Calquence® (acalabrutinib)
(Oral)

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I. Length of Authorization

Coverage will be provided for six months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Calquence 100 mg capsule: 2 capsules per day

B. Max Units (per dose and over time) [HCPCS Unit]:

- 200 mg per day

III. Initial Approval Criteria [1-3,6-8]

Coverage is provided for the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria [1]

- Patient does not have severe hepatic impairment (i.e., Child-Pugh class C); **AND**
- Patient will avoid concomitant use with the following drugs:
    - Strong CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.), if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
    - Strong CYP3A inhibitors (e.g., itraconazole, etc.), if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
    - Proton pump inhibitors (e.g., omeprazole, lansoprazole, pantoprazole, etc.); **AND**

Mantle Cell Lymphoma (MCL) † Φ [1-3]

- Used as single agent therapy; **AND**
- Patient has received at least one prior therapy; **AND**

- Patient has NOT received any prior treatment with a BTK-inhibitor (e.g., ibrutinib, zanubrutinib)

Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) † [1,3,4]

- Used for previously untreated disease with or without del(17p)/TP53 mutation as single agent therapy or in combination with obinutuzumab; **OR**
- Used for relapsed or refractory disease with or without del(17p)/TP53 mutation as single agent therapy; **AND**
    - Patient does NOT have ibrutinib-refractory disease with BTK C481S mutations*, when BTK-mutation testing is available, and status has been assessed

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL) ‡ [3,10]

- Used as a single agent; **AND**
    - Patient has received at least one prior therapy; **OR**
    - Used for progressive or relapsed disease

**Note: Testing for BTK and PLCG2 mutations may be useful in patients receiving acalabrutinib and suspected of having progression. BTK and PSCG2 mutation status alone is not an indication to change treatment.*

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Coverage can be renewed based on the following criteria:

- Patient continues to meet universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include the following: hemorrhage, severe infections, myelosuppression (neutropenia, thrombocytopenia, anemia, lymphopenia), atrial fibrillation/flutter, second primary malignancies, etc.; **AND**
- Disease response with treated as defined by stabilization of disease or decrease in size of tumor or tumor spread

V. Dosage/Administration [1]

Indication	Dose
Mantle Cell Lymphoma, CLL/SLL, and WM/LPL	Administer 100 mg orally approximately every 12 hours until disease progression or unacceptable toxicity ** Refer to prescribing information for dose adjustments*

VI. Billing Code/Availability Information

HCPCS Code:

- J8999 - Prescription drug, oral, chemotherapeutic, Not Otherwise Specified

NDC:

- Calquence 100 mg capsule: 00310-0512-xx

VII. References

1. Calquence [package insert]. Wilmington DE; AstraZeneca Pharmaceuticals LP. November 2019. Accessed October 2020.
2. Wang M, Rule S, Zinzani L, et al. Acalabrutinib in relapsed or refractory mantle cell lymphoma (ACE-LY-004): a single-arm, multicentre, phase 2 trial. Lancet 2018; 10121; 659-667.
3. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for acalabrutinib. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2020.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. Version 1.2021. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2020.
5. Byrd JC, Harrington B, O'Brien S, et al. Acalabrutinib (ACP-196) in Relapsed Chronic Lymphocytic Leukemia. NEJM 2016; 374: 323-332.
6. Byrd JC, Wierda WG, Schuh A, et al. Acalabrutinib Monotherapy in Patients with Relapsed/Refractory Chronic Lymphocytic Leukemia: Updated Results from the Phase 1/2 ACE-CL-001 Study. Blood 2017; 130(Suppl 1): 498.
7. Sharman JP, Banerji V, Fogliatto LM, et al. ELEVATE TN: Phase 3 Study of Acalabrutinib Combined with Obinutuzumab (O) or Alone Vs O Plus Chlorambucil (Clb) in Patients (Pts) with Treatment-Naive Chronic Lymphocytic Leukemia (CLL). Blood. 2019 Nov 13;134(Supplement_1):31. doi: 10.1182/blood-2019-128404.
8. Ghia P, Pluta A, Wach M, et al. ASCEND phase 3 study of acalabrutinib vs investigator's choice of rituximab plus idelasib (IDR) or bendamustine (BR) in patients with relapsed/refractory (R/R) chronic lymphocytic leukemia (CLL). Presented at: 2019 European

Hematology Association Congress; June 13-16, 2019; Amsterdam, Netherlands. Abstract LB2606. http://bit.ly/2IQrrJ9.

9. Woyach JA, Ruppert AS, Guinn D, et al. BTKC481S-Mediated Resistance to Ibrutinib in Chronic Lymphocytic Leukemia. J Clin Oncol. 2017;35(13):1437–1443. doi:10.1200/JCO.2016.70.2282.
10. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®). Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma Version 1.2021. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed October 2020.

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C88.0	Waldenström macroglobulinemia
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission

ICD-10	ICD-10 Description
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Article (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC