A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisaftoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

Estado	Tipo de Participantes	Rangos de Edad
Reclutando	No aportado	Mayores de 64 , Adultos (18-64 años)
Género	**Fases**	**Participantes esperados**
Ambos	Fase III	223
Resultados	**Bajo nivel intervención**	**Enfermedad rara**
Sin resultados	No	No
Cobertura geográfica	**Ámbitos del ensayo**	**Terapia avanzada**
Sin determinar	tratamiento, seguridad, eficacia, farmacocinética	NO

Información

Identificador
2023-508005-24-00 (CTIS)

Cod. Protocolo
APG2575CG301

Área terapéutica
Enfermedades [C] - Hematología [C15]|

Enfermedad investigada
Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

Título Científico
A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisaftoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

Justificación

No aportado

Objetivo Principal

To evaluate the progression-free survival (PFS) of lisaftoclax in combination with a BTKi compared with BTKi monotherapy in CLL/SLL patients previously treated with a BTKi, as determined by independent radiological review committee (IRC) using the iwCLL guidelines (Hallek M et al 2018).

Variables de Evaluación Primaria

PFS assessed by IRC defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.

Momentos temporales de evaluación primaria

No aportado

Objetivo Secundario

Key Secondary Objective: To evaluate overall survival (OS) of lisaftoclax in combination with a BTKi versus BTKi monotherapy.
To determine efficacy of lisaftoclax plus a BTKi, compared with BTKi monotherapy by additional outcome measures including PFS by investigators, ORR rate, CR/CRi rate, DoR, uMRD rate.
To evaluate safety of lisaftoclax plus a BTKi, versus BTKi monotherapy.
To characterize the population pharmacokinetics of lisaftoclax.
To evaluate Patient-Reported Outcome (PRO) measures of lisaftoclax plus a BTKi versus BTKi monotherapy based on EORTC QLQ-C30.
To evaluate Health Economics Outcomes Research (HEOR) measures of lisaftoclax plus BTKi versus BTKi monoherapy based on Europol 5 Dimension (EQ-5D-5L) (Rabin and Charro 2001).

Variables de Evaluación Secundaria

Key secondary endpoint: Overall survival (OS) defined as the time from randomization to the time of death from any cause.
Other secondary efficacy endpoints: PFS assessed by investigator is defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.
Other secondary efficacy endpoints: Overall response rate (ORR) is defined as the proportion of patients with complete response (CR), complete response with incomplete recovery (CRi) and partial repose (PR).
Other secondary efficacy endpoints: Proportion of patients with CR/CRi.
Other secondary efficacy endpoints: Duration of Response.
Other secondary efficacy endpoints: Proportion of patients with undetectable minimal residual disease.

Safety endpoints: Incidence and severity of adverse events, serious adverse events and changes in laboratory results, including hematology and biochemistry, during and within 30 days of treatment discontinuation.
Safety endpoints: Incidence of adverse events of interest, including atrial fibrillation and tumor lysis syndrome.
Pharmacokinetics endpoint: Population PK analysis.
Patient-Reported Outcome (PRO) Measures endpoint: The PRO outcome measures will evaluate the European Organization for Research and Treatment of Cancer (EORTC), Quality of Life Questionnaire Core-30 (QLQ-C30) and associated CLL module (QLQ-CLL17).
Health Economics and Outcomes Research (HEOR) endpoint: A EuroQoL5-Dimension (EQ-5D-5L) questionnaire will be used

Momentos temporales de evaluación secundaria

No aportado

Criterios de Inclusión

Aged 18 years. Patients that have documented CLL/SLL who meet iwCLL 2018 criteria for CLL treatment guidelines are eligible. Received a BTKi (acalabrutinib, ibrutinib, or zanubrutinib) monotherapy as 1st, 2nd, or 3rd line therapy for 12 months and have best response as either a or b: a. Stable disease b. PR with any of the following baseline risk factors: Lymph node(s) diameter 2.5 cm, ALC 25x 109 /L Have 1 high-risk factor(s) (del17p/p53mut, unmutated IGHV, complex karyotype 5 factors (3 chromosomal abnormalities and 1 biological/structural aberrations). ECOG performance status 0-2. Adequate bone marrow function independent of growth factor or transfusion support within 2 weeks of randomization as follows: Absolute neutrophil count 1.0 × 109/L Platelet counts 75 × 109/L; in cases of thrombocytopenia Total hemoglobin 9 g/dL -. Adequate renal function Creatinine clearance must be > 50 ml/min directly measured with 24hr urine collection or calculated according to the modified formula of Cockcroft and Gault (for men: GFR ((140 age) x actual bodyweight) / (72 x creatinine), for women x 0. 85) or an equally accurate method. Adequate liver function as indicated by: Total bilirubin 1.5 x ULN, except patients with known Gilberts Syndrome Aspartate aminotransferase (AST) 2.5 x the institutional ULN value Alanine aminotransferase (ALT) 2.5 x the institutional ULN value, International Normalized Ratio (INR), Prothrombin Time (PT) or Activated Partial Thromboplastin time (APTT) 1.5 × ULN. Ability and willingness to provide written informed consent and to adhere to the study visit schedule and other protocol requirements.

Criterios de Exclusión

Achieved complete response (CR) or CRi status or disease progression while on BTKi (acalabrutinib, ibrutinib, zanubrutinib) monotherapy prior to study entry. Continuance of toxicities due to prior radiotherapy or chemotherapy agents that have not recovered to grade 1 or baseline, except alopecia or neuropathy. Failure to recover, as judged by the investigator, from prior surgical procedures. Patients with active wound healing, patients who have had major surgery within 28 days and minor surgery such as a biopsy within 14 days from first dose of study drug. QTcF interval 480ms or other remarkable abnormality of ECG, including second-degree type II atrioventricular block, third-degree atrioventricular block, or bradycardia (ventricular rate consistently less than 50 beats per minute). Underlying clinically significant cardiovascular disease such as: symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of screening or any cardiovascular disability status of New York Heart Association Class 2. Known hypersensitivity to any active substance or to any of the excipients of one of the drugs used in the trial. Uncontrolled medical condition (e.g., diabetes). Known to have central nervous system (CNS) involvement. Prior malignancy within 2 years of treatment that required radiotherapy, or systemic therapy. Patients treated with strong CYP3A4 inhibitors/inducers (patients can be washed out allowing 5 half-lives prior to study treatment and/or switched to non-prohibited drug. History of stroke or intracranial hemorrhage within 3 months prior to registration for study screening or known bleeding disorders. Transformation of CLL to Richters condition. Use of investigational agents

which might interfere with the study drug within 28 days prior to registration for study screening. Vaccination with live vaccines within 14 days prior to screening (30 days for patients in Czech Republic). Active infection requiring systemic antibiotic/antifungal medication, known clinically active hepatitis B or C, or HIV, HCV infection or active COVID-19. (Patients who have received COVID-19 vaccination will be considered as eligible for the study.) (For patients from the Czech Republic, HBV, HCV and HIV testing is mandated at screening for these criteria to be met). Pregnant women and nursing mothers (a negative pregnancy test is required for all women of childbearing potential within 7 days before start of study treatment; further pregnancy testing will be performed monthly). Fertile men or women of childbearing potential unless: surgically sterile or 2 years after the onset of menopause or willing to use two methods of reliable contraception including one highly effective contraceptive method (Pearl Index <1) and one additional effective (barrier) method during study treatment and for 3 months after the end of study treatment. Prior treatment with venetoclax or other Bcl-2 inhibitors. An individual organ/system impairment score of 4 as assessed by the cumulative illness rating scale (CIRS) definition limiting the ability to receive the study treatment, or any other life-threatening illness, medical condition, or organ system dysfunction that, in the investigator´s opinion, could compromise the patients safety or interfere with the absorption or metabolism of the study drugs (e.g., inability to swallow tablets or impaired resorption in the gastrointestinal tract). Patients receiving acalabrutinib capsule-based therapy (not tablet) who require treatment with proton pump inhibitors (e.g, omeprazole esomeprazole, lansoprazole etc,) at study entry. (Patients receiving proton pump inhibitors who switch to H2 receptors antagonists or antacids are eligible for enrollment). Patients who require or are receiving anticoagulation therapy with warfarin or equivalent vitamin K antagonists within 7 days of first dose of the study drug(s). Patients who are pregnant or breastfeeding. Has received the following within 7 days prior to the first dose of study drug: Steroid therapy at a dose greater than prednisone 20 mg daily (or equivalent) for anti-neoplastic intent. CYP3A inhibitors such as fluconazole, ketoconazole, and clarithromycin or potent CYP3A inducers such as rifampin, carbamazepine, phenytoin, and St. Johns wort. Radiation within 14 days of study entry.

Calendario

(Última actualización: 19/12/2025)

Autorización	Inicio de Ensayo	Inclusión Primer Paciente	Interrumpido	Reiniciado
16/05/2024	17/09/2024	27/12/2024	No aportado	No aportado

Fin de reclutamiento	Fin prematuro (España)	Fin prematuro (Global)	Fin del ensayo en España	Fin del ensayo global
No aportado	No aportado	No aportado	No aportado	No aportado

Promotor

Ascentage Pharma Group Inc. United States

700 King Farm Boulevard

Contact Person

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Monetary support: N/A

Tipo de promotor: Comercial

Ceim

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935537813

Centros

Activo (26/11/2024)

Hospital Arnau De Vilanova De Valencia

Valencia

VALENCIA

Hematology

No iniciado (--/--/----)

Hospital De La Santa Creu I Sant Pau

Barcelona

BARCELONA

Hematology

Activo (13/03/2025)

Hospital Del Mar

Barcelona

BARCELONA

Hematology

No iniciado (--/--/----)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

Activo (27/09/2024)

Hospital Son Llatzer

Palma

BALEARES

Hematology

Activo (25/09/2025)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology

Activo (10/10/2024)

Hospital Universitario De La Princesa

Madrid

MADRID

Hematology

Activo (04/03/2025)

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

No iniciado (--/--/----)

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology

Activo (18/09/2024)

University Hospital Son Espases

Palma

BALEARES

Hematology

Medicamentos

Calquence 100 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB
Principios Activos: N/A

Huérfano Experimental

Lisaftoclax
TABLET
ORAL USE

-
Principios Activos: N/A

Experimental

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL01 - IBRUTINIB
Principios Activos: N/A

Experimental

Calquence 100 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB
Principios Activos: N/A

Huérfano Experimental

Calquence 100 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB
Principios Activos: N/A

Huérfano Experimental

Lisaftoclax
TABLET
OTHER USE

-
Principios Activos: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EL01 - IBRUTINIB
Principios Activos: N/A

Experimental

Calquence 100 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EL02 - ACALABRUTINIB
Principios Activos: N/A

Huérfano Experimental

Lisaftoclax
TABLET
ORAL USE

-

Principios Activos: N/A

Experimental

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL01 - IBRUTINIB
Principios Activos: N/A

Experimental

BRUKINSA 80 mg hard capsules
CAPSULE, HARD
ORAL USE

Código ATC: L01EL03 - ZANUBRUTINIB
Principios Activos: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

Código ATC: L01EL01 - IBRUTINIB
Principios Activos: N/A

Experimental

Sin resultados

A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisaftoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

State	**Type of participants**	**Age Ranges**
Recruiting	Not provided	Older than 64 , Adults (18-64 years)
Gender	**Phases**	**Expected Participants**
Both	Phase III	223
Results	**Low level of intervention**	**Rare disease**
No results	No	No
Geographic coverage	**Areas of the study**	**Advanced therapy**
Undetermined	treatment, safety, effectiveness, pharmacokinetics	NO

Information

Identifier
2023-508005-24-00 (CTIS)

Protocol Code
APG2575CG301

Therapeutic area
Diseases [C] - Hemic and Lymphatic Diseases [C15]|

Investigated Disease
Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma

Scientific Title
A Global Multicenter, Open Label, Randomized Phase 3 Registrational Study of Lisaftoclax (APG-2575) in Previously Treated Patients with Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (GLORA Study)

Rationale

Not provided

Main Objective

To evaluate the progression-free survival (PFS) of lisaftoclax in combination with a BTKi compared with BTKi monotherapy in CLL/SLL patients previously treated with a BTKi, as determined by independent radiological review committee (IRC) using the iwCLL guidelines (Hallek M et al 2018).

Primary Endpoints

PFS assessed by IRC defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.

Temporary moments of secondary assessment

Not provided

Secondary Objective

Key Secondary Objective: To evaluate overall survival (OS) of lisaftoclax in combination with a BTKi versus BTKi monotherapy.
To determine efficacy of lisaftoclax plus a BTKi, compared with BTKi monotherapy by additional outcome measures including PFS by investigators, ORR rate, CR/CRi rate, DoR, uMRD rate.
To evaluate safety of lisaftoclax plus a BTKi, versus BTKi monotherapy.
To characterize the population pharmacokinetics of lisaftoclax.
To evaluate Patient-Reported Outcome (PRO) measures of lisaftoclax plus a BTKi versus BTKi monotherapy based on EORTC QLQ-C30.
To evaluate Health Economics Outcomes Research (HEOR) measures of lisaftoclax plus BTKi versus BTKi monoherapy based on Europol 5 Dimension (EQ-5D-5L) (Rabin and Charro 2001).

Secondary Endpoints

Key secondary endpoint: Overall survival (OS) defined as the time from randomization to the time of death from any cause.
Other secondary efficacy endpoints: PFS assessed by investigator is defined as the time from randomization to the first occurrence of progression or relapse using the iwCLL guidelines (Hallek Metal 2018) or death from any cause, whichever occurs first.
Other secondary efficacy endpoints: Overall response rate (ORR) is defined as the proportion of patients with complete response (CR), complete response with incomplete recovery (CRi) and partial repose (PR).
Other secondary efficacy endpoints: Proportion of patients with CR/CRi.
Other secondary efficacy endpoints: Duration of Response.
Other secondary efficacy endpoints: Proportion of patients with undetectable minimal residual disease.

Safety endpoints: Incidence and severity of adverse events, serious adverse events and changes in laboratory results, including hematology and biochemistry, during and within 30 days of treatment discontinuation.
Safety endpoints: Incidence of adverse events of interest, including atrial fibrillation and tumor lysis syndrome.
Pharmacokinetics endpoint: Population PK analysis.
Patient-Reported Outcome (PRO) Measures endpoint: The PRO outcome measures will evaluate the European Organization for Research and Treatment of Cancer (EORTC), Quality of Life Questionnaire Core-30 (QLQ-C30) and associated CLL module (QLQ-CLL17).
Health Economics and Outcomes Research (HEOR) endpoint: A EuroQoL5-Dimension (EQ-5D-5L) questionnaire will be used

Temporary moments of secondary assessment

Not provided

Inclusion criteria

Aged 18 years. Patients that have documented CLL/SLL who meet iwCLL 2018 criteria for CLL treatment guidelines are eligible. Received a BTKi (acalabrutinib, ibrutinib, or zanubrutinib) monotherapy as 1st, 2nd, or 3rd line therapy for 12 months and have best response as either a or b: a. Stable disease b. PR with any of the following baseline risk factors: Lymph node(s) diameter 2.5 cm, ALC 25x 109 /L Have 1 high-risk factor(s) (del17p/p53mut, unmutated IGHV, complex karyotype 5 factors (3 chromosomal abnormalities and 1 biological/structural aberrations). ECOG performance status 0-2. Adequate bone marrow function independent of growth factor or transfusion support within 2 weeks of randomization as follows: Absolute neutrophil count 1.0 × 109/L Platelet counts 75 × 109/L; in cases of thrombocytopenia Total hemoglobin 9 g/dL -. Adequate renal function Creatinine clearance must be > 50 ml/min directly measured with 24hr urine collection or calculated according to the modified formula of Cockcroft and Gault (for men: GFR ((140 age) x actual bodyweight) / (72 x creatinine), for women x 0. 85) or an equally accurate method. Adequate liver function as indicated by: Total bilirubin 1.5 x ULN, except patients with known Gilberts Syndrome Aspartate aminotransferase (AST) 2.5 x the institutional ULN value Alanine aminotransferase (ALT) 2.5 x the institutional ULN value, International Normalized Ratio (INR), Prothrombin Time (PT) or Activated Partial Thromboplastin time (APTT) 1.5 × ULN. Ability and willingness to provide written informed consent and to adhere to the study visit schedule and other protocol requirements.

Exclusion criteria

Achieved complete response (CR) or CRi status or disease progression while on BTKi (acalabrutinib, ibrutinib, zanubrutinib) monotherapy prior to study entry. Continuance of toxicities due to prior radiotherapy or chemotherapy agents that have not recovered to grade 1 or baseline, except alopecia or neuropathy. Failure to recover, as judged by the investigator, from prior surgical procedures. Patients with active wound healing, patients who have had major surgery within 28 days and minor surgery such as a biopsy within 14 days from first dose of study drug. QTcF interval 480ms or other remarkable abnormality of ECG, including second-degree type II atrioventricular block, third-degree atrioventricular block, or bradycardia (ventricular rate consistently less than 50 beats per minute). Underlying clinically significant cardiovascular disease such as: symptomatic arrhythmias, congestive heart failure, or myocardial infarction within 6 months of screening or any cardiovascular disability status of New York Heart Association Class 2. Known hypersensitivity to any active substance or to any of the excipients of one of the drugs used in the trial. Uncontrolled medical condition (e.g., diabetes). Known to have central nervous system (CNS) involvement. Prior malignancy within 2 years of treatment that required radiotherapy, or systemic therapy. Patients treated with strong CYP3A4 inhibitors/inducers (patients can be washed out allowing 5 half-lives prior to study treatment and/or switched to non-prohibited drug. History of stroke or intracranial hemorrhage within 3 months prior to registration for study screening or known bleeding disorders. Transformation of CLL to Richters condition. Use of investigational agents

which might interfere with the study drug within 28 days prior to registration for study screening. Vaccination with live vaccines within 14 days prior to screening (30 days for patients in Czech Republic). Active infection requiring systemic antibiotic/antifungal medication, known clinically active hepatitis B or C, or HIV, HCV infection or active COVID-19. (Patients who have received COVID-19 vaccination will be considered as eligible for the study.) (For patients from the Czech Republic, HBV, HCV and HIV testing is mandated at screening for these criteria to be met). Pregnant women and nursing mothers (a negative pregnancy test is required for all women of childbearing potential within 7 days before start of study treatment; further pregnancy testing will be performed monthly). Fertile men or women of childbearing potential unless: surgically sterile or 2 years after the onset of menopause or willing to use two methods of reliable contraception including one highly effective contraceptive method (Pearl Index <1) and one additional effective (barrier) method during study treatment and for 3 months after the end of study treatment. Prior treatment with venetoclax or other Bcl-2 inhibitors. An individual organ/system impairment score of 4 as assessed by the cumulative illness rating scale (CIRS) definition limiting the ability to receive the study treatment, or any other life-threatening illness, medical condition, or organ system dysfunction that, in the investigator´s opinion, could compromise the patients safety or interfere with the absorption or metabolism of the study drugs (e.g., inability to swallow tablets or impaired resorption in the gastrointestinal tract). Patients receiving acalabrutinib capsule-based therapy (not tablet) who require treatment with proton pump inhibitors (e.g, omeprazole esomeprazole, lansoprazole etc,) at study entry. (Patients receiving proton pump inhibitors who switch to H2 receptors antagonists or antacids are eligible for enrollment). Patients who require or are receiving anticoagulation therapy with warfarin or equivalent vitamin K antagonists within 7 days of first dose of the study drug(s). Patients who are pregnant or breastfeeding. Has received the following within 7 days prior to the first dose of study drug: Steroid therapy at a dose greater than prednisone 20 mg daily (or equivalent) for anti-neoplastic intent. CYP3A inhibitors such as fluconazole, ketoconazole, and clarithromycin or potent CYP3A inducers such as rifampin, carbamazepine, phenytoin, and St. Johns wort. Radiation within 14 days of study entry.

Calendar

(Last Update: 19/12/2025)

Authorization	Start of Trial	First patient inclusion	Halted	Restarted
16/05/2024	17/09/2024	27/12/2024	Not aported	Not aported

End of recruitment	Premature end (Spain)	Premature End (Global)	Trial end (Spain)	Trial end (Global)
Not aported	Not aported	Not aported	Not aported	Not aported

Sponsor

Ascentage Pharma Group Inc. United States

700 King Farm Boulevard

Contact Person

Yifan Zhai, M.D., Ph.D.

+12405056608

yzhai@ascentage.com

Monetary support: N/A

Sponsor type: Commercial

Ceim

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ceimsantpau@santpau.cat

935537813

Sites

Active (26/11/2024)

Hospital Arnau De Vilanova De Valencia

Valencia

VALENCIA

Hematology

not initialized (--/--/----)

Hospital De La Santa Creu I Sant Pau

Barcelona

BARCELONA

Hematology

Active (13/03/2025)

Hospital Del Mar

Barcelona

BARCELONA

Hematology

not initialized (--/--/----)

Hospital General Universitario Gregorio Maranon

Madrid

MADRID

Hematology

Active (27/09/2024)

Hospital Son Llatzer

Palma

BALEARES

Hematology

Active (25/09/2025)

Hospital Universitari Vall D Hebron

Barcelona

BARCELONA

Hematology

Active (10/10/2024)

Hospital Universitario De La Princesa

Madrid

MADRID

Hematology

Active (04/03/2025)

Hospital Universitario Marques De Valdecilla

Santander

CANTABRIA

Hematology

not initialized (--/--/----)

Hospital Universitario 12 De Octubre

Madrid

MADRID

Hematology

Active (18/09/2024)

University Hospital Son Espases

Palma

BALEARES

Hematology

Medication

Calquence 100 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB
Active Principles: N/A
Orphan Experimental

Lisaftoclax
TABLET
ORAL USE

-
Active Principles: N/A
Experimental

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL01 - IBRUTINIB
Active Principles: N/A
Experimental

Calquence 100 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB
Active Principles: N/A
Orphan Experimental

Calquence 100 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB
Active Principles: N/A
Orphan Experimental

Lisaftoclax
TABLET
OTHER USE

-
Active Principles: N/A
Experimental

IMBRUVICA 140 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EL01 - IBRUTINIB
Active Principles: N/A
Experimental

Calquence 100 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EL02 - ACALABRUTINIB
Active Principles: N/A
Orphan Experimental

Lisaftoclax
TABLET
ORAL USE

-

Active Principles: N/A

Experimental

IMBRUVICA 140 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL01 - IBRUTINIB
Active Principles: N/A

Experimental

BRUKINSA 80 mg hard capsules
CAPSULE, HARD
ORAL USE

ATC code: L01EL03 - ZANUBRUTINIB
Active Principles: N/A

Experimental

IMBRUVICA 140 mg film-coated tablets
FILM-COATED TABLET
ORAL USE

ATC code: L01EL01 - IBRUTINIB
Active Principles: N/A

Experimental

No results