



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

ACALABRUTINIB

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
ACALABRUTINIB	CALQUENCE	44607		GPI-10 (2153210300)	
ACALABRUTINIB MALEATE	CALQUENCE	48182		GPI-10 (2153210350)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of mantle cell lymphoma (MCL) and meet **ALL** of the following criteria?

- The patient is 18 years of age or older
- The patient has received at least one prior therapy for mantle cell lymphoma
- The patient had a trial of or contraindication to the preferred agent: Brukinsa (zanubrutinib)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, continue to #2.

2. Does the patient have a diagnosis of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) **AND** meet the following criterion?

- The patient is 18 years of age or older
- The patient had a trial of or contraindication to ONE of the following preferred agents: Brukinsa (zanubrutinib), Imbruvica (ibrutinib)

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #2 per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **ACALABRUTINIB (Calquence)** requires the following rules be met for approval:

A. You have ONE of the following diagnoses:

1. Mantle cell lymphoma (MCL: a type of blood cancer)
2. Chronic lymphocytic leukemia (CLL: a type of blood cancer)
3. Small lymphocytic lymphoma (SLL: a type of blood cancer)

B. **If you have mantle cell lymphoma, approval also requires:**

1. You are 18 years of age or older
2. You have received at least one prior therapy for mantle cell lymphoma
3. You had a trial of or contraindication (harmful) to the preferred medication: Brukinsa (zanubrutinib)

(Denial text continued on next page)

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GUIDELINES FOR USE (CONTINUED)

C. If you have chronic lymphocytic leukemia or small lymphocytic lymphoma, approval also requires:

1. You are 18 years of age or older
2. You had a trial of or contraindication (harmful) to ONE of the following preferred medications: Brukinsa (zanubrutinib), Imbruvica (ibrutinib)

Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Calquence.

REFERENCES

- Calquence [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals; August 2022.

Library	Commercial	NSA
Yes	Yes	No

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