imbruvica® By Your Side Patient Support

Prescription and Enrollment Form for IMBRUVICA® (ibrutinib)

Please complete, sign, and fax this form to 1-800-752-5896

Healthcare Provider

There may be times when you need to reduce your patient's dose because they have experienced an adverse reaction or are taking certain concomitant medications. The **IMBRUVICA® By Your Side** Dose Exchange Program is available to facilitate this dose reduction if you decide to adjust your patient's dose before they have finished their current pack of IMBRUVICA®. Your patient may qualify for the **IMBRUVICA® By Your Side** Dose Exchange Program if your patient meets each of the requirements in the Program Eligibility section below. Please complete this form, sign it, and fax it back to the **IMBRUVICA® By Your Side** Dose Exchange Program.

Please note that the **IMBRUVICA® By Your Side** Dose Exchange Program is facilitated by the **IMBRUVICA® By Your Side** Dose Exchange Program pharmacy and not by the specialty or in-office dispensing pharmacy to which the patient's previous prescription was submitted.

For ongoing refills, a new prescription will need to be submitted to the patient's existing specialty or in-office dispensing pharmacy.

Patient Prescription Information

NAME (First, MI, Last)_____ DOB (MM/DD/YYYY)_____

PHONE_____ ADDRESS_____

Dose Exchange Prescription (Current Strength)	New Strength	Required fields are marked with **.
Rx: ☐ **IMBRUVICA® (ibrutinib) 420 mg tablet**	☐ **IMBRUVICA® (ibrutinib) 280 mg tablet**	DIRECTIONS**: Take _____ tablet/capsule(s) orally daily
☐ **IMBRUVICA® (ibrutinib) 280 mg tablet**	☐ **IMBRUVICA® (ibrutinib) 140 mg tablet**	QUANTITY**: _____ NOTE: Pharmacy will exchange and replace the equivalent number of tablets/capsules with the new dose prescribed by the prescriber, based on the day supply returned of the current dosage strength by the patient.
☐ **IMBRUVICA® (ibrutinib) 140 mg tablet**	☐ **IMBRUVICA® (ibrutinib) 140 mg capsule**	DIAGNOSIS CODE: _____
☐ **IMBRUVICA® (ibrutinib) 140 mg capsule**	☐ **IMBRUVICA® (ibrutinib) 70 mg capsule**	

Prescriber's Signature X _____ DATE _____

Prescriber Information

PRESCRIBER'S NAME (First, Last)_____ SPECIALTY_____

PRACTICE NAME_____ OFFICE CONTACT_____

STREET ADDRESS_____ CITY_____ STATE_____ ZIP_____

PHONE_____ FAX _____ NPI#_____

For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, visit https://www.pharmacyclics.com/privacy-notice.html#info_pcp.

Through my submission of the enrollment form, I consent to the collection, use, and disclosure of my personal health data, as described in the Privacy Notice above and in Pharmacyclics's Privacy Notice in the "How We May Disclose Personal Data" section. My consent is required to process sensitive personal data under certain privacy laws, and I have the right to withdraw my consent by visiting "Your Privacy Choices" on AbbVie's website.

Program Eligibility

To be eligible for participation in the **IMBRUVICA® By Your Side** Dose Exchange Program, patients

1. Must have remaining tablets/capsules from a current prescription for an FDA-approved indication for IMBRUVICA®.
2. Must return their remaining tablets/capsules. Instructions for return will be provided with a pre-addressed envelope for the patient to return the unused quantity of previous strength.

Below are Required Terms and Conditions for the Program

- **IMBRUVICA® By Your Side** Dose Exchange Program is available to a given patient for up to two (2) separate dose reductions. Pharmacy will exchange and replace the equivalent number of tablets/capsules with the new dose prescribed by the prescriber, based on the day supply returned of the current dosage strength by the patient.
- Neither Prescriber, Prescriber's institution, Pharmacy, Pharmacist, or any other person, including the patient, may seek payment or accept reimbursement from any patient, any third-party payer, including any state or federal entity or any private or other insurance plan, or from any other person or entity, for IMBRUVICA® supplied under this Program, regardless of whether the payer subsequently determines it will cover the product.
- With respect to product provided to Medicare Part D patients pursuant to the Program, Pharmacy must notify such patients' Part D plans that product is being provided to these patients outside the Part D benefit, and that no part of the costs of the drug provided as part of the Program shall be counted towards any Part D patient's out-of-pocket costs, and no claim will be filed with a Part D plan or by a Part D patient for such drug. As a condition of this Program, the applicable pharmacist will provide an appropriate notification to the patient's Part D plan. Notification will be provided as a payment-related use and disclosure pursuant to the Health Insurance Portability and Accountability Act and state privacy laws.
- Product provided pursuant to this Program may not be sold, traded or distributed for sale.
- In my medical judgment, the new strength of IMBRUVICA® is clinically appropriate for the patient named above and its use is consistent with the FDA-approved indication. This supply of IMBRUVICA® is specifically for the patient named above. Patient must be a resident of the United States or Puerto Rico.
- I have explained to my patient that he or she must return the unused drug according to the instructions provided by the **IMBRUVICA® By Your Side** Dose Exchange Program.

Prescriber: I certify that I understand and agree to comply with all of my obligations as they relate to the above referenced Program Eligibility and Terms and Conditions.

Prescriber's Signature X _____ DATE_____

Pharmacist: I certify that I understand and agree to comply with all of my obligations as they relate to the above referenced Program Eligibility and Terms and Conditions stated herein. In addition, I certify that I have read the required Program Eligibility and Terms and Conditions of this Program to the patient and received confirmation from the patient that he/she understands and will comply with the Terms and Conditions.

IMBRUVICA® By Your Side Pharmacist's Signature X _____ DATE_____

For assistance or additional information, call 888-YourSide (888-968-7743), Monday–Friday, 8:00 AM – 8:00 PM ET.

Please see Important Safety Information and full Indications on the following pages. Please see full Prescribing Information.

1. **IMBRUVICA® By Your Side** is a Pharmacyclics, LLC, ("PCYC") and Janssen Biotech, Inc. sponsored program that provides personalized patient support ("By Your Side").
2. PCYC, its affiliates, collaborators and agents ("PCYC") will use your personal information, including your health information, collected through your enrollment and participation in "By Your Side" to: (1) provide you with support and communications for your prescribed product; and (2) perform research and analytics. For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, visit https://www.pharmacyclics.com/privacy-notice.html#info_hcp.

INDICATIONS

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

- Adult patients with chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL).
- Adult patients with chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL) with 17p deletion.
- Adult patients with Waldenström's macroglobulinemia (WM).
- 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.

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.

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%).

Please see additional Important Safety Information on the next page. Please see full Prescribing Information.

IMPORTANT SAFETY INFORMATION (CONT'D)

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

B-cell malignancies: The most common adverse reactions (≥30%) in adult patients with B-cell malignancies were thrombocytopenia (55%)*, diarrhea (44%), fatigue (39%), musculoskeletal pain (39%), neutropenia (39%)*, rash (36%), anemia (35%)*, bruising (32%), and nausea (30%).

The most common Grade ≥ 3 adverse reactions (≥5%) in adult patients with B-cell malignancies were neutropenia (21%)*, thrombocytopenia (14%)*, pneumonia (8%), and hypertension (8%).

Approximately 9% (CLL/SLL), and 14% (WM) of adult patients had a dose reduction due to adverse reactions. Approximately 4-10% (CLL/SLL) and 5% (WM) of adult patients discontinued due to adverse reactions.

cGVHD: 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:

Adult Patients with B-cell Malignancies: Hepatic Impairment (based on Child-Pugh criteria): Avoid use of IMBRUVICA® in patients with severe hepatic impairment. In patients with mild or moderate impairment, reduce recommended IMBRUVICA® dose and monitor more frequently for adverse reactions of IMBRUVICA®.

Patients with cGVHD: Avoid use of IMBRUVICA® in patients with total bilirubin level > 3x upper limit of normal (ULN) (unless of non-hepatic 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).

Please see full Prescribing Information.