

Calquence

Abu Dhabi · access guide

How to access Calquence for CLL/SLL or mantle cell lymphoma from Abu Dhabi: 2026 pathway via Abu Dhabi haematology and pharmacy supply

By Reserve Meds clinical & regulatory team. Last reviewed 2026-05-20.

Abu Dhabi anchors the UAE's adult haematology and lymphoma capability. Cleveland Clinic Abu Dhabi haematology, Sheikh Shakhbout Medical City (SSMC) with its MD Anderson affiliation, Tawam Hospital oncology (the historical UAE oncology reference), and Burjeel Medical City run programmes that diagnose and treat chronic lymphocytic leukemia, small lymphocytic lymphoma, and mantle cell lymphoma through the full therapeutic arc. Calquence (acalabrutinib, AstraZeneca) is the selective second-generation Bruton tyrosine kinase (BTK) inhibitor that has become a default option since the November 2019 FDA approval in CLL/SLL, the October 2017 accelerated approval in mantle cell lymphoma, and the January 2025 expansion to newly-diagnosed MCL in combination with bendamustine plus rituximab. Abu Dhabi dispensing is coordinated through the Department of Health (DoH) against the UAE EDE registration. For a Abu Dhabi-resident adult with CLL, SLL, or MCL whose treating haematologist is weighing BTK inhibitor therapy, the operational question is whether Calquence is the right fit, which formulation (capsule or maleate tablet), how the prescription is dispensed under DoH, what Thiqa or commercial insurance covers, and how the twice-daily oral routine fits into an Abu Dhabi family's life over years.

This page explains how the pathway works in 2026 for an Abu Dhabi-resident patient: who qualifies, where the prescribing haematologist conversation happens, how Calquence is dispensed under DoH coordination, what to monitor, what the realistic out-of-pocket exposure band is in AED, and how the long-term treatment course fits in. It is concierge documentation written for a family already in conversation with a treating haematologist who wants the operational reality laid out plainly.

Why Calquence, and why now

Calquence is acalabrutinib, a selective second-generation Bruton tyrosine kinase inhibitor developed by AstraZeneca. The mechanism distinguishes Calquence from the first-generation BTK inhibitor Imbruvica (ibrutinib): Calquence has greater selectivity for BTK and less off-target activity at EGFR, ITK, TEC, and other kinases that drive ibrutinib-class toxicity. The head-to-head ELEVATE-RR trial in relapsed or refractory CLL showed a meaningful reduction in atrial fibrillation (9.4% with acalabrutinib versus 16.0% with ibrutinib), hypertension, major bleeding, and treatment discontinuation for adverse events, with non-inferior progression-free survival.

The FDA approved Calquence for mantle cell lymphoma after one prior therapy in October 2017 (accelerated approval), then for CLL and SLL in November 2019. The Calquence Maleate Tablet formulation was approved in August 2022; same 100 mg twice-daily dosing but no pH-dependent absorption. The January 2025 approval added newly-diagnosed mantle cell lymphoma in combination with bendamustine and rituximab. UAE EDE registration status is verified at intake; Abu Dhabi dispensing through DoH.

Reserve Meds does not promote one BTK inhibitor over another. The page describes the Calquence pathway because Calquence is the drug the patient has asked about.

What Calquence is, in plain language

Calquence is an oral capsule or tablet taken twice daily. There is no infusion, no inpatient stay, no specialty-centre administration. Standard dose is 100 mg twice daily, with or without food, approximately 12 hours apart. The capsule has pH-dependent absorption; patients on PPIs should switch to the maleate tablet form. The tablet form has no PPI interaction.

This is not a short-course therapy. Calquence is taken for as long as the disease responds and the patient tolerates the drug.

Eligibility at an Abu Dhabi haematologist clinic

1. Confirmed indication. CLL or SLL meeting iwCLL treatment criteria; mantle cell lymphoma confirmed by pathology with cyclin D1 expression; for newly-diagnosed MCL combination, multi-disciplinary tumour board decision. 2. Treatment history documentation. 3. Adult (18+). 4. Hepatitis B and HIV screening. HBsAg and anti-HBc mandatory; HBV-exposed patients require antiviral prophylaxis and hepatology co-management. 5. Pregnancy planning discussion for women of childbearing potential. 6. Drug interaction review. Strong CYP3A inhibitors and inducers; PPI users should convert to the tablet form. 7. Second primary malignancy counsel; annual dermatology review. 8. Atrial fibrillation and cardiovascular risk review. Baseline ECG and blood pressure. 9. Tumour lysis syndrome risk assessment in CLL with high tumour burden.

An Abu Dhabi patient should arrive with pathology and immunophenotyping confirming the diagnosis, prior treatment history, HBV and HIV serology, baseline ECG and blood pressure, CBC, CMP, and the insurance preauthorisation paperwork.

The Abu Dhabi prescribing and supply picture, plainly

Calquence UAE EDE registration status is verified at intake. Abu Dhabi dispensing coordinated through DoH Pharmaceuticals and the major dispensing centres.

1. **Prescribing physician:** a board-certified Abu Dhabi-licensed haematologist or medical oncologist with lymphoma experience. Cleveland Clinic Abu Dhabi haematology, SSMC, Tawam, and Burjeel Medical City are the major Abu Dhabi centres. 2. **Pharmacy dispensing:** hospital pharmacy if prescribed in the specialty outpatient setting; ongoing maintenance through community pharmacy with prescribing physician coordination. Capsules and tablets stored at room temperature. 3. **Insurance pre-authorisation:** Thiqa coverage for Emirati nationals has historically extended to BTK inhibitor therapy in CLL and MCL on a case-by-case basis with documented indication. Daman and the major commercial insurers (Oman Insurance, AXA Gulf, MetLife, Cigna, others) require similar documentation. `[VERIFY: current UAE EDE registration status for Calquence Maleate Tablet at intake.]` 4. **Ongoing monitoring:** haematology follow-up at week 2, week 4, then monthly for the first 6 months, then every 3 months. CBC, CMP, blood pressure, HBV viral load (if applicable) at each visit. Annual dermatology review.

Cost band and insurance positioning

US list price approximately USD 15,000 to 17,500 per month at WAC. Annual approximately USD 175,000 to 210,000. At 2026 indicative cross rates the AED-equivalent annual band is approximately AED 642,000 to 771,000.

For Emirati nationals with Thiqa coverage, the financial pre-authorisation conversation needs to start before the first dispensing. Daman and other commercial covers vary; the prescribing office is the gating step.

What to expect on Calquence, week-by-week

Week 0: Baseline workup completed. First Calquence dose dispensed.

Week 1 to 2: Headache (more than 30% of patients) is the most common early adverse event, transient and responsive to paracetamol or caffeine. Mild diarrhoea also common. Both typically settle by week 4.

Week 2 to 4: First haematology follow-up. CBC, blood pressure check, adverse event review.

Month 2 to 6: Monthly haematology follow-up. Response assessment.

Month 6 onwards: Every-3-month follow-up for stable responders.

Year 1 onwards: Long-term maintenance.

When Calquence is the wrong drug

For an Abu Dhabi patient with active untreated hepatitis B without antiviral prophylaxis, with severe uncontrolled hypertension, with significant pre-existing atrial fibrillation, during pregnancy when contraception cannot be ensured, or where strong CYP3A interactions cannot be modified, the operational pathway shifts to other BTK inhibitors (Imbruvica, Brukinsa, Jaypirca), a BCL2 inhibitor combination (venetoclax plus obinutuzumab or rituximab), or chemo-immunotherapy (BR, FCR, R-CHOP for MCL induction). Reserve Meds does not promote one BTK inhibitor over another.

What Reserve Meds does on this case

We are a US-based concierge coordinator. We are not the prescriber and not the dispensing pharmacy. On an Abu Dhabi Calquence case we build the documentation pack with the treating haematologist office, confirm UAE EDE registration status and the DoH-coordinated dispensing pathway, run the insurance pre-authorisation conversation, coordinate the supply logistics, organise baseline screening, and stay with the case through the first year of dosing. Clinical decisions remain with your treating haematologist.

Reserve Meds's role

US-based concierge coordinator for cross-border specialty medicine. We are not the prescriber, not the dispensing pharmacy, and not the manufacturer. All clinical decisions remain with your treating physician.

Reserve Meds

reserved for you.

Composite case examples. This document is for general information only and does not constitute medical advice. Please consult your treating physician.

Reserve Meds is in pre-launch. Published timelines and cost ranges are indicative, not guarantees.

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