

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

## Calquence (acalabrutinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Calquence (acalabrutinib)	May be subject to quantity limit

### APPROVAL CRITERIA

Requests for Calquence (acalabrutinib) may be approved if the following criteria are met:

- I. Individual has a diagnosis of mantle cell lymphoma (Label, NCCN 2A); **AND**
- II. Individual has received at least one prior therapy\*;

#### **OR**

- III. Individual has a diagnosis of Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL) with or without del(17p)/TP53 mutation (Label, NCCN 1); **AND**
- IV. Individual is not using in refractory CLL/SLL with BTK C481S mutation post ibrutinib therapy (NCCN 2A).

**\*Note:** The most common prior therapies in clinical trials included CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) based and cytarabine therapy. This list is not inclusive of all possible prior therapies.

### Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 14, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

CRX-ALL-0510-20

PAGE 1 of 2 02/12/2020  
New Program Date 02/07/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

5. NCCN Clinical Practice Guidelines in Oncology™. © 2019 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on October 13, 2019.
  - a. B-Cell Lymphomas. V5.2019. Revised September 23, 2019.
  - b. Chronic Lymphocytic Lymphoma/Small Lymphocytic Lymphoma. V2.2020. Revised October 8, 2019.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.