PART VI: SUMMARY OF THE RISK MANAGEMENT PLAN

SUMMARY OF RISK MANAGEMENT PLAN FOR BIKTARVY (Bictegravir/Emtricitabine/Tenofovir Alafenamide)

This is a summary of the risk management plan (RMP) for Biktarvy. The RMP details important risks of Biktarvy, how these risks can be minimized, and how more information will be obtained about Biktarvy's risks and uncertainties (missing information).

Biktarvy's summary of product characteristics (SmPC) and package leaflet (PL) give essential information to healthcare professionals and patients on how Biktarvy should be used.

This summary of the RMP for Biktarvy should be read in the context of all this information including the assessment report of the evaluation and its plain-language summary, all which is part of the European Public Assessment Report (EPAR).

Important new concerns or changes to the current ones will be included in updates of Biktarvy's RMP.

I. The Medicine and What Is It Used For

Biktarvy is indicated for the treatment of human immunodeficiency virus-1 (HIV-1) infection in adults and pediatric patients at least 2 years of age and weighing at least 14 kg without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir. (see SmPC for the full indication). It contains bictegravir (BIC; B), emtricitabine (FTC; F) and tenofovir alafenamide (TAF) (B/F/TAF) as the active substances and it is given orally.

Further information about the evaluation of Biktarvy's benefits can be found in Biktarvy's EPAR, including in its plain-language summary, available on the EMA website, under the medicine's webpage: https://www.ema.europa.eu/en/medicines/human/EPAR/biktarvy.

II. Risks Associated With the Medicine and Activities to Minimize or Further Characterize the Risks

Important risks of Biktarvy, together with measures to minimize such risks and the proposed studies for learning more about Biktarvy's risks, are outlined below.

Measures to minimize the risks identified for medicinal products can be:

- Specific Information, such as warnings, precautions, and advice on correct use, in the package leaflet and SmPC addressed to patients and healthcare professionals;
- Important advice on the medicine's packaging;
- The authorized pack size the amount of medicine in a pack is chosen so to ensure that the medicine is used correctly;
- The medicine's legal status the way a medicine is supplied to the public (e.g. with or without prescription) can help to minimize its risks.

Together, these measures constitute routine risk minimization measures.

In addition to these measures, information about adverse reactions is collected continuously and regularly analyzed including periodic safety update report (PSUR) assessment so that immediate action can be taken as necessary. These measures constitute routine pharmacovigilance activities.

If important information that may affect the safe use of Biktarvy is not yet available, it is listed under 'missing information' below.

II.A. List of Important Risks and Missing Information

Important risks of Biktarvy are risks that need special risk management activities to further investigate or minimize the risk, so that the medicinal product can be safely administered. Important risks can be regarded as identified or potential. Identified risks are concerns for which there is sufficient proof of a link with the use of Biktarvy. Potential risks are concerns for which an association with the use of this medicine is possible based on available data, but this association has not been established yet and needs further evaluation. Missing information refers to information on the safety of the medicinal product that is currently missing and needs to be collected (e.g. on the long-term use of the medicine).

Table Part VI.1. List of Important Risks and Missing Information

| Important Identified Risks | None |
|----------------------------|-------------------------------------------------------------|
| Important Potential Risks | None |
| Missing Information | Safety in pregnancy and lactation |
| | Long term safety in children aged between ≥ 2 and < 6 years |

II.B. Summary of Important Risks

Table Part VI.2. Summary of Important Risk(s) and Missing Information

| Missing information | Safety in pregnancy and lactation |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk Minimization Measure(s) | Routine risk communication: SmPC section 4.6 PL section 2 |
| Additional Pharmacovigilance activities | Antiretroviral Pregnancy Registry See Section 1.2.3 of this summary for an overview of the postauthorization development plan. |
| Missing information | Long term safety in children aged between ≥ 2 and < 6 years |
| Risk Minimization Measure(s) | Routine risk communication: SmPC sections 4.4 and 4.8 |
| Additional Pharmacovigilance activities | Ongoing study GS-US-380-1474 (Cohort 3) to address long term safety of B/F/TAF in virologically suppressed children ≥ 2 years of age weighing ≥ 14 kg to < 25 kg. |

II.C. Postauthorization Development Plan

II.C.1. Studies Which Are Conditions of the Marketing Authorization

There are no studies which are conditions of the marketing authorization or specific obligation of Biktarvy.

II.C.2. Other Studies in Postauthorization Development Plan

 Table Part VI.3.
 Other Studies in Postauthorization Development Plan

| Short Study Name | Purpose of the Study |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Antiretroviral Pregnancy Registry (APR) | To collect information on the risk of birth defects with antiretroviral drugs, including Biktarvy, to which pregnant women are exposed. |
| GS-US-380-1474 (Cohort 3) | To evaluate the pharmacokinetics, safety, tolerability and antiviral activity of the low dose B/F/TAF tablet through Week 48 in HIV-1 infected, virologically suppressed children ≥ 2 years of age weighing ≥ 14 kg to < 25 kg. |