GILEAD | Medical Information

Bixlenvo™ (bictegravir/lenacapavir) Use in Older PWH

This document is in response to your request for information regarding the use of Bixlenvo™ (bictegravir/lenacapavir [BIC/LEN]) in older people with HIV-1 (PWH).

Some data may be outside of the US FDA-approved prescribing information. In providing this data, Gilead Sciences, Inc. is not making any representation as to its clinical relevance or to the use of any Gilead product(s). For information about the approved conditions of use of any Gilead drug product, please consult the FDA-approved prescribing information.

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]

There were no clinically significant differences in the PK of BIC and LEN based on age (18 to 84 years).

Clinical studies included 159 (21%) participants ≥65 years who received BIC/LEN. Of the total number of BIC/LEN-treated patients in these studies, 148 (93%) were ages 65 to 74, and 11 (7%) were 75 to 84 years of age. No overall differences in safety or effectiveness were observed between participants ≥65 years of age and adult participants <65 years of age and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Treatment outcomes in ARTISTRY-1 and in ARTISTRY-2 were similar across subgroups by age.

Clinical Data on BIC/LEN Use in Older PWH

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 3 through Week 48 have been reported.[3]

- In a subgroup analysis that assessed outcomes of participants who received BIC/LEN by age (<65 years and ≥65 years), the rates of virologic suppression at Week 48 were high in both the BIC/LEN subgroups (94.5% and 99.1%, respectively).
- BIC/LEN was generally well tolerated, with low rates of BIC/LEN DC across both age subgroups.
- From baseline to Week 48, participant-reported treatment satisfaction (HIVTSQs) scores improved among participants in the BIC/LEN group in both age subgroups and remained stable in the complex ART group.

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.[4]

- In a subgroup analysis by age (<55 years and ≥55 years), participants who received BIC/LEN maintained high rates of virologic suppression regardless of age (91.9% and 96.3%, respectively).[5]
- Across age subgroups, BIC/LEN was associated with high levels of sustained virologic suppression at Week 48. The incidence of TRAEs was similar across assessed subgroups and treatment groups.[5]

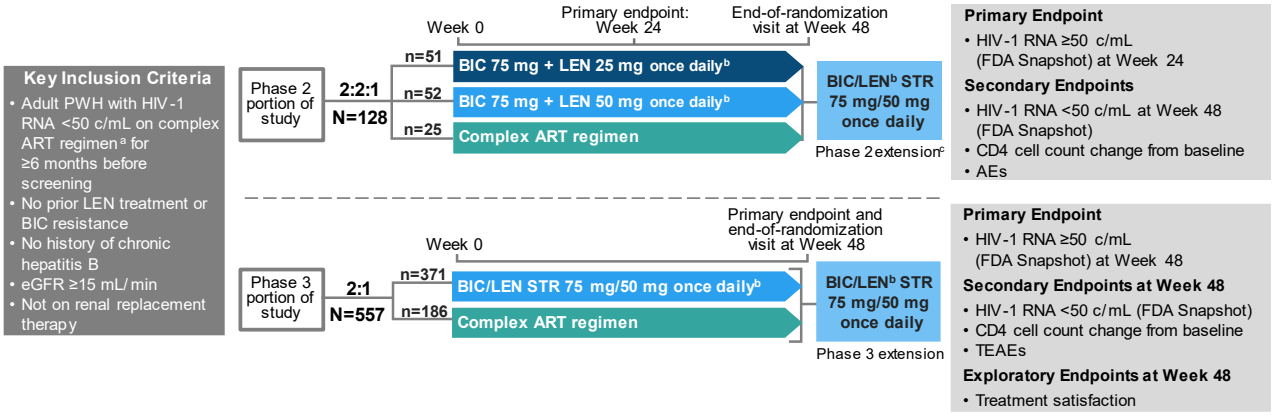
Clinical Data on BIC/LEN Use in Older PWH

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

Study designs

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.[2,6]

Figure 1. ARTISTRY-1 Phase 2/3: Study Design[6-8]



Abbreviations: NNRTI=non-nucleos(t)ide reverse transcriptase inhibitor; NRTI=nucleos(t)ide reverse transcriptase 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 3 of ARTISTRY-1: age subgroup analysis

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 to continue their stable complex ART regimen (n=186) for 48 weeks (Figure 1). The efficacy and safety of VS PWH switching to BIC/LEN were assessed according to age subgroup (<65 years vs ≥65 years). Overall, 383 participants (69%) were aged <65 years and 174 participants (31%) were aged ≥65 years (Table 1).[3]

Table 1. Phase 3 of ARTISTRY-1: Baseline Demographics and Disease Characteristics by Age Subgroup (<65 Years vs ≥65 Years)[3]

Key Demographics and Characteristics		Age <65 Years		Age ≥65 Years	
		BIC/LEN (n=256)	Complex ART Regimen (n=127)	BIC/LEN (n=115)	Complex ART Regimen (n=59)
Age, median (range), years		58 (22–64)	57 (24–64)	69 (65–84)	69 (65–75)
Male sex assigned at birth, n (%)		203 (79.3)	93 (73.2)	104 (90.4)	57 (96.6)
Race, White/Black/Asian/other,[a] %		69.1/17.2/5.9/3.1	59.1/23.6/7.1/1.6	72.2/17.4/0.9/3.5	83.1/5.1/0/1.7
Hispanic/Latinx,[b] n (%)		61 (23.8)	32 (25.2)	19 (16.5)	10 (16.9)
CD4 count	Median (IQR), cells/mcL	626 (463–861)	548 (426–770)	614 (448–808)	595 (492–711)
	<200 cells/mcL, n (%)	9 (3.5)	4 (3.1)	3 (2.6)	1 (1.7)
Duration of HIV treatment, median (IQR), years		27.4 (19.6–30.8)	26.4 (16.5–29.9)	30.4 (26–34.8)	30.3 (27.8–34.5)
Antiretroviral pills/day, median (range), n		3 (2–11)	3 (2–9)	3 (2–10)	3 (2–8)
PI-containing regimen at baseline, n (%)		199 (77.7)	103 (81.1)	80 (69.6)	45 (76.3)
Reasons for taking complex regimen, n (%)	History of resistance	207 (80.9)	101 (79.5)	90 (78.3)	52 (88.1)
	Intolerance to STR components	65 (25.4)	23 (18.1)	24 (20.9)	16 (27.1)
	Contraindications to STR components	12 (4.7)	6 (4.7)	11 (9.6)	4 (6.8)
History of select comorbidities, dyslipidemia/HTN/ DM or hyperglycemia/CKD, %		57.8/47.3/ 17.6/9.8	65.4/39.4/ 14.2/14.2	83.5/60/ 40/20.9	84.7/67.8/ 40.7/18.6
History of ≥2 select comorbidities, n (%)		118 (46.1)	52 (40.9)	84 (73)	44 (74.6)
Select concomitant medications, antidiabetic/antihypertensives/ lipid-lowering agents, %		18.8/49.2/62.9	18.1/45.7/66.1	31.3/67/87.8	35.6/72.9/84.7
≥2 select concomitant medications, n (%)		147 (57.4)	58 (45.7)	90 (78.3)	44 (74.6)

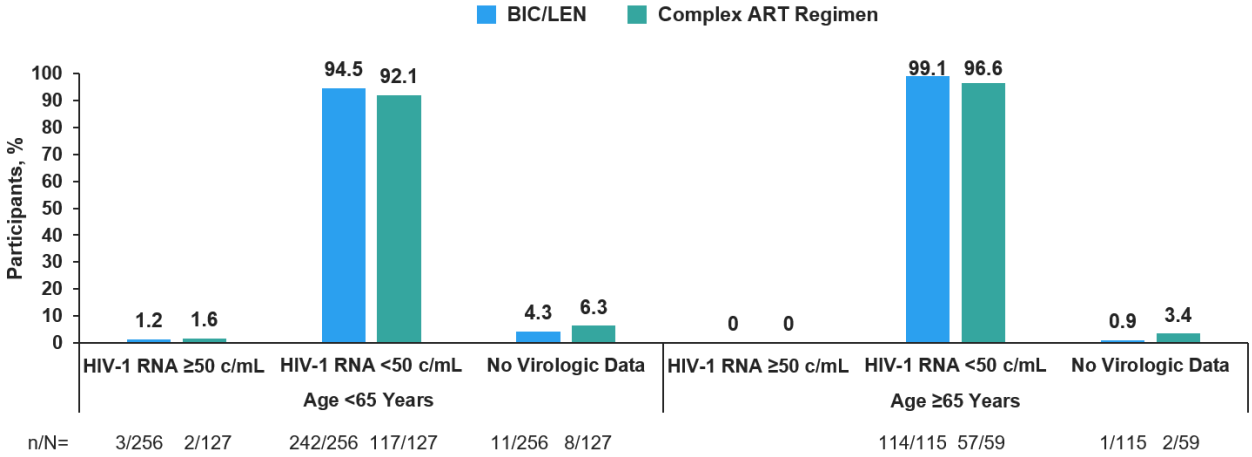
[a]Local regulations did not permit the collection of race data for 19 participants in the BIC/LEN group (aged <65 years, n=12; aged ≥65 years, n=7) and 17 in the complex ART regimen group (aged <65 years, n=11; aged ≥65 years, n=6). The "other" category included participants who were American Indian or Alaska Native, Native Hawaiian, Pacific Islander, and other.

[b]Local regulations did not permit the collection of ethnicity data for 21 participants in the BIC/LEN group (aged <65 years, n=13; aged ≥65 years, n=8) and 16 in the complex ART regimen group (aged <65 years, n=11; aged ≥65 years, n=5).

Efficacy outcomes through Week 48

Rates of virologic suppression among participants in the BIC/LEN group were high across both age subgroups (<65 years and ≥65 years; Figure 2). In a missing=excluded analysis, rates among participants in the BIC/LEN group aged <65 years and those aged ≥65 years were 98.8% and 100%, respectively; among participants in the complex ART regimen group, rates were 99.2% and 100%, respectively.[3]

Figure 2. Phase 3 of ARTISTRY 1: Efficacy Outcomes by FDA Snapshot Analysis at Week 48 by Age Subgroup (<65 Years vs ≥65 Years)[3]



From baseline to Week 48, CD4 cell counts remained stable in both treatment groups, regardless of age.[3] 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 in CrCl to adjacent CrCl categories (ie, ≥15 to <30 mL/min, ≥30 to <60 mL/min, ≥60 to <90 mL/min, and ≥90 mL/min).[3,9]

Safety and treatment satisfaction outcomes through Week 48[3]

BIC/LEN was generally well tolerated, with low rates of BIC/LEN DC across both age subgroups (Table 2).

Table 2. Phase 3 of ARTISTRY-1: Safety Outcomes Through Week 48 by Age Subgroup (<65 Years vs ≥65 Years)[3]

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 DC	5 (2)[c]	1 (0.8)[d]	1 (0.9)[e]	0
Death	5 (2)[f]	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. [f]Unknown causes (n=2).

From baseline to Week 48, participant-reported treatment satisfaction (HIVTSQs) scores improved among participants in the BIC/LEN group in both age subgroups and remained stable in the complex ART group (Table 3).

Table 3. Phase 3 of ARTISTRY-1: Change in Participant-Reported Treatment Satisfaction Scores From Baseline to Week 48 by Age Subgroup (<65 Years vs ≥65 Years)[3]

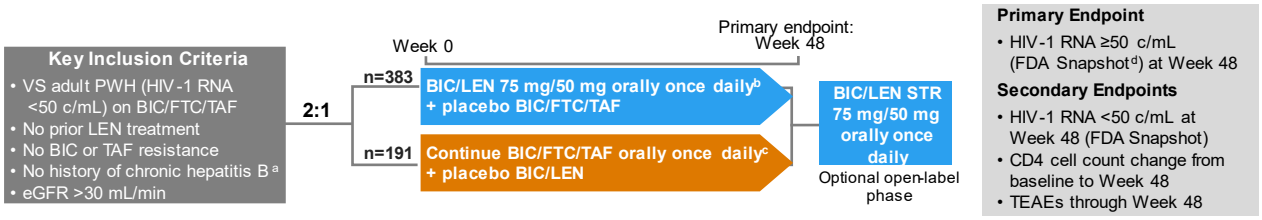
HIVTSQs	Age <65 Years		Age ≥65 Years	
	BIC/LEN (n=234)	Complex ART Regimen (n=110)	BIC/LEN (n=110)	Complex ART Regimen (n=55)
Baseline, mean ± SD	55±10.3	55±9.1	56±10.5	56±10.1
Change from baseline to Week 48, mean	+8	0	+7	-1

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

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.[4]

Figure 3. ARTISTRY-2: Study Design[4]



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 4. ARTISTRY-2: Baseline Demographics and Disease Characteristics by Age Subgroup (<55 Years vs ≥55 Years)[5]

Key Demographics and Characteristics	Age <55 Years		Age ≥55 Years	
	BIC/LEN (n=248)	BIC/FTC/TAF (n=121)	BIC/LEN (n=135)	BIC/FTC/TAF (n=70)
Age, median (range), years	41 (23–54)	45 (26–54)	62 (55–77)	62 (55–77)
Female sex assigned at birth, n (%)	39 (15.7)	20 (16.5)	30 (22.2)	22 (31.4)
Race, White/Black/Asian/other,[a] %	45.6/27/20.6/6.9	52.9/22.3/19/5.8	63.7/34.1/0/2.2	67.1/24.3/4.3/4.3
Hispanic/Latinx,[b] n (%)	74 (29.8)	35 (28.9)	32 (23.7)	14 (20)
CD4 count, median (Q1, Q3), cells/mcL	738 (572, 936)	681 (532, 867)	651 (500, 898)	641 (506, 873)
History of select comorbidities,[c] dyslipidemia/HTN/DM or hyperglycemia/CKD, %	28.6/22.2/ 9.3/1.6	31.4/22.3/ 12.4/5.8	64.4/63.7/ 33.3/11.9	58.6/51.4/ 22.9/7.1
Number of select comorbidities, 1/≥2, n (%)	56 (22.6)/ 45 (18.1)	33 (27.3)/ 23 (19)	38 (28.1)/ 76 (56.3)	24 (34.3)/ 29 (41.4)

Abbreviation: Q=quartile.
[a]Included American Indian or Alaska Native, Native Hawaiian, Pacific Islander, and other.
[b]Local regulations did not permit the collection of ethnicity data for 1 participant in the <55 years subgroup within the BIC/FTC/TAF group.
[c]Grouped terms per MedDRA; not mutually exclusive.

Efficacy by age subgroup analysis[5]

At Week 48, participants who received BIC/LEN maintained high rates of virologic suppression regardless of age, and the proportions of participants with HIV-1 RNA ≥50 c/mL and <50 c/mL were generally similar between treatment groups (Table 5).

Table 5. ARTISTRY-2: Efficacy Outcomes at Week 48 by Age (<55 Years vs ≥55 Years)[5]

Subgroup n/N (%)			BIC/LEN	BIC/FTC/TAF	Difference, % (95% CI)
HIV-1 RNA ≥50 c/mL at Week 48	Overall		5/383 (1.3)	2/191 (1)	0.3 (-2.6, 2.2)
	Age, years	<55	4/248 (1.6)	0/121	1.6 (-1.8, 4.2)
		≥55	1/135 (0.7)	2/70 (2.9)	-2.1 (-9.4, 1.9)
HIV-1 RNA <50 c/mL at Week 48	Overall		358/383 (93.5)	173/191 (90.6)	2.9 (-1.7, 8.4)
	Age, years	<55	228/248 (91.9)	111/121 (91.7)	0.2 (-5.5, 7.2)
		≥55	130/135 (96.3)	62/70 (88.6)	7.7 (0.1, 17.8)

Note: Cells shaded in blue indicate the treatment difference favored BIC/LEN; cells shaded in orange indicate the treatment difference favored BIC/FTC/TAF. Differences in percentages of participants between treatment groups and 95% CIs were calculated based on an unconditional exact method using two inverted one-sided tests.

Safety by age subgroup analysis[5]

Safety outcomes were similar between BIC/LEN and BIC/FTC/TAF across both age groups (Table 6).

Table 6. ARTISTRY 2: Safety Outcomes at Week 48 by Age (<55 Years vs ≥55 Years)[5]

Participants, n (%)	Age <55 Years		Age ≥55 Years	
	BIC/LEN (n=248)	BIC/FTC/TAF (n=121)	BIC/LEN (n=135)	BIC/FTC/TAF (n=70)
≥AE	188 (75.8)	92 (76)	100 (74.1)	49 (70)
≥1 Grade 3 or 4 AE	24 (9.7)	12 (9.9)	14 (10.4)	3 (4.3)
≥1 SAE	16 (6.5)	8 (6.6)	11 (8.1)	5 (7.1)
≥1 TRAE	27 (10.9)	15 (12.4)	13 (9.6)	8 (11.4)
≥1 Grade 3 or 4 TRAE	1 (0.4)[a]	0	0	0
≥1 serious TRAE	0	0	0	0
≥1 AE that led to study drug DC	4 (1.6)[b]	2 (1.7)[c]	2 (1.5)[d]	1 (1.4)[e]
Death	0	0	0	1 (1.4)[f]

[a]One Grade 3 AE of rhabdomyolysis was reported.
[b]Anxiety and decreased libido (each, n=1) were deemed unrelated to study treatment; alopecia and fatigue (both in 1 participant) and rash, restless legs syndrome, and trismus (all in 1 participant) were deemed related to study treatment.
[c]Road traffic accident (n=1) was deemed unrelated to study treatment, and dry mouth (n=1) was deemed related to study treatment.
[d]Colon cancer (n=1) and encephalopathy and intracranial mass (both in 1 participant) were deemed unrelated to study treatment.
[e]Abdominal discomfort, which was deemed unrelated to study treatment.
[f]Death was due to coronary artery disease and was deemed unrelated to study treatment.

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3. Bloch M, Gaultier C, Trottier B, et al. Efficacy and Safety of BIC/LEN Single-Tablet Regimen in Virologically Suppressed People With HIV Aged ≥ 65 Years: Week 48 Analysis of Participants in the Phase 3 Portion of ARTISTRY-1 [Poster TUPEB096]. Paper presented at: The 26th International AIDS Conference (AIDS); July 26–31, 2026; Rio de Janeiro, Brazil.
4. Meissner EG, Ramgopal M, Ruane PJ, et al. Safety and efficacy of switching to bictegravir-lenacapavir versus continuing bictegravir-emtricitabine-tenofovir alafenamide in virologically suppressed people with HIV-1 (ARTISTRY-2): a double-blind, multicentre, randomised, controlled, phase 3, non-inferiority trial. *Lancet HIV.* 2026.
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8. Orkin C, Ruane PJ, Hedgcock M, et al. Switch to single-tablet bictegravir-lenacapavir from a complex HIV regimen (ARTISTRY-1): a randomised, open-label, phase 3 clinical trial. *Lancet.* 2026;407(10535):1249-1258.
9. Bloch M, Gaultier C, Trottier B, et al. Efficacy and Safety of BIC/LEN Single-Tablet Regimen in Virologically Suppressed People With HIV Aged ≥ 65 Years: Week 48 Analysis of Participants in the Phase 3 Portion of ARTISTRY-1 [Poster TUPEB096] Supplementary Materials. Paper presented at: The 26th International AIDS Conference (AIDS); July 26-31, 2026; Rio de Janeiro, Brazil.

Abbreviations

AE=adverse event
ART=antiretroviral therapy
BIC=bictegravir
c/mL=copies per mL
CD4=cluster of differentiation
CKD=chronic kidney disease
DC=discontinuation
DM=diabetes mellitus
FTC=emtricitabine
HIVTSQs=HIV Treatment Satisfaction Questionnaire status version
HTN=hypertension
LEN=lenacapavir
MedDRA=Medical Dictionary for Regulatory Activities
OLE=open-label extension
PI=protease inhibitor
PWH=people with HIV
SAE=serious adverse event
STR=single-tablet regimen
TAF=tenofovir alafenamide
TEAE=treatment-emergent adverse event
TRAE=treatment-related adverse event
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

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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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