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); 1st Line or Relapsed/Refractory**

Proceed with treatment if:

ANC equal to or greater than 0.5 x 10^9/L AND Platelets equal to or greater than 50 x 10^9/L

- **Contact Hematologist if parameters not met**

***Note:* Hepatitis B serology results must be reviewed in accordance with CCMB Policy Hepatitis B Monitoring for Oncology and Hematology Patients**

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 **(Self-administered at home)** 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 **(Self-administered at home)**
acalabrutinib (CALQUENCE®) available dosage strength: 100 mg tablets **Classification: Cytotoxic, Hazardous**		

REQUIRED MONITORING

Hepatitis B serology

- Hepatitis B surface antigen and Hepatitis B core antibody (drawn within preceding 5 years)

Baseline

- Molecular profile (IgHV, TP53 and FISH)
- EKG
- Full vital signs (temperature, heart rate, respiratory rate, blood pressure and O_2 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.)
- 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
- Due to the risk of reactivation of Hepatitis B virus (HBV) while on this treatment regimen, prescriber must adhere to CCMB Policy ***Hepatitis B Monitoring for Oncology and Hematology Patients*** for ordering and interpreting HBV serology and prescribing antiviral prophylaxis