| Rota code: HROTA452 | Issue date: April 2025 | Written by: Steve Hill | Authorised by: Shankara Paneesha | age: 1 of 2 |
|---|---|---|---|---|
| Version no. 1.0 | Valid until: Next Review | Checked by (Pharmacist) Djoueriah Anshur | Clinical Nurse Specialist: | Reference: ECHO Trial, SmPC, EAMS Document |

NHS University Hospitals Birmingham

# Acalabrutinib Maintenance for Mantle Cell Lymphoma (EAMS):

| | |
|---|---|
| Funding status: Acalabrutinib—Supplied Free of Charge from Astra Zeneca | |
| Emetogenic potential: weakly emetogenic | |
| Treatment intent: Curative | |
| Hepatitis B Status: | |
| Cycle number: | |

MRN: Ward/Unit:

Name:

DOB: Consultant:

Address:

NHS No:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Hb | | Na+ | | Alb | | Height | |
| WBC | | K+ | | AlkP | | Weight | |
| Plt | | Urea | | ALT | | BSA | |
| Neuts | | Cr | | Bili | | Date | |
| | | GFR | | TSH | | Allergies : | |
| | | Ca | | T4 | | | |
| | | Mg | | Cortisol | | | |

Recorded by Date

**Indication:** Previously untreated Mantle Cell Lymphoma (consult eligibility/exclusion criteria for further information).

To commence following completion of 12 cycles of HROTA451 (i.e. 12 Rituximab doses). To continue until disease progression or unacceptable toxicity

| Day No. Date | DRUG | DOSE | ROUTE | SPECIAL DIRECTIONS/ ADMINISTRATION DETAILS | QUANTITY | Dispensed by | Checked by |
|---|---|---|---|---|---|---|---|
| 1 | **ACALABRUTINIB (CALQUENCE) Tablets (FOC)** | 100mg twice daily | ORAL | Take 12 hours apart. Swallow whole with water (with or without food) Do not break, crush or chew. Avoid grapefruit, and grapefruit juice. | .....days **(FOC stock)** | | |

**Missed dose advice:** If a dose of Acalabrutinib is missed by more than 3 hours then skip the dose and take the next dose as planned. Double dose of Acalabrutinib should NOT be taken to make up for a missed dose.

**See overleaf for additional information**

| Medications to be prescribed on PICS | |
|---|---|
| **Anti-emetics** | **Supportive medication** |
| Metoclopramide 10mg TDS PRN PO | • Aciclovir 400mg BD PO<br>• Co-trimoxazole 480mg BD M/W/F PO |

Prescriber sig: .....Name..... Date: ..... Pharmacist initial sig: .....Name..... Date: .....

Nurse final auth sig: .....Name..... Date: ..... Pharmacist final sig:.....Name..... Date.....

# Acalabrutinib Maintenance for Mantle Cell Lymphoma (EAMS):

Proceed rules, valid within 14 days:

| Drug | Neuts | Platelets | Renal | Hepatic |
|---|---|---|---|---|
| Acalabrutinib | < 0.5 x $10^9$/L – see other information | <25 x $10^9$/L (<50 x $10^9$/L with concurrent bleeding) – see other information | CrCl > 30ml/min – No dose adjustment recommended.<br>CrCl ≤ 30ml/min or dialysis – No data. Use if benefit outweighs risk | Child Pugh A/B or Bilirubin ≤ 63 µmol/L (≤3 x ULN) – No dose adjustment recommended<br>Child Pugh C or Bilirubin > 63 µmol/L (> 3 x ULN) – Not recommended |

## Other Information—Acalabrutinib

**Haematology parameters and dose modifications:** In case of grade 3 thrombocytopenia with bleeding, (platelets 25-50 x $10^9$/L), grade 4 thrombocytopenia (platelets < 25 x $10^9$/L), or grade 4 neutropenia (Neuts < 0.5 x $10^9$/L) lasting longer than 7 days. First and second occurrence, interrupt treatment. When toxicity has resolved to grade 1 (Neuts > 1.5 x $10^9$/L, platelets > 75 x $10^9$/L), or baseline level, resume at 100mg BD. Third occurrence, interrupt treatment. Once toxicity has resolved to Grade 1 or baseline level, resumed at 100mg daily. Fourth occurrence, permanently discontinue treatment.

**Toxicities and dose modifications:** Acalabrutinib should be interrupted for a grade 3 or greater non-haematological toxicity. Once toxicity has resolved to baseline or grade 1; for the 1st/2nd occurrence restart acalabrutinib at 100mg BD, for the 3rd occurrence restart acalabrutinib at 100mg once daily. If it is the 4th occurrence discontinue acalabrutinib.

**Drug interactions:** Avoid co-administration with strong CYP3A inhibitors and inducers. Adverse effect monitoring recommended with concomitant moderate CYP3A inhibitors. Caution with anti-thrombotic agents—may require additional monitoring. Warfarin or other vitamin K antagonists should not be given concomitantly with Acalabrutinib.

**Undesirable effects:** Monitor for bleeding, and manage appropriately. Monitor patients for signs and symptoms of infection, and treat as needed. Other malignancies have occurred in patients, including skin cancers and other carcinomas. Advise patients to use sun protection. Monitor for atrial fibrillation and atrial flutter, and manage as appropriate.

**Surgery:** Consider the benefit-risk of withholding acalabrutinib for at least 3 days pre and post-surgery.