

## Regimen Reference Order – CLL – acalabrutinib

ARIA: CLL – [acalabrutinib]

**Planned Course:** Twice daily until disease progression or unacceptable toxicity  
(1 cycle = 30 days)

**Indication for Use:** Chronic Lymphocytic Leukemia (CLL); 1<sup>st</sup> Line or Relapsed/Refractory

**Proceed with treatment if:**

**ANC equal to or greater than  $0.5 \times 10^9/L$  AND Platelets equal to or greater than  $25 \times 10^9/L$**

❖ Contact Hematologist if parameters not met

### Pre-treatment Requirements

Drug	Dose	CCMB Administration Guideline
allopurinol*	300 mg	Orally once daily for 10 days to begin 3 days prior to Cycle 1 and at provider's discretion for subsequent cycles <b>(Self-administered at home)</b> *Only patients at risk of tumor lysis syndrome will be prescribed allopurinol

### Treatment Regimen – CLL – acalabrutinib

Drug	Dose	CCMB Administration Guideline
acalabrutinib	100 mg	Orally twice daily with or without food Swallow whole <b>(Self-administered at home)</b>
acalabrutinib (Calquence®) available dosage strength: 100 mg capsule Classification: Cytotoxic, Hazardous		

## REQUIRED MONITORING

### Baseline

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders
- Hepatitis B serology
- Molecular profile (IgHV, TP53 and FISH)
- EKG
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O<sub>2</sub> saturation)

### Weeks 1, 4, 8 and 12 and at every clinic visit thereafter (at least every 3 months)

- CBC, serum creatinine, urea, electrolytes, liver enzymes, LDH, total bilirubin, uric acid and albumin as per Physician Orders
- Monitor blood pressure and heart rate for tachycardia
- At physician's discretion, EKG to assess for atrial fibrillation if tachycardia or irregular rhythm present

### Recommended Support Medications – acalabrutinib

Drug	Dose	CCMB Administration Guideline
None required		

### INSTRUCTIONS FOR PATIENT

- acalabrutinib has potential for drug-drug interactions. Patients should notify clinic prior to starting any new medication
- Avoid grapefruit and grapefruit juice, Seville oranges (i.e. orange marmalade) and starfruit
- Patients should report signs and symptoms of bleeding (i.e. excess bruising), palpitations, syncope and skin or nail changes
- Patients should use necessary sun protection due to a potential increased risk of skin cancer
- Doses of acalabrutinib should be separated by approximately 12 hours
- Reinforce applicable safe handling precautions of medications, blood and body fluids while on acalabrutinib

### ADDITIONAL INFORMATION

- Lymphocytosis is expected with therapy and will not be considered evidence of disease progression unless accompanied by other clinical signs of disease progression (i.e. increasing lymphadenopathy, constitutional symptoms, etc.)
- The use of proton pump inhibitors (i.e. omeprazole, pantoprazole, esomeprazole, lansoprazole) needs to be avoided while patients are on acalabrutinib
- H<sub>2</sub>-receptor antagonists (such as ranitidine, famotidine) and antacids can be used with acalabrutinib. acalabrutinib should be taken 2 hours before taking a H<sub>2</sub>-receptor antagonist and acalabrutinib should be separated from antacids by at least 2 hours
- Hematologist should be consulted regarding dosing of acalabrutinib pre- and post-surgery for patients undergoing a surgical procedure, including dental surgery, due to risk of bleeding regardless of platelet count