



EUROPEAN MEDICINES AGENCY
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Committee for Medicinal Products for Human Use (CHMP)

Rilpivirine film-coated tablets 25 mg product-specific bioequivalence guidance

Draft Agreed by Pharmacokinetics Working Party (PKWP)	April 2017
Adopted by CHMP for release for consultation	22 June 2017
Start of public consultation	28 July 2017
End of consultation (deadline for comments)	31 October 2017
Agreed by Pharmacokinetics Working Party (PKWP)	December 2017
Adopted by CHMP	25 January 2018
Date of coming into effect	1 August 2018
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* This revision relates to the addition of the salt form

Keywords	<i>Bioequivalence, generics, rilpivirine</i>
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Disclaimer:

This guidance should not be understood as being legally enforceable and is without prejudice to the need to ensure that the data submitted in support of a marketing authorisation application complies with the appropriate scientific, regulatory and legal requirements.

Requirements for bioequivalence demonstration (PKWP)*

BCS Classification**	BCS Class: ☐ I ☐ III ☒ Neither of the two Background: Rilpivirine hydrochloride is considered a low solubility compound with limited absorption.
Bioequivalence study design <i>in case a BCS biowaiver is not feasible or applied</i>	single dose
	cross-over
	healthy volunteers
	☐ fasting ☒ fed ☐ both ☐ either fasting or fed
	Strength: 25 mg Background: 25 mg is the only available strength.
	Number of studies: One single dose study.

Analyte	☒ parent ☐ metabolite ☐ both
	☒ plasma/serum ☐ blood ☐ urine
	Enantioselective analytical method: ☐ yes ☒ no
Bioequivalence assessment	Main pharmacokinetic variables: : C _{max} and AUC _{0-72h}
	90% confidence interval: 80.00 – 125.00%

* As intra-subject variability of the reference product has not been reviewed to elaborate this product-specific bioequivalence guideline, it is not possible to recommend at this stage the use of a replicate design to demonstrate high intra-subject variability and widen the acceptance range of C_{max}. If high intra-individual variability (CV_{intra} > 30 %) is expected, the applicants might follow respective guideline recommendations.

** This tentative BCS classification of the drug substance serves to define whether *in vivo* studies seems to be mandatory (BCS class II and IV) or, on the contrary (BCS Class I and III), the Applicant may choose between two options: *in vivo* approach or *in vitro* approach based on a BCS biowaiver. In this latter case, the BCS classification of the drug substance should be confirmed by the Applicant at the time of submission based on available data (solubility experiments, literature, etc.). However, a BCS-based biowaiver might not be feasible due to product specific characteristics despite the drug substance being BCS class I or III (e.g. *in vitro* dissolution being less than 85 % within 15 min (BCS class III) or 30 min (BCS class I) either for test or reference, or unacceptable differences in the excipient composition).