

IMBRUVICA® offers flexible dosing for therapy management with a convenient, once-daily oral tablet⁵

REF PI



The flexibility to dose adjust, if needed, to help manage certain AEs^{5†}



Dose modification due to AEs does not impact efficacy outcomes²⁴



Stable patients who are tolerating IMBRUVICA® well should not be switched and should remain on therapy for optimal benefit²⁶

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



Efficacy

High-risk patients

Real-world evidence

Life expectancy

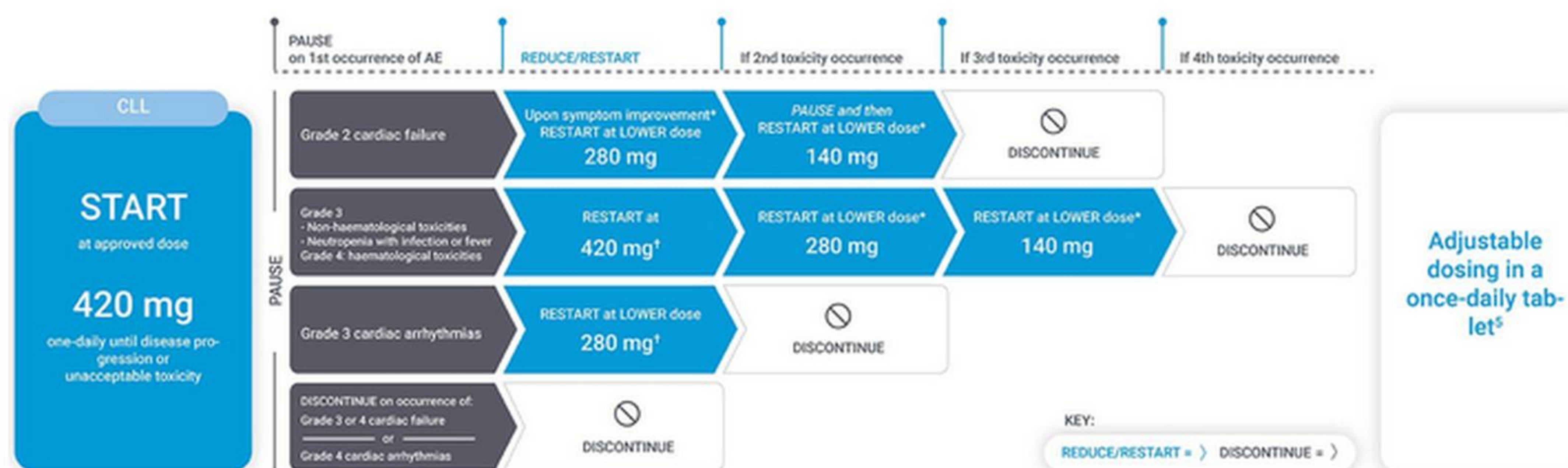
Time to next treatment

Safety

Dosing

imbruvica®
(ibrutinib)

The flexibility to dose-adjust, if needed, to help manage certain AEs⁵



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)¹⁴

AE=adverse event.

*Once AE has improved to Grade 1 or baseline, follow the next recommended dose modification.¹⁴

[†]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.¹⁴

[‡]Evaluate the benefit-risk before resuming treatment.¹⁴



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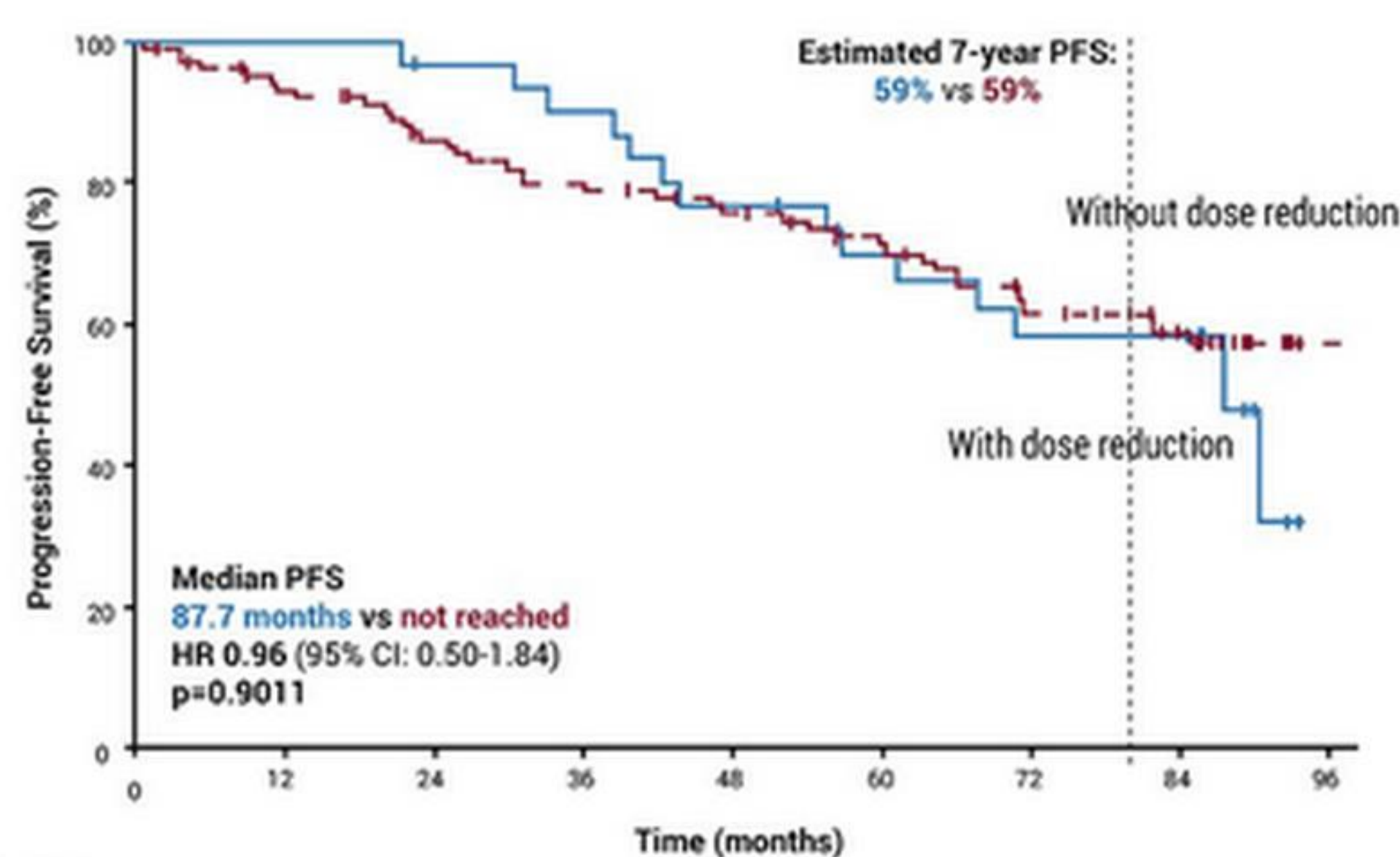
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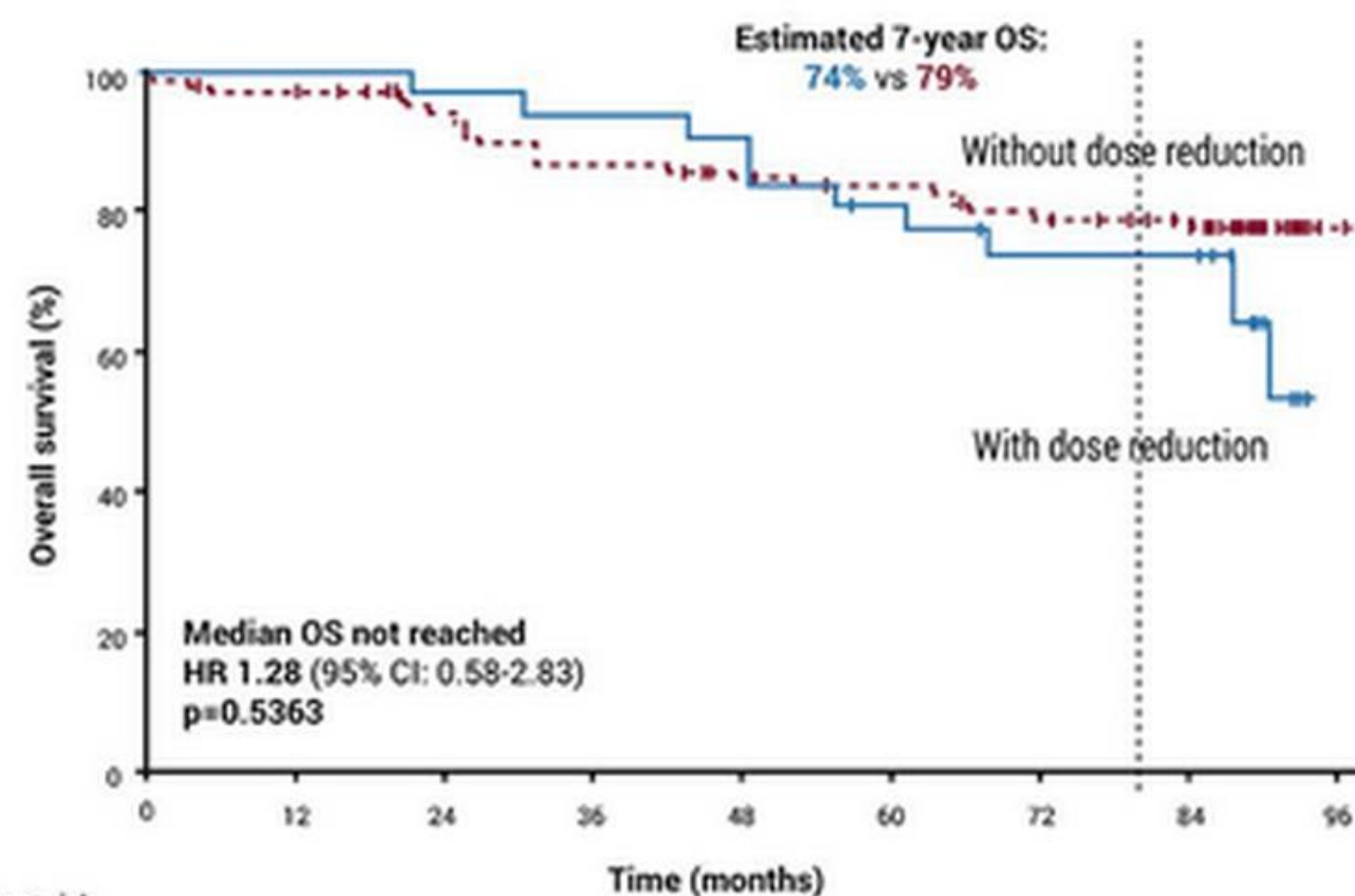
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Clinical trial

RESONATE-2: Post-hoc analysis in patients with dose reductions²⁴



Patients at risk																
With dose reduction	31	31	31	31	29	29	27	25	23	22	19	18	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																
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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