

## Calquence<sup>®</sup> (acalabrutinib) (Oral)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

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

- Calquence 100 mg capsule/tablet: 2 capsules or tablets per day

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

- 200 mg per day

### III. Initial Approval Criteria <sup>1,2</sup>

Coverage is provided for the following conditions:

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

#### Universal Criteria <sup>2</sup>

- Patient does not have severe hepatic impairment (i.e., Child-Pugh class C); **AND**
- Patient will avoid concomitant therapy with all of the following:
  - Coadministration with strong CYP3A inducers (e.g., rifampin, carbamazepine, St. John's Wort, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
  - Coadministration with strong or moderate CYP3A inhibitors (e.g., itraconazole, erythromycin, fluconazole, diltiazem, etc.), or if therapy is unavoidable, the patient will be monitored closely for adverse reaction and/or dose modifications will be implemented; **AND**
  - Coadministration with proton pump inhibitors (e.g., omeprazole, lansoprazole, pantoprazole, etc.), or if therapy is required, consider the use of antacids or H2-receptor antagonists at appropriately spaced dosing intervals (*Note: this only applies to the capsule formulation*)

## B-Cell Lymphomas <sup>1,2,4,12</sup>

- Used as a single agent; **AND**
  - Used as subsequent therapy; **AND**
    - Patient has one of the following ‡:
      - Extranodal Marginal Zone Lymphoma (EMZL) of the Stomach that is relapsed, refractory, or progressive
      - Extranodal Marginal Zone Lymphoma of Nongastric Sites (Noncutaneous) that is relapsed, refractory, or progressive
      - Nodal Marginal Zone Lymphoma that is relapsed, refractory, or progressive
      - Splenic Marginal Zone Lymphoma that is relapsed or refractory ; **OR**
  - Used as preferred subsequent therapy for mantle cell lymphoma † ‡ **Φ**; **AND**
    - Patient does NOT have ibrutinib-refractory disease with BTK C481S mutations\*, when BTK-mutation testing is available, and status has been assessed

## Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL) † <sup>1,2,4,5</sup>

- Used as first-line therapy as a single agent or in combination with obinutuzumab; **OR**
- Used as subsequent therapy as a single agent; **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) ‡ <sup>4,11</sup>

- Used as a single agent for previously treated disease; **AND**
  - Patient has persistent symptoms following primary therapy; **OR**
  - Used for disease that is non-responsive to primary 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 <sup>1,2</sup>

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: hemorrhage, serious and opportunistic infections, cytopenias (neutropenia,

thrombocytopenia, anemia, lymphopenia), atrial fibrillation/flutter, second primary malignancies, etc.; **AND**

- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread

## V. Dosage/Administration 1,12,13

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

## VI. Billing Code/Availability Information

HCPCS Code:

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

NDC:

- Calquence 100 mg capsule: 00310-0512-xx
- Calquence 100 mg tablet: 00310-3512-xx

## VII. References

1. Calquence capsule [package insert]. Wilmington DE; AstraZeneca Pharmaceuticals LP. March 2022. Accessed October 2023.
2. Calquence tablet [package insert]. Wilmington DE; AstraZeneca Pharmaceuticals LP. August 2022. Accessed October 2023.
3. 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.
4. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) for acalabrutinib. National Comprehensive Cancer Network, 2023. 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 2023.
5. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma. Version 3.2022. National Comprehensive Cancer Network, 2023. 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

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9. 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>.
10. 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.
11. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®). Waldenström Macroglobulinemia/Lymphoplasmacytic Lymphoma Version 1.2024. National Comprehensive Cancer Network, 2023. 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 2023.
12. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®). B-Cell Lymphomas Version 5.2023. National Comprehensive Cancer Network, 2022. 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 2023.
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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C83.00	Small cell B-cell lymphoma, unspecified site

ICD-10	ICD-10 Description
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
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C88.0	Waldenström macroglobulinemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue (MALT-lymphoma)
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
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: <https://www.cms.gov/medicare-coverage-database/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