

acalabrutinib (CALQUENCE)

Diagnoses Considered for Coverage:

- Mantle cell lymphoma (MCL) – relapsed or refractory
- Chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL)
- Waldenstrom macroglobulinemia/ lymphoplasmacytic lymphoma (WM/LPL)
- Marginal zone lymphomas (e.g. Nodal Marginal Zone Lymphoma, Extranodal Marginal Zone Lymphoma of the stomach, Extranodal Marginal Zone Lymphoma of Nongastric Sites, Splenic Marginal Zone Lymphoma)

Coverage Criteria:

For mantle cell lymphoma (MCL):

- Dose does not exceed 200 mg per day, **and**
- Being used as single agent therapy, **and**
- Being used for second-line or subsequent therapy.

For chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL):

- Dose does not exceed 200 mg per day.

For Waldenstrom macroglobulinemia/ lymphoplasmacytic lymphoma (WM/LPL):

- Disease progression despite treatment with one prior NCCN supported therapy, **and**
- Being used as single agent therapy, **and**
- Dose does not exceed 200 mg per day.

For marginal zone lymphomas (e.g. Nodal Marginal Zone Lymphoma, Gastric Malt Lymphoma, Non-gastric MALT Lymphoma, Splenic Marginal Zone Lymphoma):

- Dose does not exceed 200 mg per day, **and**
- Being used as a single agent, **and**
- Being used for second-line or subsequent therapy.

Coverage Duration: One year

Effective Date: 01/31/2024