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]

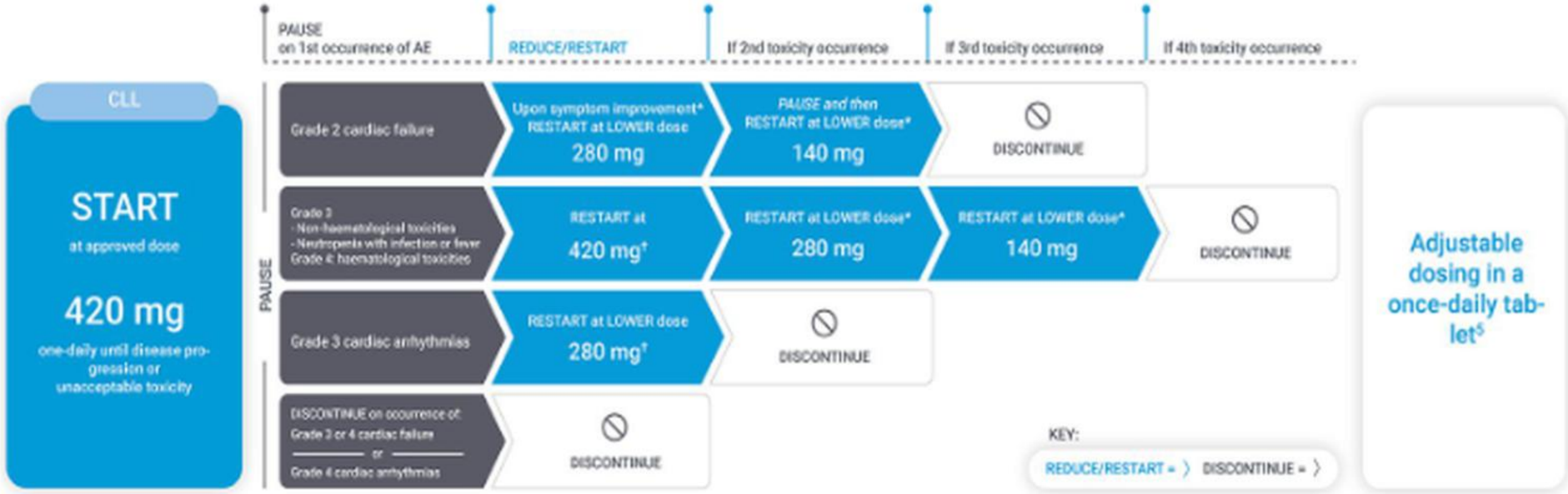
Stable patients who are tolerating IMBRUVICA® well should not be switched and should remain on therapy for optimal benefit[26]

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]



Adjustable dosing in a once-daily tablet[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)[15]

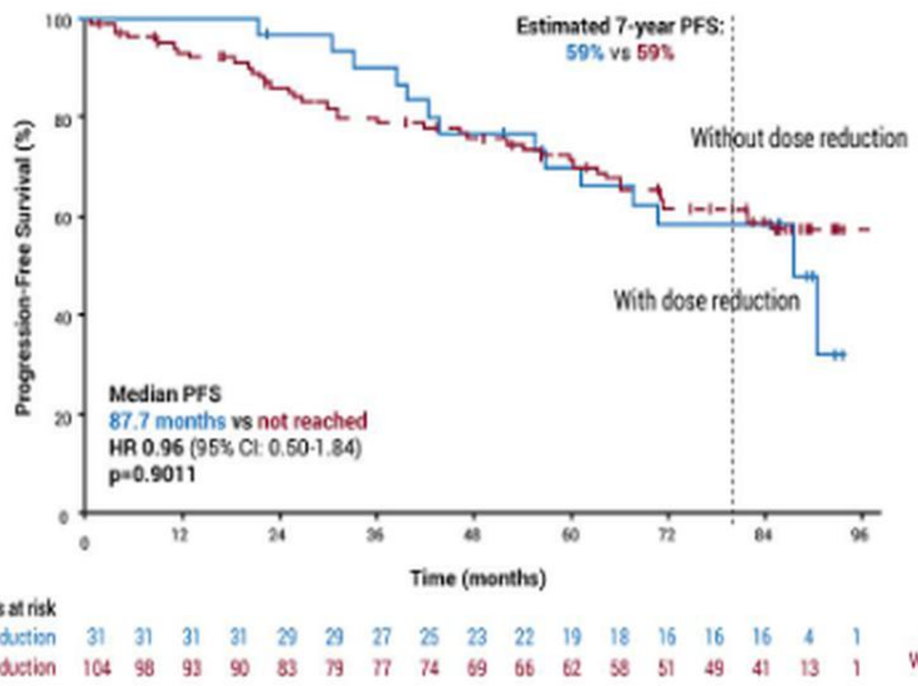
AE=adverse event.

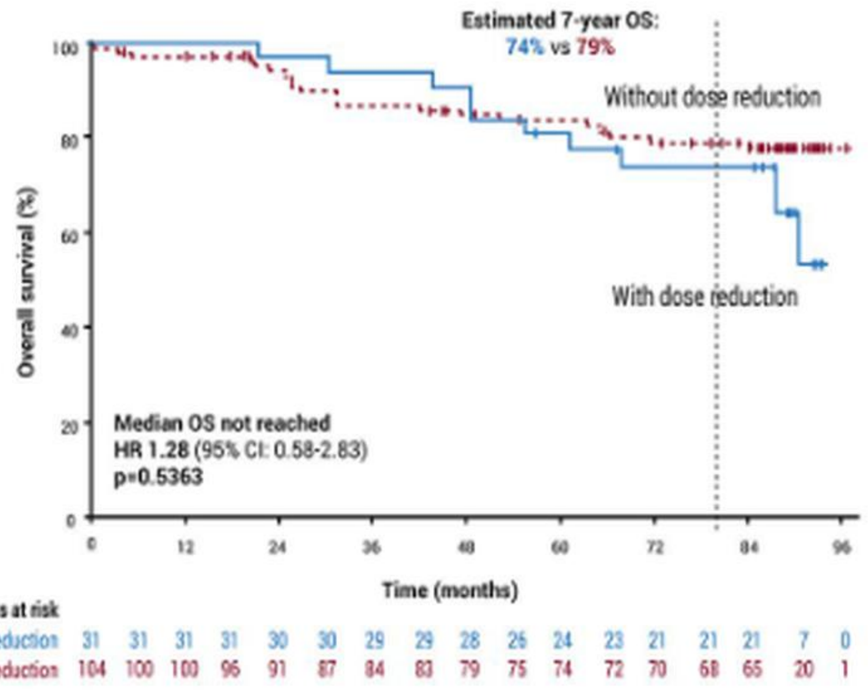
*Once AE has improved to Grade 1 or baseline, follow the next recommended dose modification.[15]
†For Grade 3 or 4 AEs: When resuming treatment, restart at the same or lower dose based on benefit–risk evaluation. If toxicity reoccurs, reduce daily dose by 140 mg.[15]
‡Evaluate the benefit–risk before resuming treatment.[15]

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

Clinical trial

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





Adapted from Wojach J, et al. 2023

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