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# Bixlenvo™ (bictegravir/lenacapavir) Safety Overview

This document is in response to your request for information regarding Bixlenvo™ (bictegravir/lenacapavir [BIC/LEN]) and a safety overview.

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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]

The primary safety assessment of BIC/LEN in VS adults with HIV-1 was based on 48-week data from participants in two phase 3 randomized active-controlled clinical trials, ARTISTRY-1 (N=557) and ARTISTRY-2 (N=574).

The most common adverse reactions (all grades) reported in ≥2% of participants in any treatment group from ARTISTRY-1 and ARTISTRY-2 through Week 48 were headache, nausea, and diarrhea.

Safety Overview of BIC/LEN

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]

Safety results from phase 2 through Week 96 have been reported.[2-4]

- Through Week 48, all commonly reported TEAEs (≥5% in any group) were Grade 1 or 2 in severity, except for 1 case of Grade 3 diarrhea unrelated to study drug. TEAEs led to treatment discontinuation in 2% of participants in the BIC 75 mg + LEN 25 mg group, 1.9% in the BIC 75 mg + LEN 50 mg group, and 0% in the complex ART regimen group.[2]
- Through Week 96, 46 participants (88.5%) experienced AEs, including 13 (25%) with Grade ≥3 AEs. Nine participants (17.3%) experienced SAEs, 3 (5.8%) TRAEs were reported (atrial conduction time prolongation, decreased BP, and nausea and vomiting), and no serious TRAEs were reported. No new AEs led to treatment discontinuations, and no deaths were reported between Week 48 and Week 96.[4]

Safety results from phase 3 through Week 48 have been reported.[5,6]

- In the BIC/LEN and complex ART regimen groups, the rates of Grade ≥3 AEs (each, 14%) and discontinuations due to AEs (2% vs 1%) were similar.[5]
- In a subgroup analysis of safety outcomes by age (<65 years and ≥65 years), BIC/LEN was generally well tolerated, with low rates of BIC/LEN discontinuation across both age subgroups.[6]

- In a subgroup analysis of safety outcomes by dyslipidemia, HTN, and/or DM at baseline, most AEs were Grade ≤2 in severity, and Grade ≥3 and serious TRAEs occurred at low rates.[7]

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.[8,9]

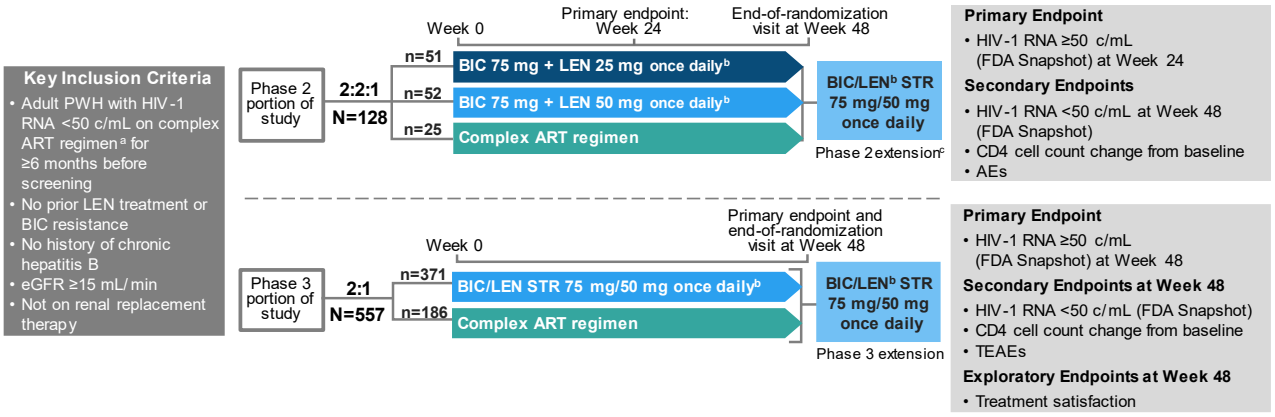
- Through Week 48, in the BIC/LEN and BIC/FTC/TAF groups, the rates of Grade ≥3 AEs (10% vs 8%, respectively) and discontinuations due to AEs (each, 2%) were similar.[8]
- Across various baseline demographics, the incidence of TRAEs was similar across assessed subgroups and treatment groups.[9]
- In a subgroup analysis of safety outcomes by dyslipidemia, HTN, hyperglycemia or DM, and/or CKD at baseline, incidences of TRAEs were low and similar between the overall population and the assessed subgroups, as well as across the assessed subgroups. Most TRAEs were Grade 1 or 2 in severity, and no serious TRAEs were reported.[10]

# Safety Overview of BIC/LEN

## 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**[3,5,11]




Abbreviations: NNRTI=non-nucleos(t)ide reverse transcriptase inhibitor; NRTI=nucleos(t)ide reverse transcriptase inhibitor; PI=protease inhibitor.
[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]

### *Safety results through Week 48*

Through Week 48, the safety profile of BIC + LEN was similar regardless of LEN dose. Common TEAEs (≥5% in any group) were Grade 1 or 2 in severity, except for 1 case of Grade 3 diarrhea, which was deemed unrelated to study drug (Table 1).[2]

**Table 1. Phase 2 of ARTISTRY-1: TEAEs Through Week 48[11]**

| Safety Outcomes, n (%) | | BIC 75 mg + LEN 25 mg (n=51) | BIC 75 mg + LEN 50 mg (n=52) | Complex ART Regimen (n=25) |
|---|---|---|---|---|
| Any TEAEs | | 42 (82.4) | 41 (78.8) | 19 (76) |
| Grade ≥3 TEAEs | | 7 (13.7) | 4 (7.7) | 1 (4) |
| TRAEs | | 9 (17.6) | 3 (5.8) | 0 |
| Serious TEAEs | | 4 (7.8)[a] | 3 (5.8)[a] | 3 (12)[a] |
| TEAEs that led to study drug discontinuation | | 1 (2)[b] | 1 (1.9)[c] | 0 |
| TEAEs in ≥5% in either LEN group | COVID-19 | 8 (15.7) | 5 (9.6) | 4 (16) |
| | Diarrhea | 5 (9.8) | 2 (3.8) | 1 (4) |
| | Nasopharyngitis | 5 (9.8) | 0 | 1 (4) |
| | Cough | 4 (7.8) | 3 (5.8) | 0 |
| | URTI | 3 (5.9) | 4 (7.7) | 2 (8) |
| | Arthralgia | 3 (5.9) | 4 (7.7) | 0 |
| | Constipation | 3 (5.9) | 2 (3.8) | 0 |
| | Nausea | 3 (5.9) | 2 (3.8) | 0 |
| | Vertigo | 3 (5.9) | 0 | 0 |
| | HTN | 1 (2) | 5 (9.6) | 1 (4) |
| | Pain in extremity | 1 (2) | 3 (5.8) | 1 (4) |
| Death | | 0 | 1 (1.9)[d] | 0 |

[a]Deemed unrelated to study treatment. [b]Grade 1 nausea was reported on Day 1.
[c]Grade 3 worsening of vomiting was reported in a participant with prior history of nausea and vomiting.
[d]Death was due to CAD and was deemed unrelated to study drug.

At Week 24, Grade 3 and 4 treatment-emergent laboratory abnormalities were experienced by 9.8% and 2% of participants, respectively, in the BIC 75 mg + LEN 25 mg group; by 17.3% and 5.8% in the BIC 75 mg + LEN 50 mg group; and by 32% and 0% in the complex ART regimen group.[12] Grade 3 or 4 laboratory abnormalities that occurred in ≥3 participants in any treatment group included low CrCl in participants with preexisting CKD (BIC 75 mg + LEN 25 mg, n=1 [2%]; BIC 75 mg + LEN 50 mg, n=6 [11.5%]; complex ART regimen, n=2 [12%]) and urine glucose in participants with DM (BIC 75 mg + LEN 25 mg, n=2 [3.9%]; BIC 75 mg + LEN 50 mg, n=5 [9.6%]; complex ART regimen, n=1 [4%]).[13] Laboratory abnormalities were not reported at Week 48.[2,14]

### *Efficacy and safety through Week 96: participants initially randomized to the BIC 75 mg + LEN 50 mg group[4]*

Efficacy and safety outcomes through Week 96 were analyzed for participants who were initially randomized to the BIC 75 mg + LEN 50 mg group (n=52). Of these participants, 5 discontinued from the study during the randomized phase and 47 continued in the OLE on an STR of BIC/LEN 75 mg/50 mg.

Through Week 96, 46 participants (88.5%) reported an AE, including 13 (25%) with a Grade ≥3 AE. Nine participants (17.3%) reported SAEs, 3 (5.8%) TRAEs were reported (atrial conduction time prolongation, decreased BP, and nausea and vomiting), and

no serious TRAEs were reported. No new AEs led to treatment discontinuations, and no deaths were reported between Week 48 and Week 96. The most common (≥10%) AEs reported through Week 96 were URTI (19.2%), COVID-19 (17.3%), HTN (13.5%), arthralgia (11.5%), and cough (11.5%). The median (Q1, Q3) change from baseline to Week 96 in weight was 0 (-3, 2.7) kg.

## 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.[5]

### *Safety outcomes through Week 48*

Between groups, similar rates of AEs and SAEs were reported, most AEs were mild to moderate in severity, and the incidence of treatment discontinuation due to AEs was low (Table 2). The incidence of renal-related AEs was low, and the safety profile was similar between treatment groups regardless of the level of renal function.[5]

**Table 2. Phase 3 of ARTISTRY-1: Safety Outcomes Through Week 48[5,15]**

| Safety Outcomes, n or n/N (%) | | BIC/LEN 75 mg/50 mg (n=371) | Complex ART Regimen (n=186) |
|---|---|---|---|
| AEs | | 305 (82) | 157 (84) |
| Grade ≥3 AEs | | 51 (14) | 26 (14) |
| TRAEs | | 53 (14) | 3 (2) |
| Grade ≥3 TRAEs | | 2 (1)[a] | 0 |
| SAEs | | 52 (14) | 22 (12) |
| Treatment-related SAEs | | 1 (<1)[b] | 0 |
| AEs that led to study drug discontinuation | | 6 (2)[c] | 1 (1)[d] |
| AEs with ≥5% frequency in the BIC/LEN group | URTI | 34 (9) | 24 (13) |
| | Headache | 28 (8) | 4 (2) |
| | Nasopharyngitis | 26 (7) | 17 (9) |
| | Diarrhea | 22 (6) | 11 (6) |
| | HTN | 21 (6) | 6 (3) |
| | COVID-19 | 20 (5) | 6 (3) |
| | Arthralgia | 19 (5) | 8 (4) |
| | Cough | 18 (5) | 11 (6) |
| TRAEs with ≥2% frequency in the BIC/LEN group[e] | Headache | 13 (4) | 0 |
| | Nausea | 10 (3) | 0 |
| | Diarrhea | 8 (2) | 1 (1) |
| Death | | 5 (1)[f] | 0 |
| Any-grade laboratory abnormality | | 341 (92) | 178/183 (97) |
| Grade ≥3 laboratory abnormality | | 124 (33) | 64/183 (35) |

| Safety Outcomes, n or n/N (%) | | BIC/LEN 75 mg/50 mg (n=371) | Complex ART Regimen (n=186) |
|---|---|---|---|
| Grade ≥3 laboratory abnormalities in ≥2% of participants in any group | Decreased CrCl | 46 (12) | 29/183 (16) |
| | Increased direct bilirubin[g] | 36 (10) | 11/183 (6) |
| | Glycosuria[g] | 21/368 (6) | 6/182 (3) |
| | Increased Cr | 11 (3) | 11/183 (6) |
| | Increased fasting triglycerides | 10/365 (3) | 6/181 (3) |
| | Increased fasting LDL[g] | 8/365 (2) | 9/181 (5) |
| | Increased lipase | 10 (3) | 5/183 (3) |
| | Hyperglycemia (non-fasting)[g] | 5/228 (2) | 2/123 (2) |
| | Hypercholesterolemia (fasting)[g] | 5/365 (1) | 4/181 (2) |

Abbreviations: DRV=darunavir; EFV=efavirenz; RTV=ritonavir.
[a]DM and maculopapular rash. [b]DM was newly diagnosed in a participant who had a high fasting glucose level at baseline. This resolved on Day 173 after a switch in ART to EFV + DRV/RTV on Day 103. [c]CVA; DM; erectile dysfunction and worsened HTN; headache and hypoesthesia; HBV viremia; and alopecia, dizziness, worsened fatigue, headache, and nausea (each, n=1). All AEs except for hypoesthesia, HBV viremia, and CVA were related to BIC/LEN. [d]Pulmonary embolism; unrelated to study drug. [e]All were Grade 1 or 2 in severity. [f]None of the deaths were deemed related to BIC/LEN: unknown cause (n=2), metastatic neoplasm (n=1), cardiac arrest (n=1), and respiratory failure (n=1). [g]All laboratory abnormalities in both treatment groups were Grade 3 in severity.

### *Safety outcomes by age subgroup (<65 years and ≥65 years)*

A subgroup analysis assessed the safety of VS PWH switching to BIC/LEN by age subgroup (<65 years and ≥65 years). Through Week 48, BIC/LEN was generally well tolerated, with low rates of BIC/LEN discontinuation across both age subgroups (Table 3).[6] In both treatment groups at baseline, CrCl was lower in participants aged ≥65 years than in those aged <65 years; however, through 48 weeks of treatment, CrCl generally remained stable in both age and treatment groups, with small changes to adjacent CrCl categories (ie, ≥15 to <30 mL/min, ≥30 to <60 mL/min, ≥60 to <90 mL/min, and ≥90 mL/min).[6,16]

**Table 3. Phase 3 of ARTISTRY-1: Safety Outcomes Through Week 48 by Age Subgroup (<65 Years vs ≥65 Years)[6]**

| Parameter, n (%) | Age <65 Years | | Age ≥65 Years | |
|---|---|---|---|---|
| | BIC/LEN (n=256) | Complex ART Regimen (n=127) | BIC/LEN (n=115) | Complex ART Regimen (n=59) |
| Any-grade AE | 212 (82.8) | 102 (80.3) | 93 (80.9) | 55 (93.2) |
| Grade ≥3 AE | 33 (12.9) | 16 (12.6) | 18 (15.7) | 10 (16.9) |
| SAE | 33 (12.9) | 13 (10.2) | 19 (16.5) | 9 (15.3) |
| TRAE | 42 (16.4) | 3 (2.4) | 11 (9.6) | 0 |
| Grade ≥3 TRAE | 2 (0.8)[a] | 0 | 0 | 0 |
| Serious TRAE | 1 (0.4)[b] | 0 | 0 | 0 |
| AE that led to study drug discontinuation | 5 (2)[c] | 1 (0.8)[d] | 1 (0.9)[e] | 0 |
| Death | | 0 | 0 | 0 |

[a]DM and maculopapular rash. [b]DM. [c]DM, stroke (each, n=1); erectile dysfunction and HTN (both in 1 participant); headache and hypoesthesia (both in 1 participant); nausea, dizziness, headache, alopecia, and fatigue (all in 1 participant). [d]Pulmonary embolism. [e]HBV reactivation.

### *Safety outcomes by baseline comorbidities[7]*

A subgroup analysis assessed the safety outcomes at Week 48 of VS PWH with selected comorbidities at baseline who switched to BIC/LEN or continued their ART regimen. At baseline, the following comorbidities were reported in participants in the BIC/LEN and complex ART groups: dyslipidemia (244 [66%] and 133 [72%], respectively), hypertension

(190 [51%] and 90 [48%]), DM (91 [25%] and 42 [23%]), and CKD (49 [13%] and 29 [16%]). Most AEs were Grade ≤2 in severity, and Grade ≥3 or serious TRAEs were reported at low rates (Table 4).

**Table 4. ARTISTRY 1:**
**Safety Outcomes at Week 48 Overall and by Baseline Comorbidities[7]**

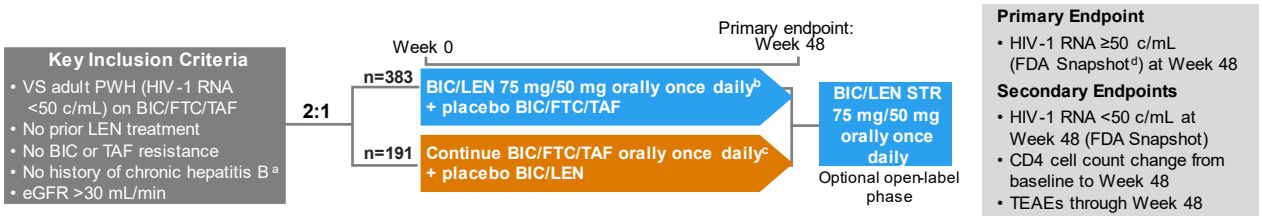
| Participants, n (%) | Overall | | Dyslipidemia | | HTN | | DM | |
|---|---|---|---|---|---|---|---|---|
| | BIC/LEN (n=371) | CAR (n=186) | BIC/LEN (n=244) | CAR (n=133) | BIC/LEN (n=190) | CAR (n=90) | BIC/LEN (n=91) | CAR (n=42) |
| AEs | 305 (82) | 157 (84) | 198 (81) | 117 (88) | 156 (82) | 78 (87) | 72 (79) | 40 (95) |
| Grade ≥3 | 51 (14) | 26 (14) | 36 (15) | 22 (17) | 28 (15) | 16 (18) | 17 (19) | 8 (19) |
| SAEs | 52 (14) | 22 (12) | 38 (16) | 21 (16) | 31 (16) | 13 (14) | 17 (19) | 9 (21) |
| AEs that occurred in ≥2 participants with dyslipidemia, HTN, and/or DM at baseline | | | | | | | | |
| CVA | 3 (1) | 0 | 3 (1) | 0 | 3 (2) | 0 | 0 | 0 |
| CAD | 2 (1) | 1 (1) | 2 (1) | 1 (1) | 1 (1) | 0 | 1 (1) | 0 |
| AKI | 2 (1) | 0 | 2 (1) | 0 | 2 (1) | 0 | 0 | 0 |
| Unstable angina | 2 (1) | 0 | 2 (1) | 0 | 1 (1) | 0 | 1 (1) | 0 |
| COVID-19 | 2 (1) | 0 | 1 (<1) | 0 | 2 (1) | 0 | 1(1) | 0 |
| AMI | 0 | 2 (1) | 0 | 2 (2) | 0 | 2 (2) | 0 | 1 (2) |
| TRAEs | 53 (14) | 3 (2) | 28 (11) | 3 (2) | 26 (14) | 1 (1) | 15 (16) | 0 |
| Grade ≥3 | 2 (1) | 0 | 2 (1) | 0 | 0 | 0 | 0 | 0 |
| Serious | 1 (<1) | 0 | 1 (<1) | 0 | 0 | 0 | 0 | 0 |
| Occurred in any participant with dyslipidemia, HTN, and/or DM at baseline | | | | | | | | |
| CVA | 1 (<1) | 0 | 1 (<1) | 0 | 1 (1) | 0 | 0 | 0 |
| HBV reactivation | 1 (<1) | 0 | 1 (<1) | 0 | 1 (1) | 0 | 1 (1) | 0 |
| New DM diagnosis | 1 (<1) | 0 | 1 (<1) | 0 | 0 | 0 | 0 | 0 |
| Erectile dysfunction | 1 (<1) | 0 | 0 | 0 | 1 (<1) | 0 | 0 | 0 |
| Worsening HTN | 1 (<1) | 0 | 0 | 0 | 1 (1) | 0 | 0 | 0 |
| PE | 0 | 1 (1) | 0 | 1 (1) | 0 | 1 (1) | 0 | 0 |
| AEs that led to treatment DC[a] | 6 (2) | 1 (1) | 3 (1) | 1 (1) | 3 (2) | 1 (1) | 1 (1) | 0 |
| Deaths[b] | 5 (1) | 0 | 2 (1) | 0 | 3 (2) | 0 | 2 (2) | 0 |

Abbreviations: AKI=acute kidney injury; AMI=acute myocardial infarction; CAR=complex ART regimen; DC=discontinuation; MedDRA=Medical Dictionary for Regulatory Activities; PE=pulmonary embolism.
[a]Participants could have ≥1 AE that led to treatment DC.
[b]Due to unknown cause (n=2); and liver failure secondary to metastatic cancer, oropharyngeal cell carcinoma, and sudden cardiac arrest (each, n=1). All deaths were considered unrelated to BIC/LEN treatment.
Note: Select comorbidities were categorized by MedDRA, Version 28.0 with a standardized MedDRA query narrow search. The full search term for DM was "hyperglycemia/new onset DM." Comorbidities were not mutually exclusive, and participants with >1 select comorbidity were included in the other group(s). Multiple events experienced by any given participant were counted only once.

## ARTISTRY-2: Switching to BIC/LEN vs BIC/FTC/TAF

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.[8]

**Figure 2. ARTISTRY-2: Study Design**[8]




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%.

## Safety outcomes through Week 48

Similar rates of AEs and TRAEs were reported in both groups, and the overall incidence of treatment discontinuation due to AEs was low (Table 5).[8]

**Table 5. ARTISTRY-2: Safety Outcomes Through Week 48**[8,17]

| Safety Outcomes, n (%) | | BIC/LEN 75 mg/50 mg (n=383) | BIC/FTC/TAF (n=191) |
|---|---|---|---|
| Any-grade AEs | | 288 (75) | 141 (74) |
| Grade ≥3 AEs | | 38 (10) | 15 (8) |
| Any-grade TRAEs | | 40 (10) | 23 (12) |
| Grade ≥3 TRAE | | 1 (<1)[a] | 0 |
| SAEs | | 27 (7) | 13 (7) |
| Treatment-related SAEs | | 0 | 0 |
| AEs that led to study drug discontinuation | | 6 (2)[b] | 3 (2)[c] |
| AEs that occurred in ≥5% in either group | Diarrhea | 31 (8) | 9 (5) |
| | Nasopharyngitis | 30 (8) | 13 (7) |
| | URTI | 29 (8) | 9 (5) |
| | Headache | 22 (6) | 6 (3) |
| | Nausea | 20 (5) | 11 (6) |
| | COVID-19 | 5 (1) | 10 (5) |
| Death | | 0 | 1 (<1)[d] |
| Any-grade laboratory abnormalities | | 346/382 (91) | 174/190 (92) |
| Grade ≥3 laboratory abnormalities | | 93/382 (24) | 44/190 (23) |
| Grade ≥3 laboratory abnormalities in ≥2% of participants in any group | Increased direct bilirubin | 36/382 (9) | 7/190 (4) |
| | Decreased CrCl | 23/382 (6) | 21/190 (11) |
| | Increased creatinine kinase | 10/382 (3) | 5/190 (3) |
| | Increased fasting serum glucose | 10/381 (3) | 2/189 (1) |
| | Increased lipase | 8/382 (2) | 2/190 (1) |
| | Glycosuria | 7/379 (2) | 4/181 (2) |
| | Increased fasting triglycerides | 5/377 (1) | 4/180 (2) |
| | Increased Cr | 4/382 (1) | 6/190 (3) |
| | Increased non-fasting serum glucose | 3/235 (1) | 3/126 (2) |

[a]Grade 3 rhabdomyolysis that was revised to Grade 1 after data cutoff.
[b]The following were deemed unrelated to BIC/LEN (each, n=1): anxiety; colon cancer; decreased libido; and encephalopathy and intracranial mass. The following were deemed related to BIC/LEN (each, n=1): alopecia and fatigue; and rash, restless leg syndrome, and trismus.
[c]The following were deemed unrelated to BIC/FTC/TAF (each, n=1): abdominal discomfort; road traffic accident. Dry mouth was deemed related to BIC/FTC/TAF treatment.
[d]Due to CAD and was deemed unrelated to study treatment.



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## Safety outcomes by baseline demographics[9]

The efficacy and safety of switching from BIC/FTC/TAF to BIC/LEN were assessed in the following subgroups: age (<55 years and ≥55 years), sex, race (White and non-White), and geographic region (US and ex-US). Baseline demographics and disease characteristics were similar between treatment groups and subgroups.

The incidence of TRAEs was similar between BIC/LEN and BIC/FTC/TAF across assessed subgroups. Most TRAEs were Grade 1 or 2 in severity, and no serious TRAEs were reported. Study drug discontinuations due to AEs occurred at low rates (0–4.3%) across assessed subgroups and treatment groups.

## Safety outcomes by baseline comorbidities[10]

A subgroup analysis assessed safety outcomes of participants with dyslipidemia, HTN, hyperglycemia or DM, and/or CKD at baseline who switched to BIC/LEN or continued BIC/FTC/TAF. Through Week 48, the incidences of TRAEs were low and similar in the overall population and across the subgroups of participants with dyslipidemia, HTN, hyperglycemia or DM, and CKD at baseline (Table 6). Most TRAEs were Grade 1 or 2 in severity, and no serious TRAEs were reported.

**Table 6. ARTISTRY-2:**
**Safety Outcomes at Week 48 Overall and by Baseline Comorbidity[10]**

| Participants, n (%) | Overall | | Dyslipidemia | | HTN | | Hyperglycemia or DM | | CKD | |
|---|---|---|---|---|---|---|---|---|---|---|
| | BIC/LEN (n=383) | BIC/FTC/TAF (n=191) | BIC/LEN (n=158) | BIC/FTC/TAF (n=79) | BIC/LEN (n=141) | BIC/FTC/TAF (n=63) | BIC/LEN (n=68) | BIC/FTC/TAF (n=31) | BIC/LEN (n=20) | BIC/FTC/TAF (n=12) |
| Any-grade AEs | 288 (75) | 141 (74) | 122 (77) | 63 (80) | 110 (78) | 43 (68) | 57 (84) | 18 (58) | 16 (80) | 8 (67) |
| Grade ≥3 | 38 (10) | 15 (8) | 16 (10) | 7 (9) | 15 (11) | 6 (10) | 8 (12) | 3 (10) | 2 (10) | 1 (8) |
| SAEs | 27 (7) | 13 (7) | 9 (6) | 7 (9) | 10 (7) | 5 (8) | 6 (9) | 2 (7) | 1 (5) | 0 |
| TRAEs | 40 (10) | 23 (12) | 15 (10) | 7 (9) | 10 (7) | 4 (6) | 4 (6) | 5 (16) | 5 (25) | 0 |
| Grade ≥3 | 1 (<1)[a] | 0 | 1 (<1)[a] | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| AEs that led to treatment DC | 6 (2) | 3 (2) | 3 (2) | 0 | 2 (1) | 1 (2) | 1 (2) | 0 | 1 (5) | 1 (8) |
| Deaths | 0 | 1 (1) | 0 | 1 (1) | 0 | 1 (2) | 0 | 1 (3) | 0 | 0 |

Abbreviation: DC=discontinuation.
[a]Grade 3 rhabdomyolysis that resolved with continued treatment without a dose interruption or regimen change and was subsequently recategorized as a Grade 1 AE after the cutoff date for this analysis.
Note: Grade severity was defined by the Division of AIDS Toxicology Grading Scale v2.1.

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# Abbreviations

AE=adverse event
ART=antiretroviral therapy
BIC=bictegravir
BP=blood pressure
c/mL=copies per mL
CAD=coronary artery disease
CD4=cluster of differentiation-4
CKD=chronic kidney disease
CVA=cerebrovascular accident
DM=diabetes mellitus
FTC=emtricitabine
HTN=hypertension
LEN=lenacapavir
OLE=open-label extension
PWH=people with HIV-1
Q=quartile
SAE=serious adverse event
STR=single-tablet regimen
TAF=tenofovir alafenamide
TEAE=treatment-emergent adverse event
TRAE=treatment-related adverse event
URTI=upper respiratory tract infection
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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