

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

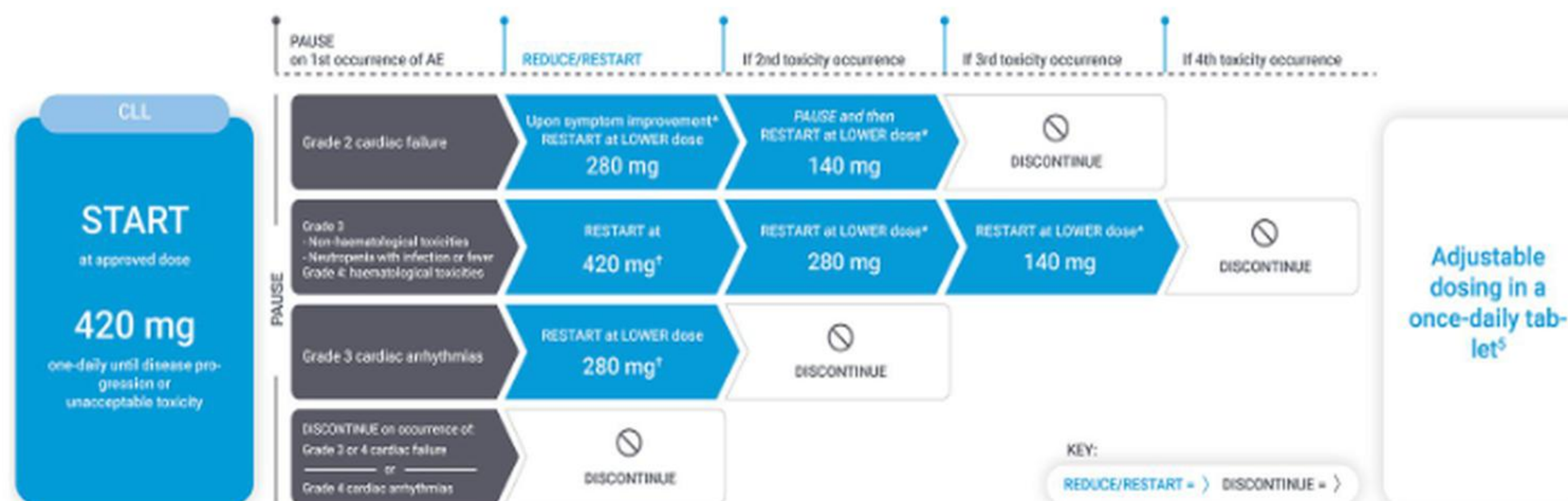
Time to next treatment

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)²⁰

AE=adverse event.

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

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

¹⁵Evaluate the benefit-risk before resuming treatment.¹⁵



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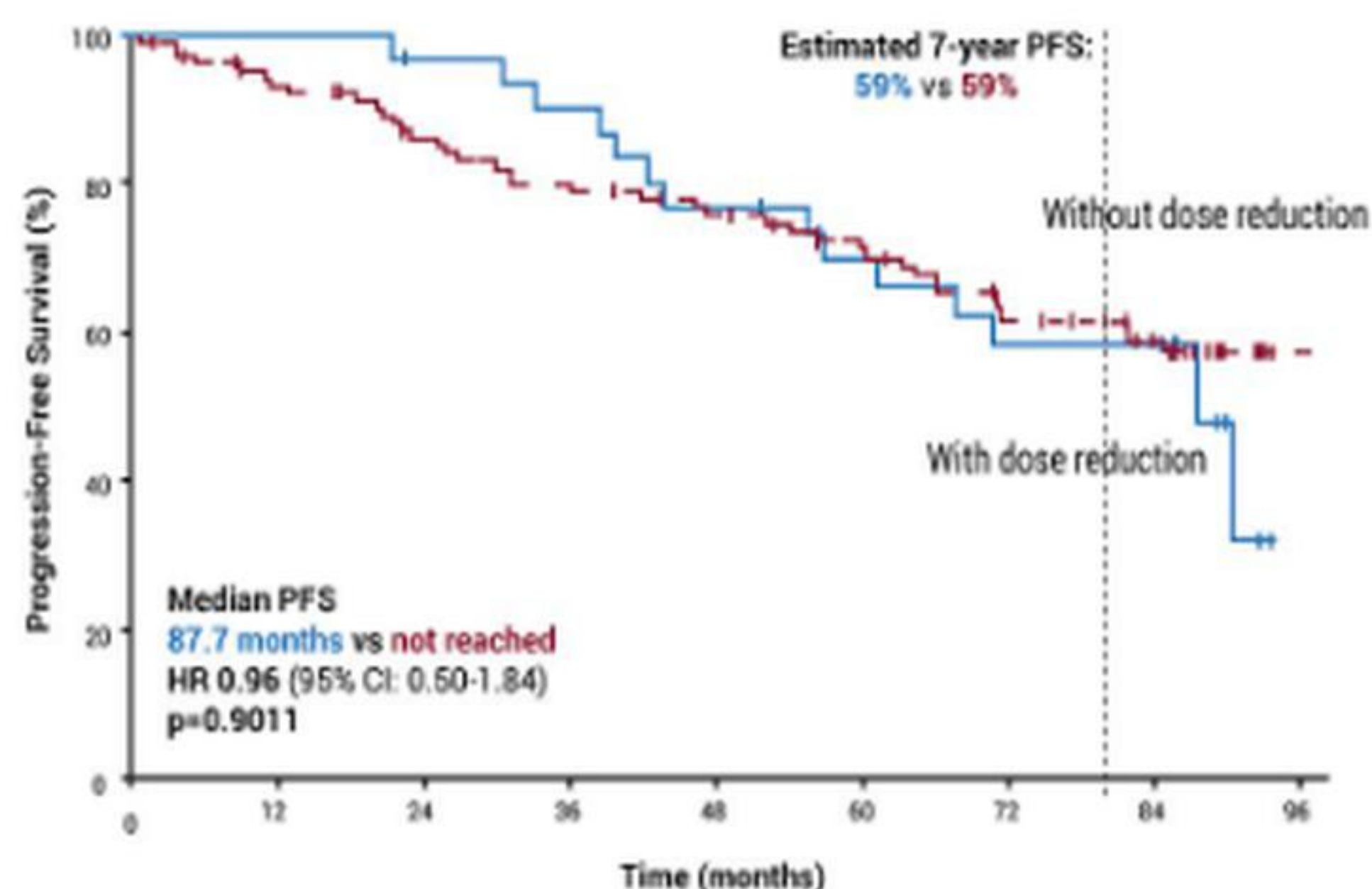
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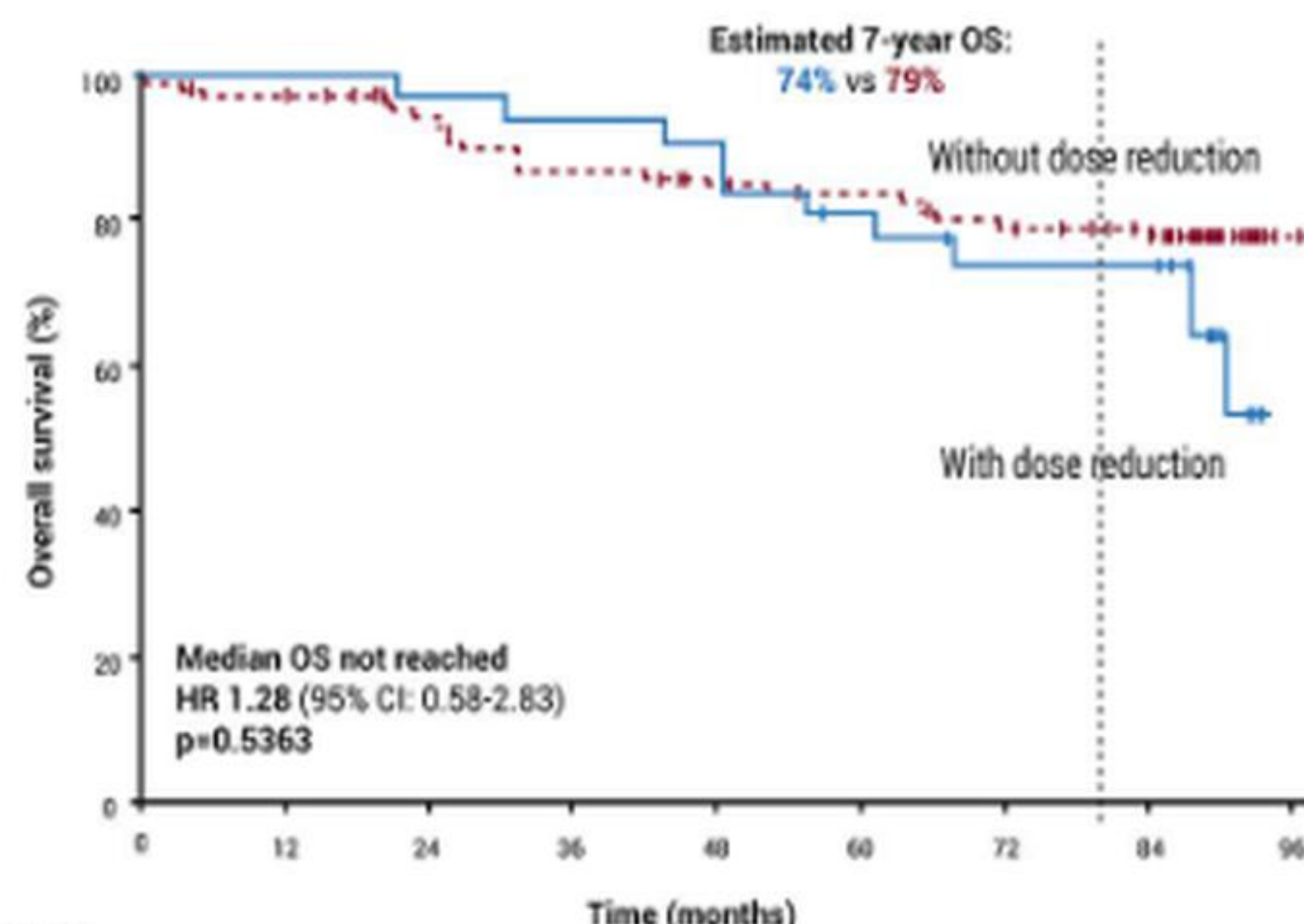
Dose modification due to AEs does not impact efficacy outcomes²⁴

Clinical trial

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



Patients at risk															
With dose reduction	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	1



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