

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:

A. Mantle Cell Lymphoma (MCL)

1. Initial Authorization

a. **Calquence** will be approved based on the following criteria:

(1) **Both** of the following:

(a) Diagnosis of mantle cell lymphoma (MCL)

-AND-

(b) Patient has received at least one prior therapy for MCL [e.g., Rituxan (rituximab)]

Authorization will be issued for 12 months.

2. Reauthorization

a. **Calquence** will be approved based on the following criterion:

(1) Patient does not show evidence of progressive disease while on Calquence therapy

Authorization will be issued for 12 months.

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3. References:

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

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