Drug Policy:

Calquence™ (acalabrutinib)

POLICY NUMBER UM ONC_1331	**SUBJECT** Calquence™ (acalabrutinib)	**DEPT/PROGRAM** UM Dept	**PAGE 1 of 3**
DATES COMMITTEE REVIEWED 12/14/17, 11/14/18, 11/13/19, 12/11/19, 05/13/20, 08/12/20, 08/11/21, 09/09/21, 11/10/21, 04/13/22, 05/11/22, 10/12/22, 03/08/23, 05/10/23, 10/11/23, 10/09/24	**APPROVAL DATE** October 9, 2024	**EFFECTIVE DATE** October 25, 2024	**COMMITTEE APPROVAL DATES** 12/14/17, 11/14/18, 11/13/19, 12/11/19, 05/13/20, 08/12/20, 08/11/21, 09/09/21, 11/10/21, 04/13/22, 05/11/22, 10/12/22, 03/08/23, 05/10/23, 10/11/23, 10/09/24
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Utilization Management Committee	
NCQA STANDARDS UM 2		**ADDITIONAL AREAS OF IMPACT**	
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**	**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Calquence (acalabrutinib) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (CLL/SLL)

1. Calquence (acalabrutinib) may be used as a single agent for first line or subsequent line therapy of CLL/SLL.
2. NOTE: Calquence (acalabrutinib) + Gazyva (obinutuzumab) is not supported by Evolent Policy for use in CLL. This position is based on results of the randomized trial ELEVATE-TN (see reference below) which failed to show an overall survival advantage for Calquence

(acalabrutinib) + Gazyva (obinutuzumab) compared to single agent Calquence (acalabrutinib). Please refer to Evolent alternative agents/regimens recommended by Evolent, including but not limited to regimens available at http://pathways.newcenturyhealth.com.

C. Mantle Cell Lymphoma (MCL)

1. Calquence (acalabrutinib) may be used as monotherapy in relapsed/refractory Mantle Cell Lymphoma in members who have received one prior chemoimmunotherapy, including a rituximab containing regimen (e.g., RCHOP, RDHAP, BR).

III. EXCLUSION CRITERIA

A. Disease progression while receiving an acalabrutinib-containing regimen or while receiving another BTK inhibitor [e.g., Imbruvica (ibrutinib) or Brukinsa (zanubrutinib)].

B. For the treatment of CLL: concurrent use with an anti-CD20 antibody including any rituximab products or Gazyva (obinutuzumab). Per Evolent Policy, single agent acalabrutinib is as effective as Calquence (acalabrutinib) + Gazyva (obinutuzumab)/other anti-CD 20 antibody.

C. Dosing exceeds single dose limit of Calquence (acalabrutinib) 100 mg.

D. Treatment exceeds the maximum limit of 60 (100 mg) capsules/month.

E. Investigational use of Calquence (acalabrutinib) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).
5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Sharman JP, et al. Acalabrutinib with or without obinutuzumab versus chlorambucil and obinutuzmab for treatment-naive chronic lymphocytic leukaemia (ELEVATE TN): a randomised, controlled, phase 3 trial. Lancet. 2020 Apr 18;395(10232):1278-1291.

B. Sharman JP, et al. Efficacy and safety in a 4-year follow-up of the ELEVATE-TN study comparing acalabrutinib with or without obinutuzumab versus obinutuzumab plus chlorambucil in treatment-naïve chronic lymphocytic leukemia. Leukemia. 2022 Apr;36(4):1171-1175. doi: 10.1038/s41375-021-01485-x

C. Byrd JC, et al. Acalabrutinib Versus Ibrutinib in Previously Treated Chronic Lymphocytic Leukemia: Results of the First Randomized Phase III Trial. J Clin Oncol. 2021 Jul 26:JCO2101210.

D. Calquence prescribing information. AstraZeneca Pharmaceuticals LP Wilmington, DE 2024.

E. Clinical Pharmacology Elsevier Gold Standard 2024.

F. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2024.

G. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2024.

H. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2024.

I. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

J. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.