FOR THE FIRST TIME EVER

IMBRUVICA®: SAFETY AND EFFECTIVENESS HAVE BEEN ESTABLISHED FOR CHILDREN AS YOUNG AS 1 YEAR OF AGE WITH PREVIOUSLY TREATED cGVHD[1-3] as of August 2022

This indication is supported by evidence from the iMAGINE study[1]

IMBRUVICA® is available as a once-daily oral suspension for children age 1 to <12 years and as capsules or tablets[1]

Recommended Dosing in Pediatric Patients Age 1 and <12 years[1]

- 240 mg/m^2 administered orally once daily (up to a maximum daily dose of 420 mg) until cGVHD progression, recurrence of an underlying malignancy, or unacceptable toxicity
- When a patient no longer requires therapy for the treatment of cGVHD, IMBRUVICA® should be discontinued considering the medical assessment of the individual patient

Recommended Dosing in Pediatric Patients Age ≥12 years[1]

- 420 mg administered orally once daily until cGVHD progression, recurrence of an underlying malignancy, or unacceptable toxicity
- IMBRUVICA® can be dosed as a single 420-mg tablet or three 140-mg capsules*
- When a patient no longer requires therapy for the treatment of cGVHD, IMBRUVICA® should be discontinued considering the medical assessment of the individual patient

If a dose of IMBRUVICA® is not taken at the scheduled time, it can be taken as soon as possible on the same day with a return to the normal dosing schedule the following day. Do not take extra doses of IMBRUVICA® to make up for the missed dose.[1]

Administer IMBRUVICA® at approximately the same time each day. Swallow tablets or capsules whole with a glass of water. Do not open, break, or chew the capsules. Do not cut, crush, or chew the tablets. Follow Instructions for Use for further administration details of IMBRUVICA® oral suspension.

INDICATION

IMBRUVICA® is a kinase inhibitor indicated for the treatment of:

- Adult and pediatric patients age 1 year and older with chronic graft versus host disease (cGVHD) after failure of one or more lines of systemic therapy.

SELECT IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hemorrhage; infections; cardiac arrhythmias, cardiac failure, and sudden death; hypertension; cytopenias; second primary malignancies; tumor lysis syndrome; and embryo-fetal toxicity.

ADVERSE REACTIONS

The most common adverse reactions (≥20%) in adult or pediatric patients with cGVHD were fatigue (57%), anemia (49%)*, bruising (40%), diarrhea (36%), thrombocytopenia (33%)*, musculoskeletal pain (30%), pyrexia (30%), muscle spasms (29%), stomatitis (29%), hemorrhage (26%), nausea (26%), abdominal pain (23%), pneumonia (23%), and headache (21%).

*Treatment-emergent decreases (all grades) were based on laboratory measurements.

cGVHD=chronic graft versus host disease.

imbruvica® (ibrutinib)
420, 280, 140 mg tablets | 140, 70 mg capsules
70 mg/mL oral suspension

Please see full Important Safety Information on page 6, and click here for the full Prescribing Information.

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Recommended dosage based on BSA for patients 1 to <12 years of age using either IMBRUVICA® capsules/tablets or oral suspension

BSA (m^2) range	Recommended dose to achieve 240 mg/m^2	
	Volume (mL) of IMBRUVICA® oral suspension (70 mg/mL)	Dose (mg) of IMBRUVICA® tablets/capsules
>0.3-0.4	1.2 mL	N/A
>0.4-0.5	1.5 mL	N/A
>0.5-0.6	1.9 mL	N/A
>0.6-0.7	2.2 mL	N/A
>0.7-0.8	2.6 mL	210 mg
>0.8-0.9	2.9 mL	210 mg
>0.9-1.0	3.3 mL	210 mg
>1.0-1.1	3.6 mL	280 mg
>1.1-1.2	4.0 mL	280 mg
>1.2-1.3	4.3 mL	280 mg
>1.3-1.4	4.6 mL	350 mg
>1.4-1.5	5.0 mL	350 mg
>1.5-1.6	5.3 mL	350 mg
>1.6	6.0 mL	420 mg

*See full Prescribing Information for complete dosage and administration details.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hemorrhage: Fatal bleeding events have occurred in patients who received IMBRUVICA®. Major hemorrhage (≥ Grade 3, serious, or any central nervous system events; e.g., intracranial hemorrhage [including subdural hematoma], gastrointestinal bleeding, hematuria, and post procedural hemorrhage) occurred in 4.2% of patients, with fatalities occurring in 0.4% of 2,838 patients who received IMBRUVICA® in 27 clinical trials. Bleeding events of any grade including bruising and petechiae occurred in 39%, and excluding bruising and petechiae occurred in 23% of patients who received IMBRUVICA®, respectively.

The mechanism for the bleeding events is not well understood.

Use of either anticoagulant or antiplatelet agents concomitantly with IMBRUVICA® increases the risk of major hemorrhage. Across clinical trials, 3.1% of 2,838 patients who received IMBRUVICA® without antiplatelet or anticoagulant therapy experienced major hemorrhage. The addition of antiplatelet therapy with or without anticoagulant therapy increased this percentage to 4.4%, and the addition of anticoagulant therapy with or without antiplatelet therapy increased this percentage to 6.1%. Consider the risks and benefits of anticoagulant or antiplatelet therapy when co-administered with IMBRUVICA®. Monitor for signs and symptoms of bleeding.

BSA=body surface area.

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PATIENTS ON CERTAIN CYP3A INHIBITORS MAY RECEIVE IMBRUVICA®[1]

In an observational, analytical, retrospective cohort study,

50% of pediatric patients with allogeneic hematopoietic stem cell transplantation used CYP3A inhibitors in the month before transplantation[4]

Dosage modifications for use with CYP3A inhibitors in pediatric patients with cGVHD[1]

	Coadministered Drug	Recommended IMBRUVICA® Dosage
Patients ≥12 years of age	Moderate CYP3A inhibitors	420 mg once daily
	• Voriconazole 200 mg twice daily • Posaconazole suspension 100 mg once daily, 100 mg twice daily, or 200 mg twice daily	280 mg once daily
	• Posaconazole suspension 200 mg three times daily or 400 mg twice daily • Posaconazole intravenously 300 mg once daily • Posaconazole delayed-release tablets 300 mg once daily	140 mg once daily
	Other strong CYP3A inhibitors	Avoid concomitant use. If these inhibitors will be used short term (such as anti-infectives for seven days or less), interrupt IMBRUVICA®
Patients 1 to <12 years of age	Moderate CYP3A inhibitors	240 mg/m^2 once daily
	Voriconazole for suspension 9 mg/kg (maximum dose: 350 mg) twice daily	160 mg/m^2 once daily
	Posaconazole at any dosage	80 mg/m^2 once daily
	Other strong CYP3A inhibitors	Avoid concomitant use. If these inhibitors will be used short term (such as anti-infectives for seven days or less), interrupt IMBRUVICA®

Interrupt dose as recommended. Modify dose as recommended. Refer to Dosage and Administration (2.2) Table 3 in the Prescribing Information for recommended dosage modifications based on BSA using either IMBRUVICA® capsules/tablets or oral suspension.

Please see full Prescribing Information for volume of IMBRUVICA® needed to reach the recommended dosage.[1]

- The coadministration of IMBRUVICA® with a strong or moderate CYP3A inhibitor may increase ibrutinib plasma concentrations. Increased ibrutinib concentrations may increase the risk of drug-related toxicity
- After discontinuation of a CYP3A inhibitor, resume previous dose of IMBRUVICA®
- Avoid grapefruit and Seville oranges during IMBRUVICA® treatment, as these contain strong or moderate inhibitors of CYP3A

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Consider the benefit-risk of withholding IMBRUVICA® for at least 3 to 7 days pre- and post-surgery depending upon the type of surgery and the risk of bleeding.

Infections: Fatal and non-fatal infections (including bacterial, viral, or fungal) have occurred with IMBRUVICA® therapy. Grade 3 or greater infections occurred in 21% of 1,476 patients with B-cell malignancies who received IMBRUVICA® in clinical trials. Cases of progressive multifocal leukoencephalopathy (PML) and *Pneumocystis jirovecii* pneumonia (PJP) have occurred in patients treated with IMBRUVICA®. Consider prophylaxis according to standard of care in patients who are at increased risk for opportunistic infections. Monitor and evaluate patients for fever and infections and treat appropriately.

Cardiac Arrhythmias, Cardiac Failure, and Sudden Death: Fatal and serious cardiac arrhythmias and cardiac failure have occurred with IMBRUVICA®. Deaths due to cardiac causes or sudden deaths occurred in 1% of 4,896 patients who received IMBRUVICA® in clinical trials, including in patients who received IMBRUVICA® in unapproved monotherapy or combination regimens. These adverse reactions occurred in patients with and without preexisting hypertension or cardiac comorbidities. Patients with cardiac comorbidities may be at greater risk of these events.

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DOSAGE MODIFICATIONS FOR ADVERSE REACTIONS

Dosage modifications for adverse reactions in cGVHD

If an AR listed below occurs, interrupt IMBRUVICA® therapy at each occurrence of the same AR. Once the AR has improved to Grade 1 or baseline, follow the recommended dosage modifications below[1]

Recommended dosage modifications for ARs[1]

Adverse Reaction*†	Occurrence	Dose Modification for Patients 12 Years or Older with cGVHD After Recovery Starting Dose = 420 mg	Dose Modification for Patients 1 Year to Less Than 12 Years With cGVHD After Recovery Starting Dose = 240 mg/m²
Grade 2 cardiac failure	First	Restart at 280 mg daily‡	Restart at 160 mg/m² daily‡
	Second	Restart at 140 mg daily‡	Restart at 80 mg/m² daily‡
	Third	Discontinue IMBRUVICA®	**Discontinue IMBRUVICA®**
Grade 3 cardiac arrhythmias	First	Restart at 280 mg daily‡	Restart at 160 mg/m² daily‡
	Second	Discontinue IMBRUVICA®	**Discontinue IMBRUVICA®**
Grade 3 or 4 cardiac failure **Grade 4 cardiac arrhythmias**	First	Discontinue IMBRUVICA®	Discontinue IMBRUVICA® Discontinue IMBRUVICA®
Other Grade 3 or 4 non-hematological toxicities§	First	Restart at 280 mg daily	Restart at 160 mg/m² daily‡
Grade 3 or 4 neutropenia with infection or fever	Second	Restart at 140 mg daily	Restart at 80 mg/m² daily‡
Grade 4 hematological toxicities	Third	Discontinue IMBRUVICA®	Discontinue IMBRUVICA®

*Please see Warnings and Precautions section of the Prescribing Information.
†Grading based on National Cancer Institute-Common Terminology Criteria for Adverse Events (NCI-CTCAE) criteria, or International Workshop on Chronic Lymphocytic Leukemia (iwCLL) criteria for hematologic toxicities in CLL/SLL.
‡Evaluate the benefit-risk before resuming treatment.
§For Grade 4 non-hematologic toxicities, evaluate the benefit-risk before resuming treatment.

AR=adverse reaction, ULN=upper limit of normal.

Dosage modifications for use in hepatic impairment

- The recommended dosage is 140 mg daily for patients 12 years of age and older with total bilirubin level >1.5 to 3 x upper limit of normal (unless of non-hepatic origin or due to Gilbert's syndrome)
- The recommended dosage is 80 mg/m² daily for patients 1 to less than 12 years of age with total bilirubin level >1.5 to 3 x ULN (unless of non-hepatic origin or due to Gilbert's syndrome)
- Avoid the use of IMBRUVICA® in these patients with total bilirubin level > 3 x ULN (unless of non-hepatic origin or due to Gilbert's syndrome)

Refer to Dosage and Administration (2.2) Table 3 in the Prescribing Information for recommended dosage modifications based on BSA using either IMBRUVICA® capsules/tablets or oral suspension.

Please see Section 2.2 of the Prescribing Information for information on dose modifications for patients 12 years or older with cGVHD after recovery. For more information please go to imbruvicahcp.com.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Grade 3 or greater ventricular tachyarrhythmias were reported in 0.2%, Grade 3 or greater atrial fibrillation and atrial flutter were reported in 3.7%, and Grade 3 or greater cardiac failure was reported in 1.3% of 4,896 patients who received IMBRUVICA® in clinical trials, including in patients who received IMBRUVICA® in unapproved monotherapy or combination regimens. These events have occurred particularly in patients with cardiac risk factors including hypertension and diabetes mellitus, a previous history of cardiac arrhythmias, and in patients with acute infections.

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ADMINISTRATION OF IMBRUVICA® ORAL SUSPENSION FOR PATIENTS AGE 1 TO <12 YEARS[1]

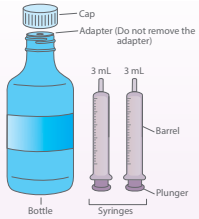
The following oral suspension administration overview is not meant to replace the Instructions for Use that are supplied with IMBRUVICA®. Please see the full Instructions for Use for details on preparation and administration information.

Steps for administering IMBRUVICA® to your pediatric patients

Instruct patients to read the Instructions for Use before administering IMBRUVICA® oral suspension and each time they get a refill.

1 Confirm the dosage of IMBRUVICA®[1]

The recommended dosage of IMBRUVICA® for patients 1 to less than 12 years of age with cGVHD is 240 mg/m^2 orally once daily (up to a dose of 420 mg).

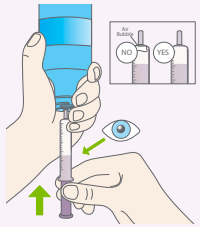


2 Prepare the dose[5]

Shake bottle well before each use.

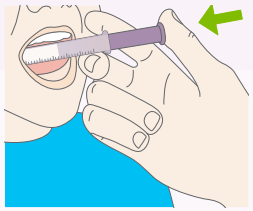
Press down and twist cap to remove it. Do not remove the adapter.

Utilize the provided syringe to withdraw desired dose, removing any air bubbles prior to administration.



3 Administer IMBRUVICA®[5]

IMBRUVICA® must be administered as soon as possible after being drawn from the bottle. Ensure that the patient drinks water after swallowing the dose of medicine.



How to store IMBRUVICA® oral suspension[5]

- Store the bottle upright at temperatures between 36°F and 77°F (2°C and 25°C)

⚠ **DO NOT** freeze.

DO NOT use IMBRUVICA® after the expiration date printed on the carton and the bottle after "EXP."

- Store IMBRUVICA® and all medications out of sight and reach of children.
- Discard any unused IMBRUVICA® oral suspension within 60 days after first opening the bottle.
- Ask your pharmacist how to properly dispose of medicine. For syringe disposal, rinse and place in household trash.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Evaluate cardiac history and function at baseline, and monitor patients for cardiac arrhythmias and cardiac function. Obtain further evaluation (e.g., ECG, echocardiogram) as indicated for patients who develop symptoms of arrhythmia (e.g., palpitations, lightheadedness, syncope, chest pain), new onset dyspnea, or other cardiovascular concerns. Manage cardiac arrhythmias and cardiac failure appropriately, follow dose modification guidelines, and consider the risks and benefits of continued IMBRUVICA® treatment.

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IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hemorrhage: Fatal bleeding events have occurred in patients who received IMBRUVICA®. Major hemorrhage (≥ Grade 3, serious, or any central nervous system events; e.g., intracranial hemorrhage [including subdural hematoma], gastrointestinal bleeding, hematuria, and post procedural hemorrhage) occurred in 4.2% of patients, with fatalities occurring in 0.4% of 2,838 patients who received IMBRUVICA® in 27 clinical trials. Bleeding events of any grade including bruising and petechiae occurred in 39%, and excluding bruising and petechiae occurred in 23% of patients who received IMBRUVICA®, respectively.

The mechanism for the bleeding events is not well understood.

Use of either anticoagulant or antiplatelet agents concomitantly with IMBRUVICA® increases the risk of major hemorrhage. Across clinical trials, 3.1% of 2,838 patients who received IMBRUVICA® without antiplatelet or anticoagulant therapy experienced major hemorrhage. The addition of antiplatelet therapy with or without anticoagulant therapy increased this percentage to 4.4%, and the addition of anticoagulant therapy with or without antiplatelet therapy increased this percentage to 6.1%. Consider the risks and benefits of anticoagulant or antiplatelet therapy when co-administered with IMBRUVICA®. Monitor for signs and symptoms of bleeding.

Consider the benefit-risk of withholding IMBRUVICA® for at least 3 to 7 days pre- and post-surgery depending upon the type of surgery and the risk of bleeding.

Infections: Fatal and non-fatal infections (including bacterial, viral, or fungal) have occurred with IMBRUVICA® therapy. Grade 3 or greater infections occurred in 21% of 1,476 patients with B-cell malignancies who received IMBRUVICA® in clinical trials. Cases of progressive multifocal leukoencephalopathy (PML) and *Pneumocystis jirovecii* pneumonia (PJP) have occurred in patients treated with IMBRUVICA®. Consider prophylaxis according to standard of care in patients who are at increased risk for opportunistic infections. Monitor and evaluate patients for fever and infections and treat appropriately.

Cardiac Arrhythmias, Cardiac Failure, and Sudden Death: Fatal and serious cardiac arrhythmias and cardiac failure have occurred with IMBRUVICA®. Deaths due to cardiac causes or sudden deaths occurred in 1% of 4,896 patients who received IMBRUVICA® in clinical trials, including in patients who received IMBRUVICA® in unapproved monotherapy or combination regimens. These adverse reactions occurred in patients with and without preexisting hypertension or cardiac comorbidities. Patients with cardiac comorbidities may be at greater risk of these events.

Grade 3 or greater ventricular tachyarrhythmias were reported in 0.2%, Grade 3 or greater atrial fibrillation and atrial flutter were reported in 3.7%, and Grade 3 or greater cardiac failure was reported in 1.3% of 4,896 patients who received IMBRUVICA® in clinical trials, including in patients who received IMBRUVICA® in unapproved monotherapy or combination regimens. These events have occurred particularly in patients with cardiac risk factors including hypertension and diabetes mellitus, a previous history of cardiac arrhythmias, and in patients with acute infections.

Evaluate cardiac history and function at baseline, and monitor patients for cardiac arrhythmias and cardiac function. Obtain further evaluation (e.g., ECG, echocardiogram) as indicated for patients who develop symptoms of arrhythmia (e.g., palpitations, lightheadedness, syncope, chest pain), new onset dyspnea, or other cardiovascular concerns. Manage cardiac arrhythmias and cardiac failure appropriately, follow dose modification guidelines, and consider the risks and benefits of continued IMBRUVICA® treatment.

Hypertension: Hypertension occurred in 19% of 1,476 patients with B-cell malignancies who received IMBRUVICA® in clinical trials. Grade 3 or greater hypertension occurred in 8% of patients. Based on data from a subset of these patients (N=1,124), the median time to onset was 5.9 months (range, 0 to 24 months). In a long-term safety analysis over 5 years of 1,284 patients with B-cell malignancies treated for a median of 36 months (range, 0 to 98 months), the cumulative rate of hypertension increased over time. The prevalence for Grade 3 or greater hypertension was 4% (year 0-1), 7% (year 1-2), 9% (year 2-3), 9% (year 3-4), and 9% (year 4-5); the overall incidence for the 5-year period was 11%. Monitor blood pressure in patients treated with IMBRUVICA®, initiate or adjust anti-hypertensive medication throughout treatment with IMBRUVICA® as appropriate, and follow dosage modification guidelines for Grade 3 or higher hypertension.

Cytopenias: In 645 patients with B-cell malignancies who received IMBRUVICA® as a single agent, grade 3 or 4 neutropenia occurred in 23% of patients, grade 3 or 4 thrombocytopenia in 8% and grade 3 or 4 anemia in 2.8%, based on laboratory measurements. Monitor complete blood counts monthly.

Please see click here for the full Prescribing Information.

Second Primary Malignancies: Other malignancies (10%), including non-skin carcinomas (3.9%), occurred among the 1,476 patients with B-cell malignancies who received IMBRUVICA® in clinical trials. The most frequent second primary malignancy was non-melanoma skin cancer (6%).

Tumor Lysis Syndrome: Tumor lysis syndrome has been infrequently reported with IMBRUVICA®. Assess the baseline risk (e.g., high tumor burden) and take appropriate precautions. Monitor patients closely and treat as appropriate.

Embryo-Fetal Toxicity: Based on findings in animals, IMBRUVICA® can cause fetal harm when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with IMBRUVICA® and for 1 month after the last dose. Advise males with female partners of reproductive potential to use effective contraception during the same time period.

ADVERSE REACTIONS

The most common adverse reactions (≥20%) in adult or pediatric patients with cGVHD were fatigue (57%), anemia (49%)*, bruising (40%), diarrhea (36%), thrombocytopenia (33%)*, musculoskeletal pain (30%), pyrexia (30%), muscle spasms (29%), stomatitis (29%), hemorrhage (26%), nausea (26%), abdominal pain (23%), pneumonia (23%), and headache (21%).

The most common Grade 3 or higher adverse reactions (≥5%) reported in adult or pediatric patients with cGVHD were pneumonia (14%), anemia (13%)*, fatigue (12%), pyrexia (11%), diarrhea (10%), neutropenia (10%)*, sepsis (10%), osteonecrosis (9%), stomatitis (9%), hypokalemia (7%), headache (5%), and musculoskeletal pain (5%).

Discontinuation of IMBRUVICA® treatment due to an adverse reaction occurred in 24% of adult patients and 23% of pediatric patients. Adverse reactions leading to dose reduction occurred in 26% of adult patients and 19% of pediatric patients.

*Treatment-emergent decreases (all grades) were based on laboratory measurements.

DRUG INTERACTIONS

CYP3A Inhibitors: Co-administration of IMBRUVICA® with strong or moderate CYP3A inhibitors may increase ibrutinib plasma concentrations. Increased ibrutinib concentrations may increase the risk of drug-related toxicity. Dose modifications of IMBRUVICA® are recommended when used concomitantly with posaconazole, voriconazole, and moderate CYP3A inhibitors. Avoid concomitant use of other strong CYP3A inhibitors. Interrupt IMBRUVICA® if strong inhibitors are used short-term (e.g., for ≤ 7 days). Avoid grapefruit and Seville oranges during IMBRUVICA® treatment, as these contain strong or moderate inhibitors of CYP3A. See dose modification guidelines in USPI sections 2.3 and 7.1.

CYP3A Inducers: Avoid coadministration with strong CYP3A inducers.

SPECIFIC POPULATIONS

Pediatric Use: The safety and effectiveness of IMBRUVICA® have not been established for the treatment of cGVHD after failure of one or more lines of therapy in pediatric patients less than 1 year of age. The safety and effectiveness of IMBRUVICA® in pediatric patients have not been established in CLL/SLL, CLL/SLL with 17p deletion, WM, or in patients with mature B-cell non-Hodgkin lymphoma.

In the randomized population from a study that included 35 patients (26 pediatric patients age 5 to less than 17 years) with previously treated mature B-cell non-Hodgkin lymphoma, major hemorrhage and discontinuation of chemoimmunotherapy due to adverse reactions occurred more frequently in the ibrutinib plus chemoimmunotherapy arm compared to the chemoimmunotherapy alone arm.

Hepatic Impairment: Patients with cGVHD: Avoid use of IMBRUVICA® in patients with total bilirubin level > 3x upper limit of normal (ULN) (unless of nonhepatic origin or due to Gilbert's syndrome). Reduce recommended dose when administering IMBRUVICA® to patients with total bilirubin level > 1.5 to 3x ULN (unless of non-hepatic origin or due to Gilbert's syndrome).

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IMBRUVICA® IS AVAILABLE AS AN ORAL SUSPENSION THAT MAY BENEFIT PATIENTS AGE ≥1 AND <12 YEARS WITH PREVIOUSLY TREATED cGVHD[1]

IMBRUVICA® is the only FDA-approved BTKi oral suspension treatment for cGVHD in pediatric patients age ≥1 to <12 years after failure of 1 or more systemic therapies.[1-3]

FDA-approved treatment with a dosing option for appropriate pediatric cGVHD patients[1]

- **Recommended dosing** in pediatric patients age ≥1 and <12 years is **240 mg/m²** administered **orally once daily** (up to a maximum daily dose of 420 mg)[1]
- **Recommended dosing** in pediatric patients ≥12 years is **420 mg** administered **orally once daily**[1]
  - Available as tablets and capsules
  - For more customized patient management for cGVHD, IMBRUVICA® can be dosed as a single 420-mg tablet or three 140-mg capsules[1]*
- **Dosage may be modified** for patients that have had specific **adverse reactions** or who are taking certain **CYP3A inhibitors or have hepatic impairment**[1]
  - Avoid concomitant use of other strong CYP3A inhibitors
  - Dose modifications are not recommended for all adverse reactions

INDICATION

IMBRUVICA® is a kinase inhibitor indicated for the treatment of:

- Adult and pediatric patients age 1 year and older with chronic graft versus host disease (cGVHD) after failure of one or more lines of systemic therapy.

SELECT IMPORTANT SAFETY INFORMATION

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*Treatment-emergent decreases (all grades) were based on laboratory measurements.

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References: 1. IMBRUVICA® (ibrutinib) Prescribing Information. **2.** JAKAFI® (ruxolitinib) Prescribing Information. **3.** REZUROCK® (belumosudil) Prescribing Information. **4.** Perez P, Patiño J, Franco AA. Prophylaxis for invasive fungal infection in pediatric patients with allogeneic hematopoietic stem cell transplantation. *Blood Res.* 2022; 57:34-40. **5.** IMBRUVICA® (ibrutinib) Instructions for Use.

BTKi=Bruton's tyrosine kinase inhibitor.

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