Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Premedication and Supportive Measures | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

IBRUVENE Regimen

Ibrutinib-Venetoclax

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's Low Grade

(Mantle cell lymphoma)

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

Treatment of relapsed or refractory mantle cell lymphoma

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B - Drug Regimen

iBRUtinib	560 mg	PO	Daily

(This drug is not currently publicly funded for this regimen and intent)

AND Venetoclax

Venetoclax dose ramp-up period (5 weeks total):

venetoclax	20 mg	PO	Daily x 1 week

(This drug is not currently publicly funded for this regimen and intent)

venetoclax	50 mg	PO	Daily x 1 week

(This drug is not currently publicly funded for this regimen and intent)

venetoclax	100 mg	PO	Daily x 1 week

(This drug is not currently publicly funded for this regimen and intent)

venetoclax	200 mg	PO	Daily x 1 week

(This drug is not currently publicly funded for this regimen and intent)

venetoclax	400 mg	PO	Daily x 1 week

(This drug is not currently publicly funded for this regimen and intent)

After ramp-up period is complete, continue with:

venetoclax	400 mg	PO	Daily

(This drug is not currently publicly funded for this regimen and intent)

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C - Cycle Frequency

CONTINUOUS TREATMENT

Continue ibrutinib until disease progression or unacceptable toxicity

Continue venetoclax for a total of 2 years, unless disease progression or unacceptable toxicity. Use

IBRU(MNT) when venetoclax stops.

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low – No routine prophylaxis; PRN recommended

Other Supportive Care:

- Also refer to CCO Antiemetic Recommendations.
- **Screen for hepatitis B virus in all cancer patients starting systemic treatment.** Refer to the hepatitis B virus screening and management guideline.
- Patients at risk of tumour lysis syndrome should have appropriate prophylaxis and be monitored closely.
- Consider prophylaxis for patients at an increased risk for opportunistic infections.

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J - Administrative Information

Outpatient prescription for home administration

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K - References

Ibrutinib drug monograph. Ontario Health (Cancer Care Ontario).

Venetoclax drug monograph. Ontario Health (Cancer Care Ontario).

Wang M, Jurczak W, Trneny M, et al. Ibrutinib plus venetoclax in relapsed or refractory mantle cell lymphoma (SYMPATICO): a multicentre, randomised, double-blind, placebo-controlled, phase 3 study. Lancet Oncol 2025 Feb;26(2):200-13. doi: 10.1016/S1470-2045(24)00682-X.

May 2025 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

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that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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