

PHARMACY COVERAGE GUIDELINE

CALQUENCE® (acalabrutinib) Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
 - This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
 - Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
 - The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
 - The “Description” section describes the Service.
 - The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
 - The “Resources” section lists the information and materials we considered in developing this PCG
 - **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
 - Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.
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Medical Necessity Requirements for CALQUENCE (acalabrutinib)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an Oncologist or is in consultation with an Oncologist

Indication

- Previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous hematopoietic stem cell transplantation (HSCT) to be used in combination with bendamustine and rituximab
- Mantle cell lymphoma (MCL) in those who have received at least one therapy
- Chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL)

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- Other oncologic direct treatment uses listed in the National Comprehensive Cancer Network (NCCN) Guidelines with Categories of Evidence and Consensus of 1 and 2A

Age Requirement

- 18 years or older

Baseline Clinical Evaluation

- Negative pregnancy test in a woman of childbearing potential
- Eastern Cooperative Oncology Group (ECOG) Performance Status of 0 to 2
- Transaminases (alanine aminotransferase [ALT], aspartate aminotransferase [AST]) and bilirubin

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- There is **NONE** of the following:
 - Severe hepatic impairment (Child Pugh class C)
 - Severe renal impairment (eGFR less than 29 mL/min/1.73m²) or renal impairment requiring dialysis
 - Concomitant use with strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin)

Documentation Requirements

- A completed request form must be submitted including:
 - Chart notes
 - Lab results (pregnancy test, ECOG status, ALT, AST, bilirubin)
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
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Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy.

Prescriber Qualification

- Continues to be seen by an Oncologist or is in consultation with an Oncologist

Clinical Response

- No evidence of disease progression or unacceptable toxicity

Adherence

- Adherence to the prescribed therapy regimen has been documented

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Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- There is **NONE** of the following:
 - Severe hepatic impairment (Child Pugh class C), including drug induced liver injury (DILI)
 - Severe renal impairment (eGFR less than 29 mL/min/1.73m²) or renal impairment requiring dialysis
 - Concomitant use with strong CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin)
 - Severe bacterial, viral, fungal, or opportunistic infection
 - Hemorrhage
 - Thrombocytopenia, neutropenia, anemia, lymphopenia
 - Progressive multifocal leukoencephalopathy (PML)
 - Cardiac arrhythmias

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values confirming safe use (ALT, AST, bilirubin)

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
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Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
 2. Off-Label Use of Cancer Medications
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Description:

Calquence (acalabrutinib) is a bruton tyrosine kinase inhibitor (BTKI) indicated for the treatment of adult patients with mantle cell lymphoma (MCL) who have received at least one prior therapy. This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. Calquence (acalabrutinib) is also indicated for the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

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Bruton tyrosine kinase (BTK) is a signaling molecule that activates B-cell proliferation, trafficking, chemotaxis, and adhesion. Calquence (acalabrutinib) binds with BTK active site, leading to inhibition of BTK enzymatic activity.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

NCCN recommendation definitions:

Category 1:

Based upon high-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2A:

Based upon lower-level evidence, there is uniform NCCN consensus that the intervention is appropriate.

Category 2B:

Based upon lower-level evidence, there is NCCN consensus that the intervention is appropriate.

Category 3:

Based upon any level of evidence, there is major NCCN disagreement that the intervention is appropriate.

Eastern Co-operative Oncology Group (ECGO) Performance Status:

Grade	ECOG description
0	Fully active, able to carry on all pre-disease performance without restriction
1	Restricted in physical strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities, up and about more than 50% of waking hours
3	Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4	Completely disabled, cannot carry on any self-care, totally confined to bed or chair
5	Dead

Oken, MM, Creech, RH, Tormey, DC, et al.: Toxicity and Response Criteria Of The Eastern Cooperative Oncology Group. Am J Clin Oncol 5:649-655, 1982

Resources:

Calquence (acalabrutinib) tablet product information, revised by AstraZeneca Pharmaceuticals, LP. 01-2025. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed January 28, 2026.

Calquence (acalabrutinib) capsule product information, revised by AstraZeneca Pharmaceuticals, LP. 06-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed January 09, 2025. **Discontinued** 2023-01-26

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): B-Cell Lymphomas Version 1.2026 – Updated December 22, 2025. Available at <https://www.nccn.org>. Accessed January 28, 2026.

National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®): Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma Version 2.2026– Updated December 22, 2025. Available at <https://www.nccn.org>. Accessed January 28, 2026.

Off Label Use of Cancer Medications: A.R.S. §§ 20-826(R) & (S). Subscription contracts; definitions.

ORIGINAL EFFECTIVE DATE: 01/18/2018 | ARCHIVE DATE: | LAST REVIEW DATE: 02/19/2026 | LAST CRITERIA REVISION DATE: 02/19/2026

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Off Label Use of Cancer Medications: A.R.S. §§ 20-1057(V) & (W). Evidence of coverage by health care service organizations; renewability; definitions.

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