# IMBRUVICA® offers flexible dosing for therapy management with a convenient, once-daily oral tablet[5]

REF PI

The flexibility to dose adjust, if needed, to help manage certain AEs[5†]

Dose modification due to AEs does not impact efficacy outcomes[24]

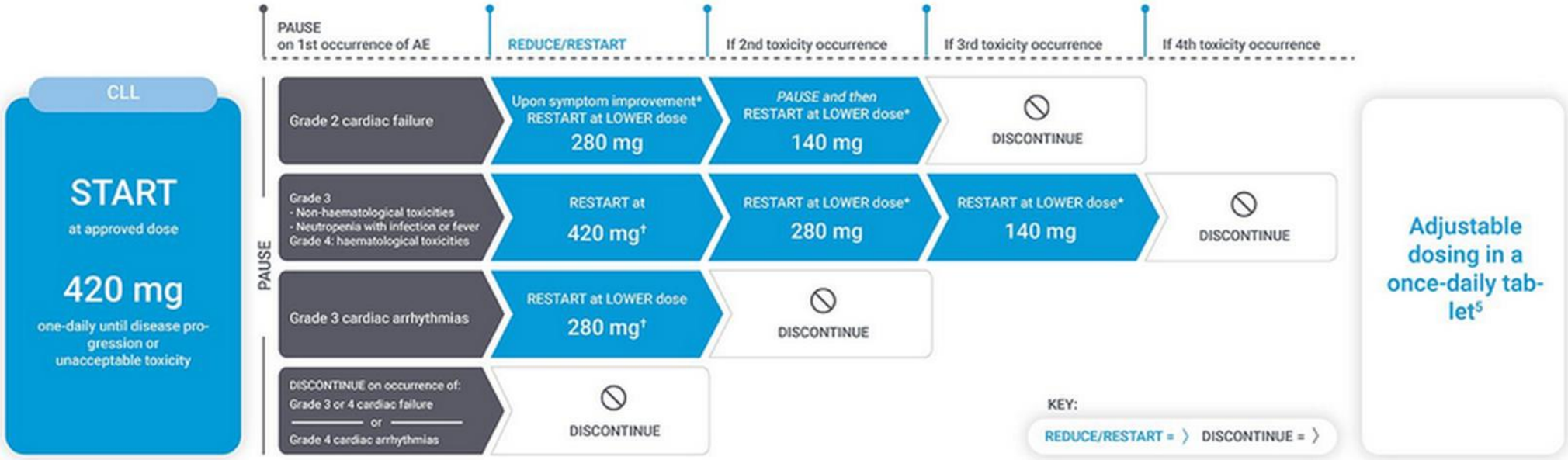
**Stable patients who are tolerating IMBRUVICA® well should not be switched and should remain on therapy for optimal benefit[26]**

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.[18]

†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.[5]

# The flexibility to dose-adjust, if needed, to help manage certain AEs[5]




**Active management of AEs with dose reductions or dose holds resulted in AE resolution in the majority (>85%) of patients.[21]**

**Additionally, dose reductions prevented recurrence or worsening for most patients (75%), allowing many patients to continue to benefit from IMBRUVICA® treatment.[21]**

IMBRUVICA® is not contraindicated in patients with hypertension or cardiac comorbidities (please see the Summary of Product Characteristics before prescribing)[16]

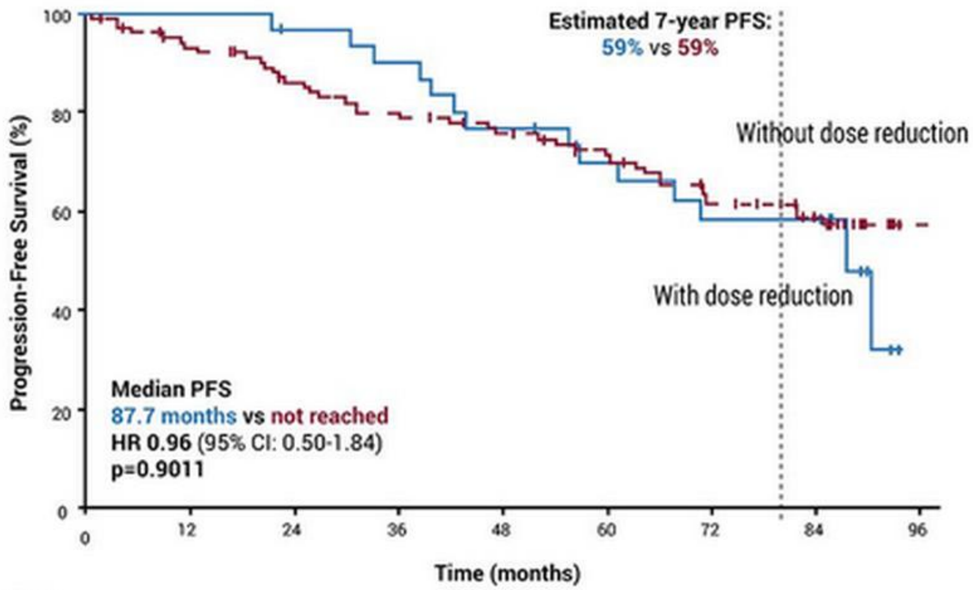
AE=adverse event.

*Once AE has improved to Grade 1 or baseline, follow the next recommended dose modification.[16]
†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.[16]
‡Evaluate the benefit–risk before resuming treatment.[16]

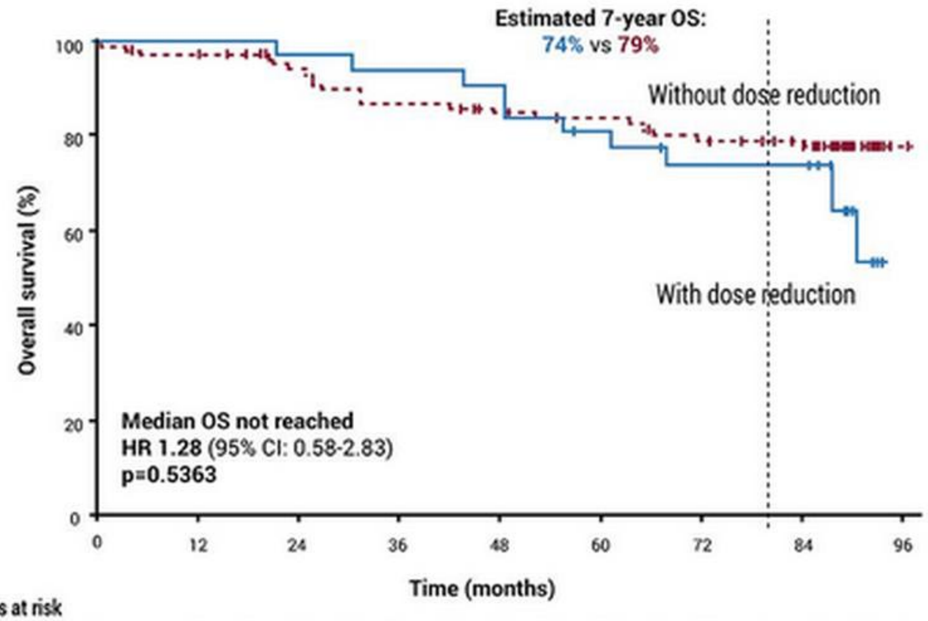
# Dose modification due to AEs does not impact efficacy outcomes[24]

Clinical trial

## RESONATE-2: Post-hoc analysis in patients with dose reductions[24]




| Patients at risk | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| With dose reduction | 31 | 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 | 1 |




| Patients at risk | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| With dose reduction | 31 | 31 | 31 | 31 | 30 | 30 | 29 | 29 | 28 | 26 | 24 | 23 | 21 | 21 | 21 | 7 | 0 |
| Without dose reduction | 104 | 100 | 100 | 96 | 91 | 87 | 84 | 83 | 79 | 75 | 74 | 72 | 70 | 68 | 65 | 20 | 1 |

Adapted from Wojach J, et al. 2023

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