Calquence

United Arab Emirates · access guide

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

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

The UAE has one of the deepest adult haematology and lymphoma networks in the wider region. Cleveland Clinic Abu Dhabi haematology, Sheikh Shakhbout Medical City (SSMC) with its MD Anderson affiliation, Tawam Hospital oncology, Burjeel Medical City, American Hospital Dubai, Mediclinic City Hospital, NMC Specialty, and the wider private and DHA-coordinated network run programmes that 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. For a UAE-resident adult with CLL, SLL, or MCL whose treating haematologist is weighing BTK inhibitor therapy, the operational question is no longer whether selective second-generation BTK blockade is reachable: it is whether Calquence is the right fit, which formulation (capsule or maleate tablet), how the prescription is dispensed, what insurance will and will not cover, and how the twice-daily oral routine fits into a UAE family's life over years.

This page explains how the pathway works in 2026 for a UAE-resident patient: who qualifies, where the prescribing haematologist conversation happens, how Calquence is dispensed, what the dosing and monitoring look like, what the realistic out-of-pocket exposure band is in AED, what to monitor (atrial fibrillation, hypertension, second primary malignancies, hepatitis B reactivation), and how the long-term treatment course fits into UAE life. 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 clinical translation in the head-to-head ELEVATE-RR trial in relapsed or refractory CLL was 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, so patients on PPIs or H2 blockers can take the tablet form without dose timing constraints. The January 2025 approval added newly-diagnosed mantle cell lymphoma in combination with bendamustine and rituximab. UAE EDE registration status is verified at intake.

For a UAE-resident adult with CLL, SLL, or MCL whose treating haematologist is weighing BTK inhibitor therapy, Calquence is the selective second-generation option with the strongest head-to-head safety data versus ibrutinib. The conversation about which BTK inhibitor (Calquence, Imbruvica, Brukinsa, or Jaypirca) the patient should start, or whether to use a BCL2 inhibitor combination (venetoclax plus obinutuzumab) instead, is the central clinical decision. This page is the operational layer underneath that conversation.

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. The standard dose is 100 mg twice daily, with or without food, approximately 12 hours apart. The capsule formulation has pH-dependent absorption: patients taking proton pump inhibitors should switch to the maleate tablet form or separate the capsule dose from antacid by the prescribing information schedule. 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 UAE haematologist clinic

For UAE-resident patients, the major haematology and lymphoma services apply the FDA criteria with local insurance adaptation:

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. For relapsed or refractory CLL/SLL or MCL, prior therapy documentation. For newly-diagnosed MCL, candidacy for the bendamustine and rituximab combination assessed by the treating haematologist. 3. Adult (18+). No paediatric indication for Calquence. 4. Hepatitis B and HIV screening. HBsAg and anti-HBc are mandatory before BTK inhibitor initiation because of documented HBV reactivation risk; patients with prior HBV exposure require antiviral prophylaxis and hepatology co-management. 5. Pregnancy planning discussion for women of childbearing potential. Effective contraception during treatment and for two days after the last dose. 6. Drug interaction review. Strong CYP3A inhibitors and strong CYP3A inducers require dose adjustment or alternative. For capsule users on PPIs or H2 blockers, conversion to the maleate tablet form is the cleaner solution. 7. Second primary malignancy counsel. BTK inhibitor class has a documented signal for second primary malignancies, especially non-melanoma skin cancers; annual dermatology review is the standard. 8. Atrial fibrillation and cardiovascular risk review. Baseline ECG and blood pressure check. Patients with pre-existing AF or significant cardiovascular disease require cardiology co-management. 9. Tumour lysis syndrome risk assessment in CLL with high tumour burden.

A UAE patient should arrive at the BTK inhibitor conversation with pathology and immunophenotyping confirming CLL, SLL, or MCL, prior treatment history with response durations, HBV and HIV serology, baseline ECG and blood pressure, CBC with differential, CMP, and the insurance preauthorisation paperwork that the prescribing office typically initiates.

The UAE prescribing and supply picture, plainly

Calquence UAE EDE registration status is verified at intake. AstraZeneca MENA commercial supply runs through regional distributors with Cleveland Clinic Abu Dhabi, SSMC, Tawam, Burjeel Medical City, American Hospital Dubai, Mediclinic City, and the wider DHA-coordinated network as major dispensing centres. Where in-country registration is current, in-country pharmacy dispensing applies. Where the newer maleate tablet formulation has not yet caught up with the FDA label, a named-patient supply pathway covers the case.

1. **Prescribing physician**: a board-certified UAE haematologist or medical oncologist with lymphoma experience. Cleveland Clinic Abu Dhabi haematology, SSMC, Tawam, Burjeel Medical City, American Hospital Dubai, Mediclinic City, NMC Specialty, and the wider network are the major centres. 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**: 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, and HBV viral load (if applicable) at each visit. Annual dermatology review.

Cost band and insurance positioning

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

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 (HBV, HIV, ECG, blood pressure, CBC, CMP, dermatology baseline if applicable). First Calquence dose dispensed.

Week 1 to 2: Headache is very common in the first 1 to 2 weeks (more than 30% of patients), typically transient and responsive to paracetamol or caffeine. Mild diarrhoea is also common. Most patients report these settle by week 4.

Week 2 to 4: First haematology follow-up. CBC to assess neutrophil and platelet trajectory. Blood pressure check. Adverse event review.

Month 2 to 6: Monthly haematology follow-up. Response assessment by imaging or clinical exam.

Month 6 onwards: Every-3-month haematology follow-up for stable responders. Annual dermatology review.

Year 1 onwards: Long-term maintenance for as long as the disease responds and the patient tolerates the drug.

When Calquence is the wrong drug

For a UAE patient with active untreated hepatitis B without antiviral prophylaxis, with severe uncontrolled hypertension, with significant pre-existing atrial fibrillation that has not been optimised by cardiology, during pregnancy when effective contraception cannot be ensured, or where strong CYP3A inhibitor or inducer therapy cannot be modified, the operational pathway shifts:

- **Other BTK inhibitors (Imbruvica, Brukinsa, Jaypirca)**: each has a distinct safety profile. - **BCL2 inhibitor combination (venetoclax plus obinutuzumab or rituximab)**: fixed-duration alternative to indefinite BTK inhibitor therapy in CLL. - **Chemo-immunotherapy (bendamustine plus rituximab, FCR, R-CHOP for MCL induction)**: where targeted therapy is contraindicated or not yet warranted.

Reserve Meds does not promote one BTK inhibitor over another. If the conversation with the treating haematologist points toward a different BTK inhibitor, a BCL2 combination, or chemo-immunotherapy, the operational pathway shifts accordingly.

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 UAE Calquence case we build the documentation pack with the treating haematologist office, confirm UAE EDE registration status per formulation and the appropriate dispensing pathway, run the insurance pre-authorisation conversation alongside the clinical preauthorisation, coordinate the supply logistics for ongoing dispensing, organise baseline screening that the prescribing office requires, and stay with the case through the first year of dosing with handoff to the local prescriber for ongoing surveillance. 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.

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