Clinical trial results:
A Phase 2, Open-label, Single-arm, Multicenter Study to Evaluate the Pharmacokinetics, Safety, Tolerability, and Efficacy of Switching to RPV Plus Other ARVs in HIV-1-infected Children (Aged 2 to <12 years) who are Virologically Suppressed

Summary

EudraCT number	2018-004301-32
Trial protocol	ES PT IT Outside EU/EEA RO
Global end of trial date	23 February 2023

Results information

Result version number	v1 (current)
This version publication date	07 September 2023
First version publication date	07 September 2023

Trial information

Trial identification

Sponsor protocol code	TMC278HTX2002

Additional study identifiers

ISRCTN number	-
ClinicalTrials.gov id (NCT number)	NCT04012931
WHO universal trial number (UTN)	-

Notes:

Sponsors

Sponsor organisation name	Janssen Research & Development, LLC
Sponsor organisation address	Turnhoutseweg 30, Beerse, Belgium, B-2340
Public contact	Clinical Registry Group, Janssen Research & Development, LLC, ClinicalTrialsEU@its.jnj.com
Scientific contact	Clinical Registry Group, Janssen Research & Development, LLC, ClinicalTrialsEU@its.jnj.com

Notes:

Paediatric regulatory details

Is trial part of an agreed paediatric investigation plan (PIP)	Yes
EMA paediatric investigation plan number(s)	EMEA-000317-PIP01-08
Does article 45 of REGULATION (EC) No 1901/2006 apply to this trial?	No
Does article 46 of REGULATION (EC) No 1901/2006 apply to this trial?	Yes

Notes:

Results analysis stage

Analysis stage	Final
Date of interim/final analysis	23 February 2023
Is this the analysis of the primary completion data?	No

Global end of trial reached?	Yes
Global end of trial date	23 February 2023
Was the trial ended prematurely?	No

Notes:

General information about the trial

Main objective of the trial:

The main objective of the trial was to evaluate the steady state pharmacokinetics (PK) of rilpivirine (RPV) and determine the appropriate dose of RPV in combination with other anti-retrovirals (ARVs) in subjects aged greater than or equal to (>=) 2 and less than (<) 12 years; and the safety and tolerability of RPV in combination with other ARVs in subjects of same age group over a 48-week treatment period.

Protection of trial subjects:

This study was conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki and that are consistent with Good Clinical Practice and applicable regulatory requirements.

Background therapy: -

Evidence for comparator: -

Actual start date of recruitment	23 July 2019
Long term follow-up planned	No
Independent data monitoring committee (IDMC) involvement?	Yes

Notes:

Population of trial subjects

Subjects enrolled per country

Country: Number of subjects enrolled	Spain: 3
Country: Number of subjects enrolled	Italy: 5
Country: Number of subjects enrolled	Portugal: 1
Country: Number of subjects enrolled	Thailand: 7
Country: Number of subjects enrolled	Uganda: 2
Country: Number of subjects enrolled	South Africa: 8
Worldwide total number of subjects	26
EEA total number of subjects	9

Notes:

Subjects enrolled per age group

In utero	0
Preterm newborn - gestational age < 37 wk	0
Newborns (0-27 days)	0
Infants and toddlers (28 days-23 months)	0

Children (2-11 years)	26
Adolescents (12-17 years)	0
Adults (18-64 years)	0
From 65 to 84 years	0
85 years and over	0

Subject disposition

Recruitment

Recruitment details: -

Pre-assignment

Screening details:

A total of 26 subjects were enrolled and treated.

Period 1

Period 1 title	Overall Study (overall period)
Is this the baseline period?	Yes
Allocation method	Non-randomised - controlled
Blinding used	Not blinded

Arms

Are arms mutually exclusive?	Yes
Arm title	Rilpivirine: >=2 to <6 Years

Arm description:

Subjects weighed <20 kilograms (kg) received rilpivirine 12.5 milligrams (mg) or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=2 and <6 years in a particular country. Integrase inhibitors (for example, dolutegravir [DTG] or raltegravir) could also be administered in combination with rilpivirine as appropriate.

Arm type	Experimental
Investigational medicinal product name	Rilpivirine
Investigational medicinal product code	
Other name	EDURANT
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Subjects weighed <20 kg received rilpivirine 12.5 mg or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=2 and <6 years in a particular country.

Investigational medicinal product name	Antiretrovirals
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Subjects received investigator-selected antiretrovirals, including but not limited to N(t)RTIs (example, azidothymidine [AZT], abacavir [ABC], tenofovir alafenamide [TAF], or tenofovir disoproxil fumarate [TDF] in combination with emtricitabine [FTC] or lamivudine [3TC]), whichever were approved and marketed or considered local standard of care for children aged between 2 and < 12 years in a particular country.

Arm title	Rilpivirine: >=6 to <12 years

Arm description:

Subjects weighed <20 kg received rilpivirine 12.5 mg or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=6 and <12 years in a particular country. Integrase inhibitors (for example, dolutegravir [DTG] or raltegravir) could also be administered in combination with rilpivirine as appropriate.

Arm type	Experimental

Investigational medicinal product name	Antiretrovirals
Investigational medicinal product code	
Other name	
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Subjects received investigator-selected antiretrovirals, including but not limited to N(t)RTIs (example, AZT, ABC, TAF, or TDF in combination with FTC or 3TC), whichever were approved and marketed or considered local standard of care for children aged between 2 and < 12 years in a particular country.

Investigational medicinal product name	Rilpivirine
Investigational medicinal product code	
Other name	EDURANT
Pharmaceutical forms	Tablet
Routes of administration	Oral use

Dosage and administration details:

Subjects weighed <20 kg received rilpivirine 12.5 mg or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=6 and <12 years in a particular country.

Number of subjects in period 1	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years
Started	1	25
Completed	1	25

Baseline characteristics

Reporting groups	
Reporting group title	Rilpivirine: >=2 to <6 Years
Reporting group description:	
Subjects weighed <20 kilograms (kg) received rilpivirine 12.5 milligrams (mg) or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=2 and <6 years in a particular country. Integrase inhibitors (for example, dolutegravir [DTG] or raltegravir) could also be administered in combination with rilpivirine as appropriate.	
Reporting group title	Rilpivirine: >=6 to <12 years
Reporting group description:	
Subjects weighed <20 kg received rilpivirine 12.5 mg or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=6 and <12 years in a particular country. Integrase inhibitors (for example, dolutegravir [DTG] or raltegravir) could also be administered in combination with rilpivirine as appropriate.	

Reporting group values	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years	Total
Number of subjects	1	25	26
Title for AgeCategorical Units: subjects			
Children (2-12 years)	1	25	26
Adolescents (12-17 years)	0	0	0
Adults (18-64 years)	0	0	0
From 65 to 84 years	0	0	0
85 years and over	0	0	0
Title for AgeContinuous Units: years			
arithmetic mean	5.9	9.7	
standard deviation	± 99999	± 1.70	-
Title for Gender Units: subjects			
Female	1	9	10
Male	0	16	16

End points

End points reporting groups

Reporting group title	Rilpivirine: >=2 to <6 Years

Reporting group description:

Subjects weighed <20 kilograms (kg) received rilpivirine 12.5 milligrams (mg) or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=2 and <6 years in a particular country. Integrase inhibitors (for example, dolutegravir [DTG] or raltegravir) could also be administered in combination with rilpivirine as appropriate.

Reporting group title	Rilpivirine: >=6 to <12 years

Reporting group description:

Subjects weighed <20 kg received rilpivirine 12.5 mg or 15 mg; 20-<25 kg received 15 mg; >=25 kg received 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between >=6 and <12 years in a particular country. Integrase inhibitors (for example, dolutegravir [DTG] or raltegravir) could also be administered in combination with rilpivirine as appropriate.

Subject analysis set title	Rilpivirine 12.5 Milligrams (mg) (<20 kg)
Subject analysis set type	Per protocol

Subject analysis set description:

Subjects weighed less than (<)20 kilograms (kg) received rilpivirine 12.5 mg orally once daily in combination with an investigator-selected background regimen, that were approved and marketed or considered local standard of care for children aged between 2 and 12 years in a particular country.

Subject analysis set title	Rilpivirine 15 mg (<20 kg)
Subject analysis set type	Per protocol

Subject analysis set description:

Subjects weighed <20 kg received rilpivirine 15 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between 2 and 12 years in a particular country.

Subject analysis set title	Rilpivirine 15 mg (20 to <25 kg)
Subject analysis set type	Per protocol

Subject analysis set description:

Subjects weighed 20 to <25 kg received rilpivirine 15 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between 2 and 12 years in a particular country.

Subject analysis set title	Rilpivirine 25 mg (>=25 kg)
Subject analysis set type	Per protocol

Subject analysis set description:

Subjects weighed >=25 kg received rilpivirine 25 mg orally once daily in combination with an investigator-selected background regimen, whichever were approved and marketed or considered local standard of care for children aged between 2 and 12 years in a particular country.

Primary: Area Under the Plasma Concentration-time Curve from Time of Administration up to 24 Hours Postdose (AUC[0-24h]) of Rilpivirine

End point title	Area Under the Plasma Concentration-time Curve from Time of Administration up to 24 Hours Postdose (AUC[0-24h]) of Rilpivirine[1]

End point description:

AUC(0-24h) was defined the area under the plasma concentration-time curve from time of administration up to 24 hours postdose of rilpivirine. Full analysis set (FAS) included all subjects who had taken at least 1 dose of rilpivirine, regardless of their compliance with the protocol and adherence to the dosing regimen. Here, 'N' (number of subjects analysed) signifies subjects who were evaluable for this endpoint. Here, '99999' signifies that reported data were individual data, hence mean and standard deviation was not evaluable. One subject with body weight <20 kg who was on 12.5 mg rilpivirine did not increase the rilpivirine dose upon increase in body weight to 20.5 kg at Week 24. This subject switched to the 15 mg dose approximately 1 week before the Week 40 visit.

End point type	Primary

End point timeframe:

Predose up to 24 hours postdose

Notes:

[1] - No statistical analyses have been specified for this primary end point. It is expected there is at least one statistical analysis for each primary end point.
Justification: Descriptive statistics was done, no inferential statistical analysis was performed.

End point values	Rilpivirine 12.5 Milligrams (mg) (<20 kg)	Rilpivirine 15 mg (<20 kg)	Rilpivirine 15 mg (20 to <25 kg)	Rilpivirine 25 mg (>=25 kg)
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	2	1	5	2
Units: nanograms*hour/millilitre (ng*h/mL)				
arithmetic mean (standard deviation)	99999 (± 99999)	99999 (± 99999)	3506 (± 946)	99999 (± 99999)

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Subjects with HIV-1 Ribonucleic Acid (RNA) <50 and >=50 Copies/mL Through Weeks 24 and 48

End point title	Percentage of Subjects with HIV-1 Ribonucleic Acid (RNA) <50 and >=50 Copies/mL Through Weeks 24 and 48

End point description:

Percentage of subjects with a HIV-1 RNA <50 copies per mL and >=50 copies/mL were assessed using FDA snapshot approach which defines a subject's virologic response status using only the viral load at the predefined time point within a window of time, along with study drug discontinuation status. HIV-1 RNA level <50 copies per mL, was considered as virologic success and >= 50 copies/mL was considered as virological failure as per the snapshot approach.

End point type	Secondary

End point timeframe:

Up to Weeks 24 and 48

End point values	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	1	25		
Units: Percentage of subjects				
number (not applicable)				
Week 24: <50 Copies/mL	100.0	100.0		
Week 24: >=50 Copies/mL	0.0	0.0		
Week 48: <50 Copies/mL	100.0	100.0		
Week 48: >=50 Copies/mL	0.0	0.0		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Subjects with HIV-1 Ribonucleic Acid (RNA) <400 and >=400 Copies/mL Through Weeks 24 and 48

End point title	Percentage of Subjects with HIV-1 Ribonucleic Acid (RNA) <400 and >=400 Copies/mL Through Weeks 24 and 48

End point description:

Percentage of subjects with viral load (plasma HIV-1 RNA levels) less than (<) 400 copies/mL and >=400 copies/mL measured by the Food and Drug Administration (FDA) snapshot algorithm were reported. The FDA snapshot analysis was Week 24 and Week 48 based on the last observed plasma viral load data within the visit window (that is, Weeks 24 and 48). FAS included all subjects who had taken at least 1 dose of rilpivirine.

End point type	Secondary

End point timeframe:

Up to Weeks 24 and 48

End point values	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	1	25		
Units: Percentage of Subjects				
number (not applicable)				
Week 24: <400 Copies/mL	100.0	100.0		
Week 24: >=400 Copies/mL	0.0	0.0		
Week 48: <400 Copies/mL	100.0	100.0		
Week 48: >=400 Copies/mL	0.0	0.0		

Statistical analyses

No statistical analyses for this end point

Secondary: Change from Baseline in Cluster Differentiation 4 (CD4+) Cell Count up to Week 24 and Week 48

End point title	Change from Baseline in Cluster Differentiation 4 (CD4+) Cell Count up to Week 24 and Week 48

End point description:

The immunologic change was determined by changes in Cluster of CD4+ cell count using non-completer = failure imputation, that is discontinuation were imputed with baseline value resulting in change=0, other missing data using last observation carried forward (LOCF). FAS included all subjects who had taken at least 1 dose of rilpivirine. Here, 99999 reported since SD was not evaluable for 1 subject.

End point type	Secondary

End point timeframe:

From baseline up to Weeks 24 and 48

End point values	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	1	25		
Units: Cells/cubic millimetre				
arithmetic mean (standard deviation)				
Week 24	313.0 (± 99999)	26.3 (± 32.10)		
Week 48	279.0 (± 99999)	-19.9 (± 28.52)		

Statistical analyses

No statistical analyses for this end point

Secondary: Predose Plasma Concentration (C0h) of Rilpivirine

End point title	Predose Plasma Concentration (C0h) of Rilpivirine

End point description:

C0h was defined as the predose plasma concentration of rilpivirine. FAS included all subjects who had taken at least 1 dose of rilpivirine, regardless of their compliance with the protocol and adherence to the dosing regimen. Here, 'N' (number of subjects analysed) signifies subjects who were evaluable for this endpoint. Here, '99999' signifies that reported data were individual data, hence mean and standard deviation was not evaluable. One subject with body weight <20 kg who was on 12.5 mg rilpivirine did not increase the rilpivirine dose upon increase in body weight to 20.5 kg at Week 24. This subject switched to the 15 mg dose approximately 1 week before the Week 40 visit.

End point type	Secondary

End point timeframe:

Predose (Day 0)

End point values	Rilpivirine 12.5 Milligrams (mg) (<20 kg)	Rilpivirine 15 mg (<20 kg)	Rilpivirine 15 mg (20 to <25 kg)	Rilpivirine 25 mg (>=25 kg)
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	2	1	5	1
Units: ng/mL				
arithmetic mean (standard deviation)	99999 (± 99999)	99999 (± 99999)	138 (± 58.7)	99999 (± 99999)

Statistical analyses

No statistical analyses for this end point

Secondary: Maximum Observed Plasma Concentration (Cmax) of Rilpivirine

End point title	Maximum Observed Plasma Concentration (Cmax) of Rilpivirine

End point description:

Cmax was defined as the maximum observed plasma concentration of rilpivirine. FAS included all subjects who had taken at least 1 dose of rilpivirine, regardless of their compliance with the protocol and

adherence to the dosing regimen. Here, 'N' (number of subjects analysed) signifies subjects who were evaluable for this endpoint. Here, '99999' signifies that reported data were individual data, hence mean and standard deviation was not evaluable. One subject with body weight <20 kg who was on 12.5 mg rilpivirine did not increase the rilpivirine dose upon increase in body weight to 20.5 kg at Week 24. This subject switched to the 15 mg dose approximately 1 week before the Week 40 visit.

End point type	Secondary

End point timeframe:

Predose up to 24 hours postdose

End point values	Rilpivirine 12.5 Milligrams (mg) (<20 kg)	Rilpivirine 15 mg (<20 kg)	Rilpivirine 15 mg (20 to <25 kg)	Rilpivirine 25 mg (>=25 kg)
Subject group type	Subject analysis set	Subject analysis set	Subject analysis set	Subject analysis set
Number of subjects analysed	2	1	5	2
Units: ng/mL				
arithmetic mean (standard deviation)	9999 (± 99999)	99999 (± 99999)	217 (± 43.1)	99999 (± 99999)

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Subjects with Viral Genotype at the Time of Virologic Failure at Weeks 24 and 48

End point title	Percentage of Subjects with Viral Genotype at the Time of Virologic Failure at Weeks 24 and 48

End point description:

Percentage of subjects with viral genotype at the time of virologic failure (that is, HIV 1 RNA >=50 and >=400 copies/mL) per snapshot approach were reported. Confirmed virologic failure was defined as 2 consecutive HIV-1 RNA plasma viral load measurements >=200 copies/mL and suspected virologic failure was defined as HIV-1 RNA >=200 copies/mL. FAS included all subjects who had taken at least 1 dose of rilpivirine.

End point type	Secondary

End point timeframe:

Weeks 24 and 48

End point values	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	1	25		
Units: Percentage of subjects				
number (not applicable)				
Week 24: Confirmed virologic failure	0	0		
Week 24: Suspected virologic failure	0	0		
Week 48: Confirmed virologic failure	0	0		
Week 48: Suspected virologic failure	0	0		

Statistical analyses

No statistical analyses for this end point

Secondary: Percentage of Subjects with Treatment Adherence >95% Based on Tablet Count up to Weeks 24 and 48

End point title	Percentage of Subjects with Treatment Adherence >95% Based on Tablet Count up to Weeks 24 and 48

End point description:

Percentage of subjects with treatment adherence >95 % as assessed by tablet count (study intervention accountability) up to Weeks 24 and 48 of study treatment were reported. Treatment adherence was defined as having a treatment adherence of greater than (>) 95 percent (%) by tablet count. FAS included all subjects who had taken at least 1 dose of rilpivirine.

End point type	Secondary

End point timeframe:

Up to Weeks 24 and 48

End point values	Rilpivirine: >=2 to <6 Years	Rilpivirine: >=6 to <12 years		
Subject group type	Reporting group	Reporting group		
Number of subjects analysed	1	25		
Units: Percentage of subjects				
number (not applicable)				
Week 24	100.0	86.4		
Week 48	100.0	90.9		

Statistical analyses

No statistical analyses for this end point

Adverse events

Adverse events information	
Timeframe for reporting adverse events:	
Up to Week 48	
Adverse event reporting additional description:	
FAS included all subjects who had taken at least 1 dose of rilpivirine.	
Assessment type	Non-systematic

Dictionary used	
Dictionary name	MedDRA
Dictionary version	25.1

Reporting groups	
Reporting group title	Rilpivirine
Reporting group description:	
FAS included all subjects who had taken at least 1 dose of rilpivirine.	

Serious adverse events	Rilpivirine		
Total subjects affected by serious adverse events			
subjects affected / exposed	0 / 26 (0.00%)		
number of deaths (all causes)	0		
number of deaths resulting from adverse events			

Frequency threshold for reporting non-serious adverse events: 5 %

Non-serious adverse events	Rilpivirine		
Total subjects affected by non-serious adverse events			
subjects affected / exposed	11 / 26 (42.31%)		
Investigations			
Alanine Aminotransferase Increased			
subjects affected / exposed	3 / 26 (11.54%)		
occurrences (all)	5		
Aspartate Aminotransferase Increased			
subjects affected / exposed	2 / 26 (7.69%)		
occurrences (all)	2		
Nervous system disorders			
Headache			

subjects affected / exposed occurrences (all)	2 / 26 (7.69%) 2		
General disorders and administration site conditions Pyrexia subjects affected / exposed occurrences (all)	 2 / 26 (7.69%) 2		
Gastrointestinal disorders Abdominal Pain subjects affected / exposed occurrences (all) Nausea subjects affected / exposed occurrences (all) Vomiting subjects affected / exposed occurrences (all)	 2 / 26 (7.69%) 2 2 / 26 (7.69%) 3 4 / 26 (15.38%) 16		
Respiratory, thoracic and mediastinal disorders Nasal Congestion subjects affected / exposed occurrences (all)	 2 / 26 (7.69%) 2		
Infections and infestations Rhinitis subjects affected / exposed occurrences (all) Upper Respiratory Tract Infection subjects affected / exposed occurrences (all)	 2 / 26 (7.69%) 3 2 / 26 (7.69%) 2		
Metabolism and nutrition disorders Decreased Appetite subjects affected / exposed occurrences (all)	 2 / 26 (7.69%) 2		

More information

Substantial protocol amendments (globally)

Were there any global substantial amendments to the protocol? Yes

Date	Amendment
24 April 2019	The purpose of the this amendment was to remove inclusion criteria 5 stating that subjects needed to be aware of their human immunodeficiency virus-1 diagnosis.
18 December 2019	The purpose of this amendment was to include that rilpivirine dose selection should be based on the subject's body weight at baseline. Children with a body weight of <25 kg should be dosed with rilpivirine 15 mg once daily and children with a body weight of greater than or equal to (>=)25 kg should be dosed with rilpivirine 25 mg once daily.
21 February 2021	The purpose of this amendment was to include an optional intensive pharmacokinetic (PK) substudy at several study sites and to clarify some of the inclusion and exclusion criteria. Rilpivirine dose for subjects with a body weight less than (<)20 killograms (kg) was amended from 15 milligrams (mg) to 12.5 mg once daily.

Notes:

Interruptions (globally)

Were there any global interruptions to the trial? No

Limitations and caveats

Limitations of the trial such as small numbers of subjects analysed or technical problems leading to unreliable data.

Endpoints presented are consistent to those provided for the other pediatric study with oral rilpivirine (study TMC278-TiDP38-C213).

Notes: