		7 (14)	9 (17.6)	4 (16)	20 (15.9)
Duration of HIV treatment,[b] median (IQR), years		27.8 (22.7–32.4)[c]	27 (18.9–31.5)	26.9 (19.8–31.9)	27 (19.9–32)
Prior ARTs,[d] median (IQR), n		4 (2–9)	7 (3–11)	8 (3–13)	6 (3–11)
Reasons for complex regimen,[e] n (%)	History of resistance	44 (86.3)	40 (76.9)	20 (80)	104 (81.3)
	Intolerance of STR components	20 (39.2)	11 (21.2)	7 (28)	38 (29.7)
	Contraindications to STRs	7 (13.7)	4 (7.7)	1 (4)	12 (9.4)
ARTs,[d] median (range), n		2 (2–5)	2.5 (2–5)	3 (2–5)	2 (1–5)
Pills/day, median (range)		2 (2–8)	3 (2–9)	3 (2–8)	3 (2–9)

[a]Ethnicity data were not permitted to be collected for 1 patient each in the BIC 75 mg +LEN 25 mg and BIC 75 mg + LEN 50 mg arms.
[b]Calculated with the following equation: (date of first dose – start date of first HIV treatment + 1 day)/365.25.
[c]n=50.
[d]Defined as ARTs taken on Day 1 or up to 14 days before Day 1. If participants received multiple ARTs, they were counted once per participant for each drug name and ART class.

A separate analysis assessed the presence of RAMs at baseline with historical genotypic reports and retrospective proviral DNA analysis, which identified the following (Table 2)[4]:

- High level of resistance to NRTI, NNRTI, and PI classes at baseline
- High prevalence of M184V/I and TAMs at baseline

Table 2. Phase 2 of ARTISTRY-1: Baseline Preexisting Resistance Mutations and NRTI Mutations by Treatment Group[4]

Baseline Resistance Mutations, %		BIC 75 mg + LEN 25 mg (n=51)	BIC 75 mg + LEN 50 mg (n=52)	Complex ART Regimen (n=25)	Total (N=128)
Preexisting resistance mutations by ARV class,[a] NRTI/NNRTI/PI/INSTI		86/60/44/26	75/65/40/0	83/74/61/5	81/65/46/11
Preexisting NRTI mutations[b]	M184V/I	72	67	70	70
	K65R	10	8	13	10
	≥3/≥4 TAMs	52/32	42/33	26/9	43/28

[a]NRTI, NNRTI, and PI data were available in 124 participants; INSTI data were available in 94 participants. Baseline RAM data were evaluated using historical genotypes and retrospective proviral DNA analysis.
[b]TAMs included M41L, D67N, K70R, L210W, T215Y/F, and K219E/N/Q/R in RT; 11% had M184V/I alone.

Efficacy and resistance outcomes through Week 48

At Week 24, 1 participant (1.9%) in the BIC 75 mg + LEN 50 mg group and no participants in the BIC 75 mg + LEN 25 mg group or complex ART regimen group had HIV-1 RNA ≥50 c/mL (primary endpoint; FDA Snapshot algorithm).[3] At Week 48, similarly high rates of virologic suppression were maintained in each group (Table 3).[2]

Table 3. Phase 2 of ARTISTRY-1: Rates of HIV RNA <50 c/mL (FDA Snapshot) and HIV RNA ≥50 c/mL at Week 48[2]

Efficacy Endpoints	BIC 75 mg + LEN 25 mg	BIC 75 mg + LEN 50 mg	Complex ART Regimen
HIV-1 RNA ≥50 c/mL, % (n/N)	3.9 (2/51)	1.9 (1/52)	0 (0/25)
Difference, % (95% CI); *P*-value	3.9 (−10.7, 13.9); 1	1.9 (−12.2, 10.7); 1	–
HIV-1 RNA <50 c/mL, % (n/N)	92.2 (47/51[a])	90.4 (47/52[b])	100 (25/25)
Difference, % (95% CI); *P*−value	−7.8 (−19.2, 7); 0.3	−9.6 (−21, 5.3); 0.17	–

[a]Reasons for DC before Week 48: AE and participant decision (each, n=1).
[b]Reasons for DC before Week 48: AE, death, participant decision, and investigator decision (each, n=1).
Note: *P*-values were for comparisons vs the complex ART regimen and are reported for descriptive purposes.

Three participants had HIV RNA levels ≥50 c/mL: 2 participants (3.9%) in the BIC 75 mg + LEN 25 mg group were resuppressed at their next study visit without a change in ART (HIV-1 RNA at Week 48: 50 c/mL and 98 c/mL, respectively), and 1 participant (1.9%) in the BIC 75 mg + LEN 50 mg group (HIV-1 RNA at Week 48: 305 c/mL) was resuppressed by Day 368 after switching treatment to DTG + MVC + LEN SUBQ. The third participant underwent a resistance analysis, and the N74T capsid mutation was noted with PhenoSense assay failure; this novel capsid polymorphism did not confer resistance to LEN, and no change in BIC sensitivity occurred.[2,4]

Through Week 48, participants with and those without NRTI, NNRTI, PI, and INSTI RAMs had high rates of virologic suppression, and the rates were similar between participants with and those without RAMs within each treatment group (Table 4).[4]

Table 4. Rates of HIV RNA <50 c/mL at Week 48 Overall and by Baseline Resistance Category (FDA Snapshot)[2,4]

HIV-1 RNA <50 c/mL, % (n/N)		BIC 75 mg + LEN 25 mg	BIC 75 mg + LEN 50 mg	Complex ART Regimen	Overall
Overall		92.2 (47/51[a])	90.4 (47/52[b])	100 (25/25)	93 (119/128)
Difference, % (95% CI); *P*-value vs complex ART regimen		−7.8 (−19.2, 7); 0.3	−9.6 (−21, 5.3); 0.17	–	–
NRTI RAMs[c]	Yes	92.5 (37/40)	91.9 (34/37)	100 (18/18)	93.7 (89/95)
	No	88.9 (8/9)	86.7 (13/15)	100 (5/5)	89.7 (26/29)
NNRTI RAMs[c]	Yes	92.6 (25/27)	93.5 (29/31)	100 (16/16)	94.6 (70/74)
	No	90.9 (20/22)	85.7 (18/21)	100 (7/7)	90 (45/50)
PI RAMs[c]	Yes	100 (22/22)	88.2 (15/17)	100 (12/12)	96.1 (49/51)
	No	85.2 (23/27)	91.4 (32/35)	100 (11/11)	90.4 (66/73)
INSTI RAMs[c]	Yes	88.9 (8/9)[d]	0	100 (1/1)	90 (9/10)
	No	88.5 (23/26)	89.7 (35/39)	100 (19/19)	91.7 (77/84)

[a]Reasons for DC before Week 48: AE and participant decision (each, n=1).
[b]Reasons for DC before Week 48: AE, death, participant decision, and investigator decision (each, n=1).
[c]Nominal *P*>0.05 values for all comparisons between those with and those without each RAM within each treatment group.
[d]One participant discontinued treatment but was VS at their last study visit.
Note: *P*-values were for comparisons vs the complex ART regimen and are reported for descriptive purposes only.

Safety outcomes through Week 48

Safety outcomes were not reported in the subgroup of participants with RAMs at baseline.[4] In the overall population through Week 48, TRAEs occurred in 17.6% of participants (9/51) in the BIC 75 mg + 25 mg group, 5.8% of participants (3/52) in the BIC 75 mg + 50 mg group, and in none of the participants in the complex ART regimen group.[8] Two participants

discontinued treatment due to TEAEs that were considered related to the study drugs through Week 48: 1 participant in the BIC 75 mg + LEN 25 mg group (Grade 1 nausea) and 1 participant in the BIC 75 mg + LEN 50 mg group with a history of nausea and vomiting (Grade 3 worsening vomiting).[2,3]

Phase 3 of ARTISTRY-1

For the phase 3 portion of the study, participants were randomly assigned (2:1) to receive an STR of BIC/LEN 75 mg/50 mg (n=371) or continue their stable complex ART regimen (n=186) for 48 weeks (Figure 1). At baseline, participants had a history of resistance to multiple drug classes (Table 5).[5]

Table 5. Phase 3 of ARTISTRY-1: Baseline Demographics, Disease Characteristics, and Preexisting Resistance Mutations[5]

Key Demographics and Characteristics		BIC/LEN 75 mg/50 mg (n=371)	Complex ART Regimen (n=186)	Overall (N=557)
Age, median (range), years		60 (22–84)	60 (24–75)	60 (22–84)
Female sex assigned at birth, n (%)		64 (17)	36 (19)	100 (18)
Race, White/Black/Asian/other,[a] %		70/17/4/3	67/18/5/2	69/17/4/3
Hispanic/Latinx,[b] n (%)		80 (22)	42 (23)	122 (22)
Duration of HIV treatment, median (IQR), years		28.3 (21.6–32.3)[c]	28.3 (21.4–31.8)[d]	28.3 (21.6–32.1)[e]
ARV pills/day, median (range), n		3 (2–11)	3 (2–9)	3 (2–11)
Reasons for taking complex regimen,[f] n (%)	History of resistance	297 (80)	153 (82)	450 (81)
	Intolerance to STR components	89 (24)	39 (21)	128 (23)
	Contraindications to STR components	23 (6)	10 (5)	33 (6)
History of selected comorbidities,[f,g] dyslipidemia/HTN/DM or hyperglycemia/CKD, %		66/51/25/13	72/48/23/16	68/50/24/14

[a]Local regulations did not permit the collection of race data for 19 participants in the BIC/LEN group and 17 in the complex ART regimen group. The "other" category included participants who were American Indian or Alaska Native, Native Hawaiian, Pacific Islander, or other.
[b]Local regulations did not permit the collection of ethnicity data for 21 participants in the BIC/LEN group and 16 in the complex ART regimen group.
[c]n=358. [d]n=183. [e]n=541.
[f]Not mutually exclusive.
[g]Grouped terms per MedDRA.

A separate analysis assessed the presence of RAMs at baseline with historical genotypic reports and retrospective proviral DNA analysis (Table 7).[6]

Table 6. Phase 3 of ARTISTRY-1: Baseline Preexisting Resistance Mutations by ARV Class, NRTI Mutations, and INSTI RAMs by Treatment Group[6]

Baseline Resistance Mutations		BIC/LEN 75 mg/50 mg (n=371)	Complex ART Regimen (n=186)	Total (N=557)
Preexisting resistance mutations by ARV class, NRTI/NNRTI/PI/INSTI,[a] %		83/70/51/4	85/69/50/8	84/70/51/6
Preexisting NRTI mutations,[b] %	M184V/I	68	75	70
	K65R	11	14	12
	≥3/≥4 TAMs	50/35	57/36	52/35

Baseline Resistance Mutations		BIC/LEN 75 mg/50 mg (n=371)	Complex ART Regimen (n=186)	Total (N=557)
Preexisting INSTI RAMs, n (%)		15 (4.3)	14 (8)	29 (5.6)
Primary INSTI RAMs, n (%)	Q148H/K/R	5 (1.4)	6 (3.4)	11 (2.1)
	T66A/I/K	5 (1.4)	2 (1.1)	7 (1.3)
	E92G/Q/V	1 (0.3)	2 (1.1)	3 (0.6)
	G140R	1 (0.3)	2 (1.1)	3 (0.6)
	N155H/S	1 (0.3)	1 (0.6)	2 (0.4)
	R263K	1 (0.3)	1 (0.6)	2 (0.4)
	F121C/Y	1 (0.3)	0	1 (0.2)
	S147G	1 (0.3)	0	1 (0.2)
	Y143C/H/R	0	1 (0.6)	1 (0.2)
	G118R	0	0	0

[a]NRTI, NNRTI, and PI data were available in 542 participants, INSTI data were available in 522 participants, and NRTI mutation data were available in 542 participants. Baseline RAM data were evaluated using historical genotypes and retrospective proviral DNA analysis.
[b]From historical genotypic reports and retrospective proviral DNA analysis; available data from 542/557 (97%). TAMs included M41L, D67N, K70R, L210W, T215Y/F, and K219E/N/Q/R in RT; 6.5% had M184V/I alone.

Efficacy outcomes through Week 48

BIC/LEN was non-inferior to complex ART regimens in maintaining virologic suppression at Week 48 (Table 7).[5] Each of the participants in the BIC/LEN group with HIV-1 RNA ≥50 c/mL at Week 48 achieved virologic resuppression or had low-level viremia without changes in their ART regimen.[9]

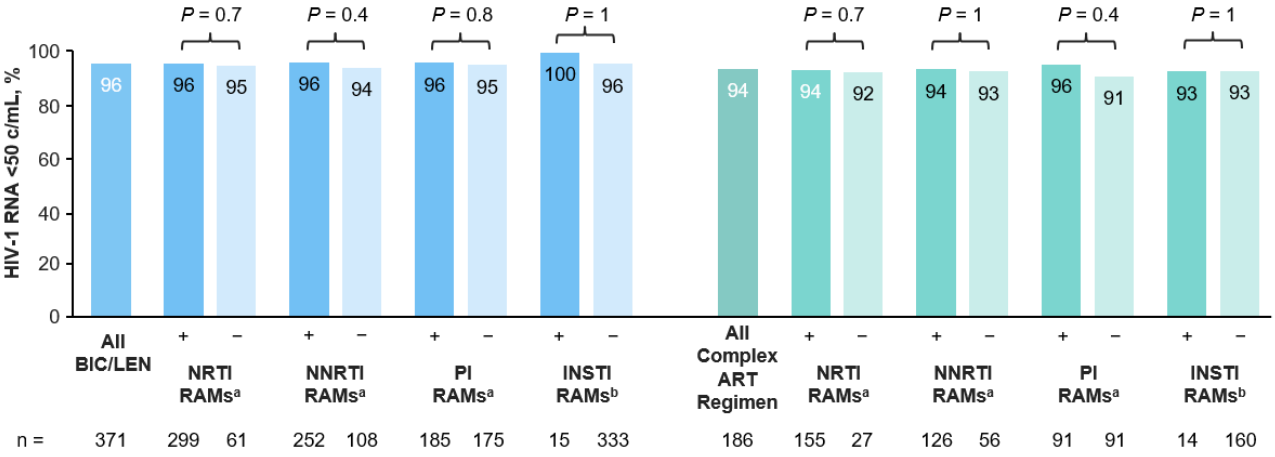
Table 7. Phase 3 of ARTISTRY-1: Rates of HIV RNA ≥50 c/mL and HIV RNA <50 c/mL (FDA Snapshot) at Week 48 in the Full Analysis Set[5]

Efficacy Endpoints	BIC/LEN 75 mg/50 mg	Complex ART Regimen
HIV-1 RNA ≥50 c/mL, % (n/N)	1 (3/371)	1 (2/186)
Difference,[a] % (95.002% CI)	−0.3 (−2.3, 1.8)	
HIV-1 RNA <50 c/mL, % (n/N)	96 (356/371)	94 (174/186)
Difference, % (95.002% CI)	2.4 (-1.8 to 6.6)	
No virologic data, % (n/N)	3 (12/371)[b]	5 (10/186)[c]

[a]Two-sided CI was based on Mantel-Haenszel stratum weights and Koch variance estimator and was adjusted by geographic region (US vs non-US).
[b]Reasons for DC before Week 48: AE or death, n=7 (AEs, n=5; deaths, n=2); other reasons and last HIV-1 RNA <50 c/mL, n=5.
[c]Reasons for DC before Week 48: other reasons and last HIV-1 RNA <50 c/mL, n=8; AE or death, n=1; and missing data but still on study drug, n=1.

In a post hoc analysis, participants with and those without NRTI, NNRTI, PI, and INSTI RAMs had high rates of virologic suppression, and there were no significant differences in the rates of virologic suppression between participants with and those without RAMs within each treatment group at Week 48 (Figure 2).[4]

Figure 2. Phase 3 of ARTISTRY-1: Rates of HIV-1 RNA <50 c/mL at Week 48 Overall and by Baseline Resistance Categories (FDA Snapshot)[6]



[a]Data were available for 360/371 participants in the BIC/LEN group and 182/186 participants in the complex ART regimen group.
[b]Data were available for 348/371 participants in the BIC/LEN group and 174/186 participants in the complex ART regimen group.

Resistance analysis was performed in participants with confirmed virological rebound (HIV-1 RNA ≥50 c/mL at any visit after Day 1, followed by HIV-1 RNA ≥200 c/mL at the next visit) or when a participant had an HIV-1 RNA viral load ≥200 c/mL at the last on-treatment visit through Week 48, including instances of early DC or loss to follow-up. The resistance analysis population at Week 48 included 2 participants (0.5%) in the BIC/LEN group and 1 participant (0.5%) in the complex ART regimen group. In the BIC/LEN group, 1 participant had baseline RAMs in RT (M41L, K65R, L741, K103N, M184V, Y188L, T210W, T215Y, K219N, and H22IY) and PR (M46I/L, 154V, I84V, L90M).[6] This participant had no detectable resistance in capsid and had transient emergence of a Q148R substitution in IN at low level (13% mutant) at Week 24 that conferred a 1.2-fold reduction in BIC susceptibility; however, this substitution was not detected at Week 48.[1] The other participant in the BIC/LEN group had baseline RAMs in RT (D67N, K70R, K103N, V108I, M184V, L210W, T215Y, and K219E); the participant achieved resuppression, and no resistance was detected in capsid or IN at virologic rebound. The participant in the complex ART regimen group had baseline RAMs in RT (M41L, M184V, and T215Y), PR (D30N), and IN (E92M/V) and was switched to BIC/FTC/TAF + LEN SUBQ with no detected resistance.[6]

Safety outcomes through Week 48

Safety outcomes were not reported in the subgroup of participants with RAMs at baseline.[6] In the overall population through Week 48, TRAEs were reported in 14% of participants (53/371) in the BIC/LEN group and in 2% of participants (3/186) in the complex ART group. AEs that led to DC of study drug occurred in 2% of participants (6/371) in the BIC/LEN group and in 1% of participants (1/186) in the complex ART group.[5]

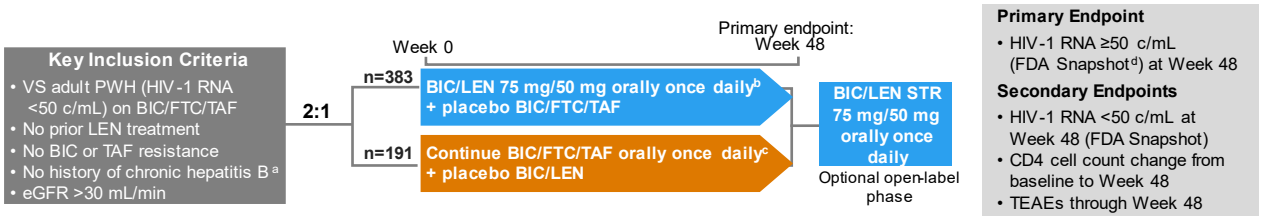
ARTISTRY-2: Switching to BIC/LEN vs BIC/FTC/TAF[7]

Study design and demographics

An ongoing, randomized, multicenter, double-blind, active-controlled, phase 3 study (NCT06333808) is evaluating the efficacy and safety of switching from BIC/FTC/TAF to STR

BIC/LEN 75 mg/50 mg vs continuing BIC/FTC/TAF in VS PWH. After the randomized period, participants could continue in the OLE phase and receive BIC/LEN.

Figure 3. ARTISTRY-2: Study Design[7]



Abbreviations: HBcAb=HBV core antibody; HBsAb=HBV surface antibody; HBsAg=HBV surface antigen.
[a]Determined by the following at the screening visit: either HBsAg+ status or HBcAb+ and HBsAb- status.
[b]Oral loading doses of LEN 600 mg on Days 1 and 2 were given.
[c]Participants were given placebo to match LEN on Days 1 and 2 of treatment.
[d]Non-inferiority margin: 4%.

Table 8. ARTISTRY-2: Baseline Demographics and Disease Characteristics[7]

Key Demographics and Characteristics		BIC/LEN 75 mg/50 mg (n=383)	BIC/FTC/TAF (n=191)	Total (N=574)
Age, median (range), years		47 (23–77)	51 (26–77)	49 (23–77)
Male sex assigned at birth, n (%)		314 (82)	149 (78)	463 (81)
Race, White/Black/Asian/American Indian or Alaska Native/Native Hawaiian or Pacific Islander/other, %		52/30/13/<1/<1/5	58/23/14/1/0/5	54/27/13/<1/<1/5
Hispanic/Latinx,[a] n (%)		106 (28)	49 (26)	155 (27)
History of select comorbidities,[b] dyslipidemia/HTN/DM or hyperglycemia/CKD, %		41/37/18/5	41/33/16/6	41/36/17/6
Number of select comorbidities, 1/≥2, n (%)		94 (25)/ 121 (32)	57 (30)/ 52 (27)	151 (26)/ 173 (30)
Historical primary resistance mutations,[c] n (%) or n/N (%)	NNRTI	25/144 (17)	14/80 (18)	39 (17)
	NRTI	14/144 (10)	15/80 (19)	29 (13)
	PI	7/144 (5)	7/79 (9)	14 (6)
	INSTI	0/83	0/41	0

[a]Local regulations did not permit the collection of ethnicity data for 1 participant in the BIC/FTC/TAF group.
[b]Grouped terms per MedDRA; not mutually exclusive.
[c]Categories were not mutually exclusive.

Efficacy outcomes through Week 48

BIC/LEN was non-inferior to BIC/FTC/TAF in maintaining virologic suppression at Week 48 (Table 9).

Table 9. ARTISTRY-2: Rates of HIV RNA ≥50 c/mL and HIV RNA <50 c/mL (FDA Snapshot) at Week 48[7]

Efficacy Endpoints	BIC/LEN 75 mg/50 mg	BIC/FTC/TAF
HIV-1 RNA ≥50 c/mL, n/N (%)	5/383 (1)[a]	2/191 (1)
Difference,[b] % (95.002% CI)	0.3 (-1.9 to 2.4)	
HIV-1 RNA <50 c/mL, n/N (%)	358/383 (93)	173/191 (91)
Difference,[b] % (95.002% CI)	3.1 (-1.8 to 8)	
No virologic data, n/N (%)	20/383 (5)[c]	16/191 (8)[d]

[a]Four of the 5 participants had HIV-1 RNA between 56 and 147 c/mL.
[b]Two-sided CI was based on Mantel-Haenszel stratum weights and the Koch variance estimator and was adjusted by geographic region (US vs non-US).

[c]Reasons for DC before Week 48: other reasons and last HIV-1 RNA was <50 c/mL, n=14; AE or death, n=6; other reasons and last HIV-1 RNA was ≥50 c/mL, n=3.
[d]Reasons for DC before Week 48: other reasons and last HIV-1 RNA was <50 c/mL, n=12; AE or death, n=4; other reasons and last HIV-1 RNA was ≥50 c/mL, n=2.

Two participants in each group underwent resistance analysis. No treatment-emergent resistance was noted for 1 participant in the BIC/LEN group or for either participant in the BIC/FTC/TAF group. The other participant in the BIC/LEN group had a history of RAL and DTG exposure, had polymorphic secondary mutations in IN (M501 and S119P) that were detected in plasma and proviral DNA before study entry, and had an isolated R263K IN substitution recorded at Week 36; the R263K isolate was susceptible to BIC, and no capsid mutations were detected. The maximum HIV-1 RNA was 208 c/mL at Week 36, which declined to 146 c/mL at Week 48; the participant was switched to DRV/c/FTC/TAF at Week 48.

Safety outcomes through Week 48

Safety outcomes were not reported in the subgroup of participants with RAMs at baseline. In the overall population through Week 48, TRAEs occurred in 10% of participants (40/383) in the BIC/LEN group and in 12% of participants (23/191) in the BIC/FTC/TAF group. TRAEs led to DC of study drug in 2 (<1%) and 1 (<1%) participants in the BIC/LEN and BIC/FTC/TAF groups, respectively.

References

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Abbreviations

AE=adverse event
ART=antiretroviral therapy
ARV=antiretroviral
BIC=bictegravir
c/mL=copies per mL
CKD=chronic kidney disease
DC=discontinuation
DM=diabetes mellitus
DRV/c=darunavir/cobicistat
DTG=dolutegravir
FTC=emtricitabine
HTN=hypertension
IN=integrase
INSTI=integrase strand transfer inhibitor
LEN=lenacapavir
MedDRA=Medical Dictionary for Regulatory Activities
MVC=maraviroc
NNRTI=non-nucleos(t)ide reverse transcriptase inhibitor
NRTI=nucleos(t)ide reverse transcriptase inhibitor
OLE=open-label extension
PI=protease inhibitor
PR=protease
PWH=people with HIV
RAL=raltegravir
RAM=resistance-associated mutation
RT=reverse transcriptase
STR=single-tablet regimen
SUBQ=subcutaneous
TAF=tenofovir alafenamide
TAM=thymidine analog mutation
VS=virologically suppressed

Product Label

For the full indication, important safety information, and boxed warning(s), please refer to the Bixlenvo US Prescribing Information available at:
www.gilead.com/-/media/files/pdfs/medicines/hiv/BIXLENVO/BIXLENVO_pi

Follow-Up

For any additional questions, please contact Gilead Medical Information at:

☎1-866-MEDI-GSI (1-866-633-4474) or 🖱 www.askgileadmedical.com

Adverse Event Reporting

Please report all adverse events to:

Gilead Global Patient Safety ☎ 1-800-445-3235, option 3 or
🖱 www.gilead.com/utility/contact/report-an-adverse-event

FDA MedWatch Program by ☎ 1-800-FDA-1088 or ✉MedWatch, FDA, 5600 Fishers Ln, Rockville, MD 20852 or 🖱 www.accessdata.fda.gov/scripts/medwatch

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