Reference number(s)
2397-A

SPECIALTY GUIDELINE MANAGEMENT

CALQUENCE (acalabrutinib)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

A. FDA-Approved Indications
Calquence is indicated for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy.

B. Compendial Use
Chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL), relapsed or refractory

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Mantle cell lymphoma
Authorization of 12 months may be granted for the treatment of mantle cell lymphoma when the member has received at least one prior therapy.

B. Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL)
Authorization of 12 months may be granted for the treatment of relapsed or refractory CLL/SLL.

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCES

1. Calquence [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; November 2017.
2. The NCCN Drugs & Biologics Compendium® © 2018 National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 22, 2018.
3. The NCCN Clinical Practice Guidelines in Oncology® B-Cell Lymphomas Version 2.2018. National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 22, 2018.
4. The NCCN Clinical Practice Guidelines in Oncology® Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 4.2018. National Comprehensive Cancer Network, Inc. http://www.nccn.org. Accessed March 22, 2018.