

# IMBRUVICA® offers flexible dosing for therapy management with a convenient, once-daily oral tablet<sup>5</sup>

REF PI



The flexibility to dose adjust, if needed, to help manage certain AEs<sup>5†</sup>



Dose modification due to AEs does not impact efficacy outcomes<sup>24</sup>



Stable patients who are tolerating IMBRUVICA® well should not be switched and should remain on therapy for optimal benefit<sup>26</sup>

AE=adverse event.

\*In a review of 13 articles on the various modes of administration for cancer treatment administration, 84.6% (11/13 articles) reported that patients preferred oral treatment over intravenous treatment.<sup>18</sup>

†Dose management available for patients experiencing AEs including Grade ≥3 non-haematological toxicity, Grade ≥3 neutropenia with infection or fever and Grade 4 haematological toxicity.<sup>5</sup>



Efficacy

High-risk patients

Real-world evidence

Life expectancy

Time to next treatment

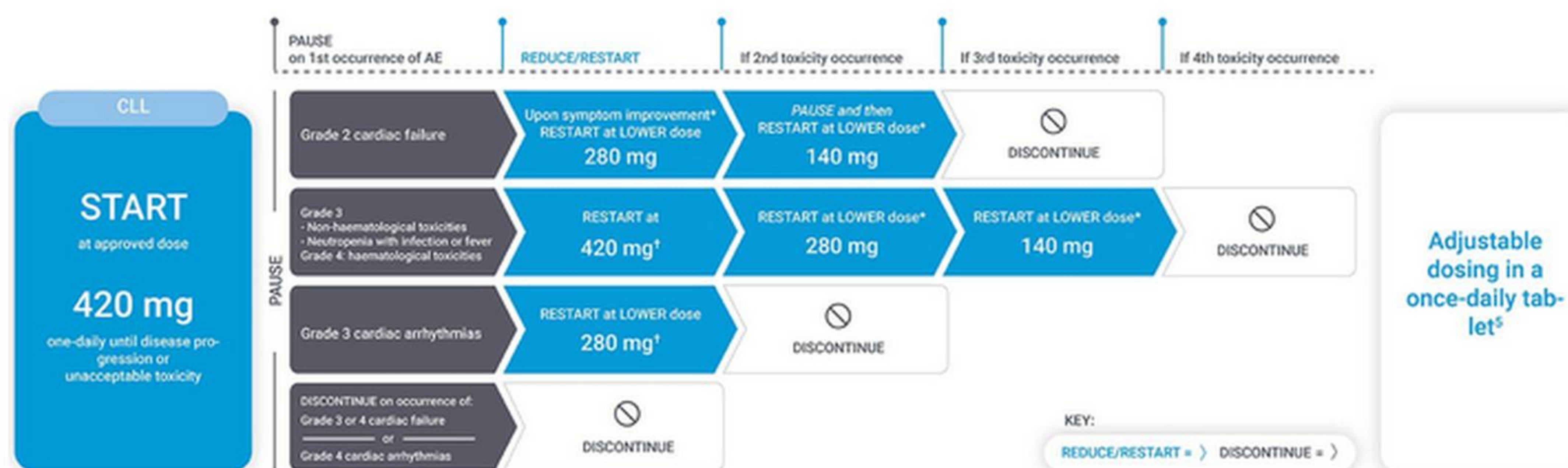
Safety

Dosing

**imbruvica®**  
(ibrutinib)



## The flexibility to dose-adjust, if needed, to help manage certain AEs<sup>5</sup>



Active management of AEs with dose reductions or dose holds resulted in AE resolution in the majority (>85%) of patients.<sup>21</sup>

Additionally, dose reductions prevented recurrence or worsening for most patients (75%), allowing many patients to continue to benefit from IMBRUVICA<sup>®</sup> treatment.<sup>21</sup>

IMBRUVICA<sup>®</sup> is not contraindicated in patients with hypertension or cardiac comorbidities (please see the Summary of Product Characteristics before prescribing)<sup>14</sup>

AE=adverse event.

\*Once AE has improved to Grade 1 or baseline, follow the next recommended dose modification.<sup>14</sup>

<sup>†</sup>For Grade 3 or 4 AEs: When resuming treatment, restart at the same or lower dose based on benefit-risk evaluation. If toxicity reoccurs, reduce daily dose by 140 mg.<sup>14</sup>

<sup>‡</sup>Evaluate the benefit-risk before resuming treatment.<sup>14</sup>



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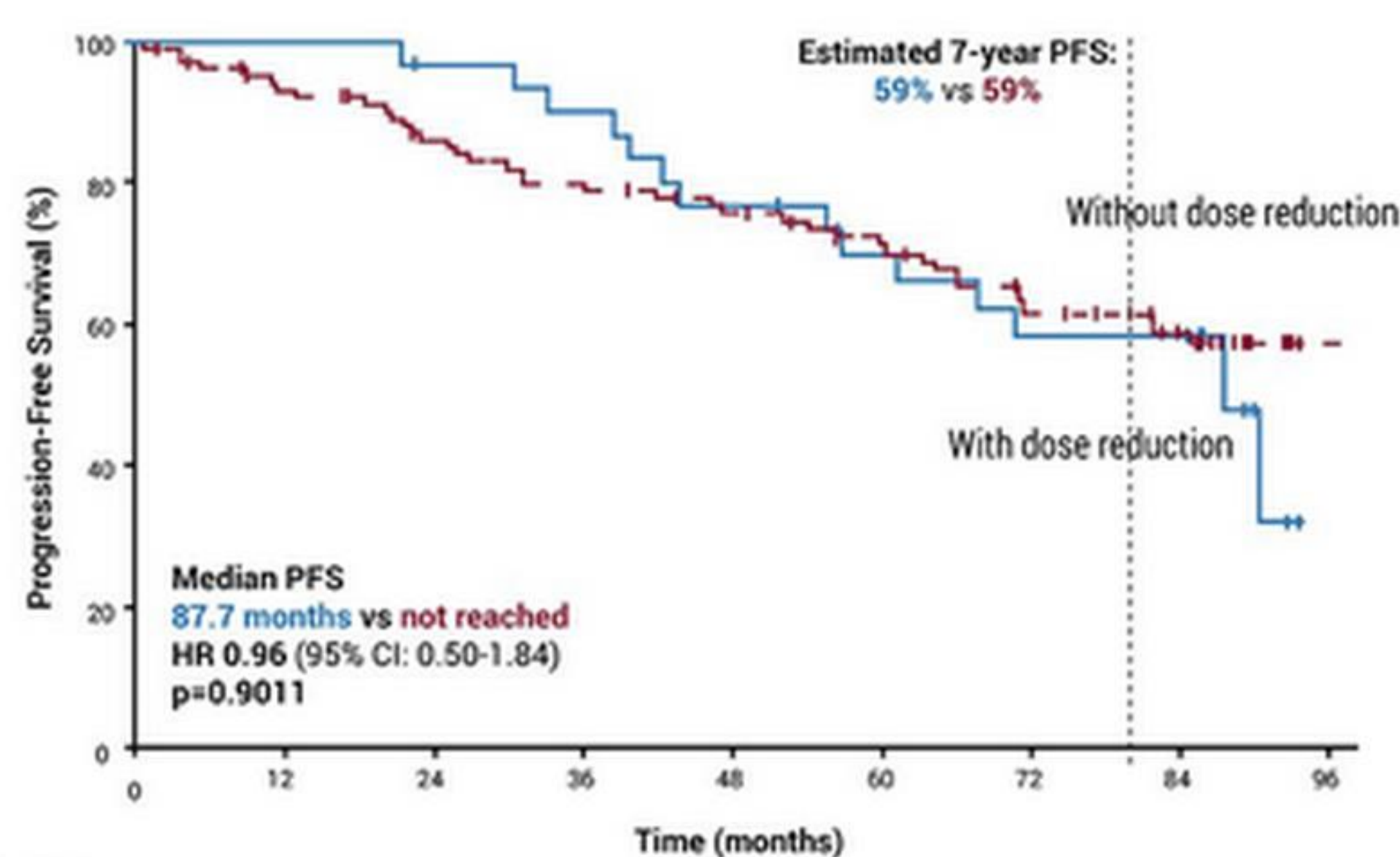
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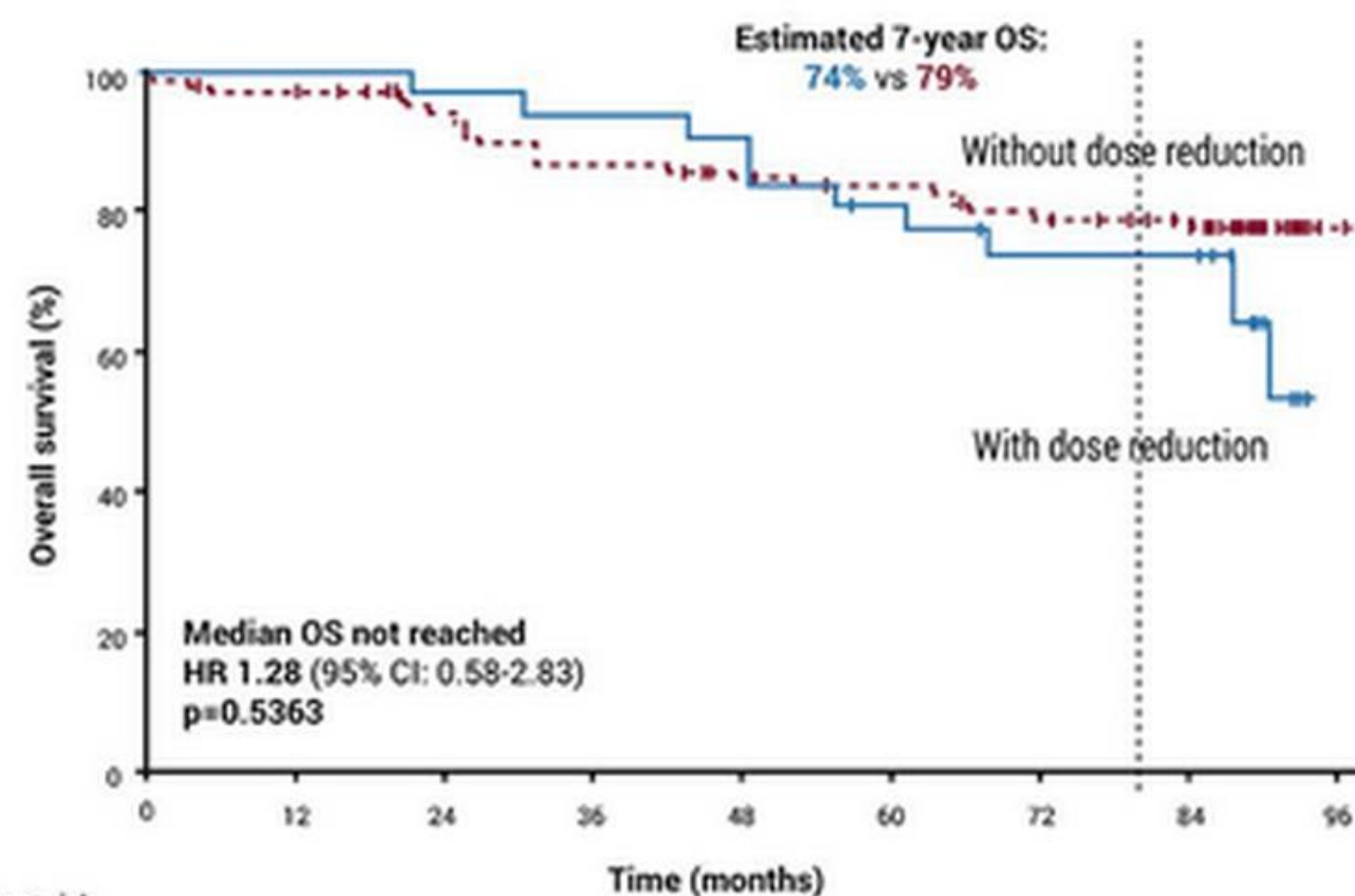
## Dose modification due to AEs does not impact efficacy outcomes<sup>24</sup>

Clinical trial

### RESONATE-2: Post-hoc analysis in patients with dose reductions<sup>24</sup>



Patients at risk																	
		0	12	24	36	48	60	72	84	96							
		31	31	31	29	29	27	25	23	22	19	18	16	16	16	4	1
With dose reduction		31	31	31	29	29	27	25	23	22	19	18	16	16	16	4	1
Without dose reduction		104	98	93	90	83	79	77	74	69	66	62	58	51	49	41	13



Patients at risk																	
		0	12	24	36	48	60	72	84	96							
		31	31	31	31	30	30	29	29	28	26	24	23	21	21	7	0
With dose reduction		31	31	31	31	30	30	29	29	28	26	24	23	21	21	7	0
Without dose reduction		104	100	100	96	91	87	84	83	79	75	74	72	70	68	65	20

Adapted from Wojach J, et al. 2023

HR: hazard ratio, CI: confidence interval, OS: overall survival, PFS: progression-free survival.



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