

Calquence

Bahrain · access guide

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

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

Bahrain has a focused adult haematology footprint. Salmaniya Medical Complex (the Ministry of Health flagship) and King Hamad University Hospital (KHUH) anchor the public sector; the BDF Hospital serves the Defence Force and dependents; Bahrain Specialist Hospital and the wider private network handle commercial pathways. For complex relapsed CLL, transplant-eligible mantle cell lymphoma, or where a deeper multidisciplinary tumour board is required, cross-border referral to KFSHRC Riyadh (the deepest adult haematology programme in the Gulf) is the established pathway, with Abu Dhabi (Cleveland Clinic Abu Dhabi, SSMC, Tawam, Burjeel Medical City) as a regional alternative. 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. Bahrain dispensing is coordinated through the National Health Regulatory Authority (NHRA) against in-country registration. For a Bahraini-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 NHRA, what insurance covers, and how the twice-daily oral routine fits into a Bahraini family's life over years.

This page explains how the pathway works in 2026 for a Bahrain-resident patient: who qualifies, where the prescribing haematologist conversation happens, how Calquence is dispensed under NHRA coordination, what to monitor, what the realistic out-of-pocket exposure band is in BHD, 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. NHRA registration status is verified at intake.

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 a Bahrain 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 (often involves cross-border consult to KFSHRC Riyadh). 2. Treatment history documentation. 3. Adult (18+). 4. Hepatitis B and HIV screening. 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.

A Bahraini 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 Bahrain prescribing and supply picture, plainly

Calquence NHRA registration status is verified at intake. Where in-country registration is current, in-country pharmacy dispensing applies. Where the newer maleate tablet formulation has not yet caught up, a named-patient supply pathway covers the case.

1. **Prescribing physician:** a board-certified Bahraini haematologist or medical oncologist with lymphoma experience. Salmaniya Medical Complex haematology, King Hamad University Hospital, BDF Hospital, and Bahrain Specialist Hospital are the major Bahraini centres. Complex relapsed CLL or transplant-eligible MCL cross-borders to KFSHRC Riyadh. 2. **Pharmacy dispensing:** hospital pharmacy if prescribed in the specialty outpatient setting; community pharmacy with prescribing physician coordination for ongoing maintenance. Capsules and tablets stored at room temperature. 3. **Insurance pre-authorisation:** MoH coverage for Bahraini nationals through the Supreme Council of Health framework; private covers (AXA Gulf, GIG, MedNet, others) require documented indication. [VERIFY: current NHRA 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 BHD-equivalent annual band is approximately BHD 66,000 to 79,000.

MoH coverage for Bahraini nationals reduces out-of-pocket exposure substantially for covered patients. Private commercial covers vary; the prescribing office is the gating step. The financial conversation needs to start before the first dispensing.

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 a Bahraini 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 a Bahraini Calquence case we build the documentation pack with the treating haematologist office, confirm NHRA registration status and the appropriate dispensing pathway, run the insurance pre-authorisation conversation, coordinate the supply logistics including any cross-border referral to KFSHRC Riyadh for complex cases, 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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