

Clinical Pharmacy Program Guidelines for Calquence

Program	Prior Authorization
Medication	Calquence [®] (acalabrutinib)
Issue Date	12/2017
Pharmacy and Therapeutics Approval Date	12/2017
Effective Date	2/2018

1. Background:

Calquence[®] (acalabrutinib) is a kinase inhibitor indicated for the treatment of patients with mantle cell lymphoma (MCL) who have received at least one prior therapy.¹

2. Coverage Criteria:

<p>A. <u>Mantle Cell Lymphoma (MCL)</u></p> <p>1. <u>Initial Authorization</u></p> <p>a. Calquence will be approved based on the following criteria:</p> <p>(1) <u>Both</u> of the following:</p> <p style="padding-left: 40px;">(a) Diagnosis of mantle cell lymphoma (MCL)</p> <p style="text-align: center;">-AND-</p> <p style="padding-left: 40px;">(b) Patient has received at least one prior therapy for MCL [e.g., Rituxan (rituximab)]</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p> <p>2. <u>Reauthorization</u></p> <p>a. Calquence will be approved based on the following criterion:</p> <p>(1) Patient does not show evidence of progressive disease while on Calquence therapy</p> <p style="text-align: center;">Authorization will be issued for 12 months.</p>

--

3. References:

1. Calquence [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP. October 2017.

Program	Prior Authorization
Change Control	
Date	Change
12/2017	New program