Market Applicability/Effective Date																
Mark	et	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applica	ble	Χ	Х	N/A	N/A	X	N/A	Х	Х	Χ	Χ	Χ	Χ	N/A	N/A	Χ

^{*}FHK- Florida Healthy Kids

Calquence (acalabrutinib)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit				
Calquence (acalabrutinib)	May be subject to quantity limit				

APPROVAL CRITERIA

Requests for Calquence (acalabrutinib) may be approved if the following criteria are met:

- I. Individual has mantle cell lymphoma AND
- II. Individual has received at least one prior therapy*.

^{*} The most common prior therapies in clinical trials included CHOP (cyclophosphamide, doxorubicin, vincristine, and prednisone) based and cytarabine therapy.

State Specific Mandates					
State name	Date effective	Mandate details (including specific bill if applicable)			
N/A	N/A	N/A			

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017. URL: http://www.clinicalpharmacology.com. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed January 30, 2017.

 $\label{eq:condition} DrugPoints^{@}\ System\ (electronic\ version).\ Truven\ Health\ Analytics,\ Greenwood\ Village,\ CO.\ Updated\ periodically.$

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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