

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Acalabrutinib (Calquence)

Notes:

- Quantity limits: Yes

Initiation (new start) criteria: Formulary **acalabrutinib (Calquence)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is 18 years of age or older
- Diagnosis of Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL) or previously treated Mantle Cell Lymphoma (MCL)

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Formulary **acalabrutinib (Calquence)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is 18 years of age or older
- Diagnosis of Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL) or previously treated Mantle Cell Lymphoma (MCL)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Formulary **acalabrutinib (Calquence)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescribed by hematology/oncology
- Patient is 18 years of age or older
- Diagnosis of Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL) or previously treated Mantle Cell Lymphoma (MCL)

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