Start with CALQUENCE and discover the power of choice in 1L CLL[1]

CALQUENCE is the first and only BTKi offering the choice of all-oral fixed-duration* and continuous† regimens in 1L CLL[1]

CALQUENCE: a backbone of 1L CLL therapy[1]

Start with CALQUENCE; continue as monotherapy or combine with either obinutuzumab or venetoclax

Please see detailed dosage schedules inside

National Clinical Practice Guidelines in Oncology (NCCN Guidelines®)

NCCN CATEGORY 1 PREFERRED

Acalabrutinib (CALQUENCE) is the only BTKi recommended by the National Comprehensive Cancer Network® (NCCN®) as a **Category 1 Preferred option** for both **fixed-duration*** and **continuous†‡ use** in **1L CLL patients** without del(17p) and/or *TP53*m[2]

- Acalabrutinib (CALQUENCE) is also recommended as a Category 2A Preferred option for continuous†‡ use in 1L CLL patients with del(17p) and/or *TP53*m[2]

NCCN makes no warranties of any kind whatsoever regarding their content, use or application and disclaims any responsibility for their application or use in any way.

Category 1=Based upon high-level evidence (≥1 randomized Phase 3 trials or high-quality, robust meta-analyses), there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.
Category 2A=Based upon lower-level evidence, there is uniform NCCN consensus (≥85% support of the Panel) that the intervention is appropriate.
Preferred intervention=Interventions that are based on superior efficacy, safety, and evidence; and, when appropriate, affordability.

*Designed to be completed in fourteen 28-day cycles (2 cycles of CALQUENCE monotherapy followed by 12 cycles of CALQUENCE + venetoclax), unless disease progression or unacceptable toxicity warrants earlier discontinuation.[1]
†CALQUENCE monotherapy given until disease progression or unacceptable toxicity.[1] ‡When given in combination with CALQUENCE, obinutuzumab is given for up to six 28-day cycles, starting on Cycle 2, Day 1.[1]
1L=first-line; BTKi=Bruton tyrosine kinase inhibitor; CLL=chronic lymphocytic leukemia; del(17p)=deletion in the 17p chromosome; IV=intravenous; PO=orally; *TP53*m=tumor protein p53 mutation.

INDICATION AND USAGE

CALQUENCE is a Bruton tyrosine kinase (BTK) inhibitor indicated for the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

IMPORTANT SAFETY INFORMATION ABOUT CALQUENCE® (acalabrutinib) tablets

Serious and Opportunistic Infections

Fatal and serious infections, including opportunistic infections, have occurred in patients with hematologic malignancies treated with CALQUENCE.

Serious or Grade 3 or higher infections (bacterial, viral, or fungal) occurred in 29% of 2,055 patients exposed to CALQUENCE in clinical trials, most often due to respiratory tract infections (18% of all patients, including pneumonia in 14%). These infections predominantly occurred in the absence of Grade 3 or 4 neutropenia, with neutropenic infection reported in 8% of all patients. Opportunistic infections in recipients of CALQUENCE have included, but are not limited to, hepatitis B virus reactivation, fungal pneumonia, *Pneumocystis jirovecii* pneumonia, Epstein-Barr virus reactivation, cytomegalovirus, and progressive multifocal leukoencephalopathy (PML). Consider prophylaxis in patients who are at increased risk for opportunistic infections. Monitor patients for signs and symptoms of infection and treat promptly.

Hemorrhage

Fatal and serious hemorrhagic events have occurred in patients treated with CALQUENCE. Major hemorrhage (serious or Grade 3 or higher bleeding or any central nervous system bleeding) occurred in 4.7% of patients, with fatal hemorrhage occurring in 0.1% of 2,055 patients exposed to CALQUENCE in clinical trials. Bleeding events of any grade, excluding bruising and petechiae, occurred in 39% of patients.

Use of antithrombotic agents concomitantly with CALQUENCE may further increase the risk of hemorrhage. In clinical trials, major hemorrhage occurred in 5% of patients taking CALQUENCE without antithrombotic agents and 3.2% of patients taking CALQUENCE with antithrombotic agents. Consider the risks and benefits of antithrombotic agents when co-administered with CALQUENCE. Monitor patients for signs of bleeding.

Consider the benefit-risk of withholding CALQUENCE for 3 to 7 days pre- and post-surgery depending upon the type of surgery and the risk of bleeding.

Please see Important Safety Information throughout, and full Prescribing Information, including Patient Information.

CALQUENCE®
acalabrutinib 100 mg tablets

CALQUENCE: straightforward dosing—whether used alone or in combination[1]

Tablet should be swallowed whole with water; do not chew, crush, dissolve, or cut

Can be taken with or without food

One 100-mg tablet taken orally, twice daily*

If a dose of CALQUENCE is missed by more than 3 hours, it should be skipped and the next dose should be taken at its regularly scheduled time. Extra tablets of CALQUENCE should not be taken to make up for a missed dose.

Additional CALQUENCE dosage information

No PPI restrictions with tablet formulation[1]

For patients requiring acid-reducing agents such as PPIs, CALQUENCE tablets can be taken concomitantly without any dosage modifications

BTK occupancy over 12 hours[1]

CALQUENCE maintained a median steady state BTK occupancy of ≥95% in peripheral blood over 12 hours, inactivating BTK throughout the recommended dosing interval

*Approximately every 12 hours.[1]
BTK=Bruton tyrosine kinase; PPI=proton pump inhibitor.

IMPORTANT SAFETY INFORMATION ABOUT CALQUENCE® (acalabrutinib) tablets (cont'd)

Cytopenias

CALQUENCE can cause Grade 3 or 4 cytopenias. Grade 3 or 4 cytopenias included absolute neutrophil count decreased (28%), absolute lymphocyte count decreased (10%), hemoglobin decreased (9%), and platelets decreased (9%) in 1,758 patients treated with CALQUENCE alone and in combination with obinutuzumab or venetoclax; Grade 4 neutropenia developed in 14% of patients.

Monitor complete blood counts regularly during treatment. Interrupt treatment, reduce the dose, or discontinue treatment as warranted.

Second Primary Malignancies

Second primary malignancies, including skin cancers and other solid tumors, occurred in 16% of 2,055 patients exposed to CALQUENCE in clinical trials. The most frequent second primary malignancy was non-melanoma skin cancer, reported in 9% of patients, followed by other solid tumors in 8% (including melanoma, lung cancer, gastrointestinal cancers, and genitourinary cancers) and hematologic malignancies (1.1%). Fatal second primary malignancies occurred in 0.8% of patients. Monitor patients for the development of second cancers and advise protection from sun exposure.

Cardiac Arrhythmias

Fatal and serious cardiac arrhythmias have occurred in patients treated with CALQUENCE. Grade 3 or 4 atrial fibrillation or flutter was reported in 2.2% of 2,055 patients treated with CALQUENCE, with all grades of atrial fibrillation or flutter reported in 7% of all patients. Grade 3 or higher ventricular arrhythmia events were reported in 0.5% of patients, including fatal cases in 0.3% of all patients. The risk of arrhythmias may be increased in patients with cardiac risk factors, hypertension, previous arrhythmias, and acute infection. Monitor for symptoms of arrhythmia (eg, palpitations, dizziness, syncope, dyspnea) and manage as appropriate.

Hepatotoxicity, Including Drug-Induced Liver Injury

Hepatotoxicity, including severe, life-threatening, and potentially fatal cases of drug-induced liver injury (DILI), has occurred in patients treated with Bruton tyrosine kinase inhibitors, including CALQUENCE.

Evaluate bilirubin and transaminases at baseline and throughout treatment with CALQUENCE. For patients who develop abnormal liver tests after CALQUENCE, monitor more frequently for liver test abnormalities and clinical signs and symptoms of hepatic toxicity. If DILI is suspected, withhold CALQUENCE. Upon confirmation of DILI, discontinue CALQUENCE.

ADVERSE REACTIONS

Chronic Lymphocytic Leukemia

The most common adverse reactions (≥30%) of any grade in patients with CLL in the ELEVATE-TN and ASCEND studies exposed to CALQUENCE (n=511) were anemia,* neutropenia,* thrombocytopenia,* headache, upper respiratory tract infection, and diarrhea.

*Treatment-emergent decreases (all grades) of hemoglobin, platelets, and neutrophils were based on laboratory measurements and adverse reactions.

In patients with previously untreated CLL in the ELEVATE-TN study exposed to CALQUENCE (n=357), fatal adverse reactions that occurred in the absence of disease progression and with onset within 30 days of the last study treatment were reported in 2% for each treatment arm, most often from infection. Serious adverse reactions were reported in 39% (69/178) of patients in the CALQUENCE plus obinutuzumab arm (n=178) and 32% (57/179) in the CALQUENCE monotherapy arm (n=179), most often due to events of pneumonia (2.8% to 7%).

Adverse reactions led to CALQUENCE dose reduction in 7% and 4% of patients in the CALQUENCE plus obinutuzumab arm and CALQUENCE monotherapy arm, respectively. Adverse reactions led to discontinuation in 11% and 10% of patients, respectively. Increases in creatinine to 1.5 to 3 times ULN occurred in 3.9% and 2.8% of patients in the CALQUENCE combination arm and monotherapy arm, respectively.

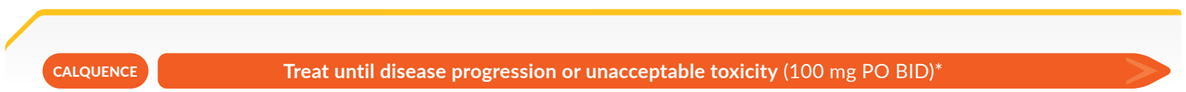
In patients with previously untreated CLL in the AMPLIFY study who received CALQUENCE plus venetoclax (AV) (n=291), the most common adverse reactions (≥15%) of any grade were headache (35%), diarrhea (33%), musculoskeletal pain (25%), COVID-19 (21%), fatigue (18%), bruising (17%), rash (16%), and nausea (15%).

The most common laboratory abnormalities (≥15%) of any grade in patients with previously untreated CLL who received AV were neutrophils decreased (78%), glucose increased (74%), lymphocytes decreased (56%), platelets decreased (43%), hemoglobin decreased (35%), calcium decreased (30%), ALT increased (26%), urate increased (25%), LDH increased (24%), potassium increased (22%), AST increased (22%), ALP increased (20%), glucose decreased (20%), creatinine increased (19%), and sodium increased (15%). Grade 4 laboratory abnormalities in >15% of patients treated with AV include absolute neutrophil count decreased (15%).

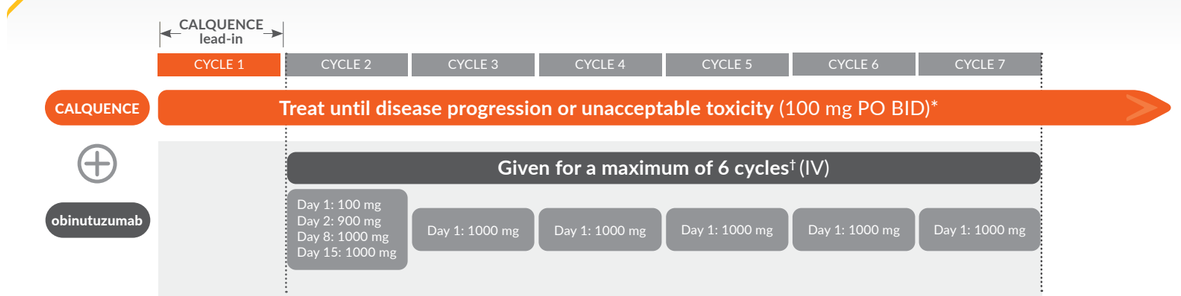
Serious adverse reactions occurred in 25% of patients receiving AV. The most common serious adverse reactions (≥2%) were COVID-19 including COVID-19 pneumonia (9%), second primary malignancies (2.7%), and neutropenia (2.1%). Fatal adverse events occurred in 3.4% of patients. The most common fatal adverse events included COVID-19 and COVID-19 pneumonia.

Starting with CALQUENCE gives you the flexibility to customize treatment for your patients with 1L CLL[1]

CALQUENCE monotherapy (continuous regimen)



CALQUENCE + obinutuzumab (continuous regimen)

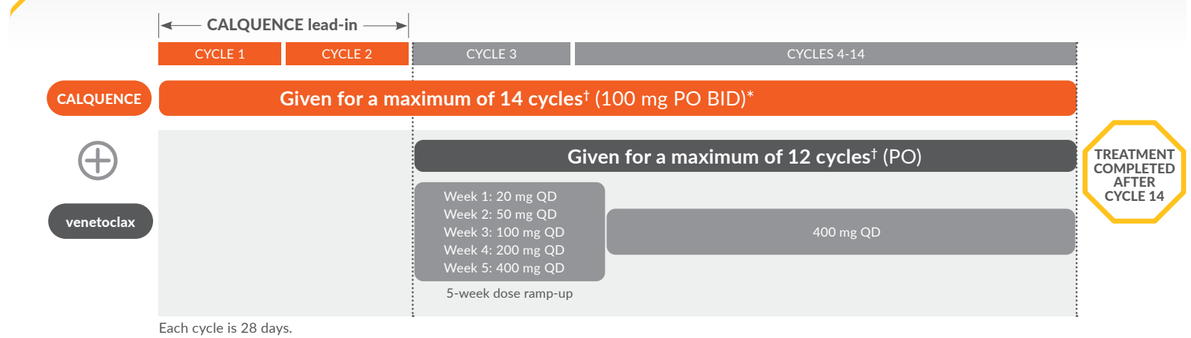


Each cycle is 28 days.

Administer CALQUENCE prior to obinutuzumab when given on the same day. Obinutuzumab is started on Cycle 2, Day 1 and given for a maximum of 6 cycles.

Refer to the obinutuzumab Prescribing Information for recommended obinutuzumab dosage and administration information.

CALQUENCE + venetoclax (fixed-duration regimen)



Each cycle is 28 days.

Patients receive CALQUENCE 100 mg BID* during Cycles 1 to 14 and venetoclax QD during Cycles 3 to 14. Treatment completed after a maximum of 14 cycles, unless disease progression or unacceptable toxicity warrants earlier discontinuation.

Refer to the venetoclax Prescribing Information for recommended venetoclax dosage and administration information.

*Approximately every 12 hours.[1] †1 cycle=28 days (4 weeks or ~1 month).[1]
BID=twice daily; QD=once daily.

Please see Important Safety Information throughout, and full Prescribing Information, including Patient Information.

CALQUENCE®
acalabrutinib 100 mg tablets

CALQUENCE offers the choice of continuous*† and fixed-duration‡ regimens, which may help address patient preferences and characteristics[1,3]

Continuous treatment

- Monotherapy* or combination† therapeutic options[1]
- Straightforward initiation as CALQUENCE monotherapy[1]

Fixed-duration treatment‡§

- Treatment-free period without daily reminders of disease or treatment[4]
- No ongoing treatment exposure[4]
- No ongoing out-of-pocket costs, potentially limiting financial impact[4]

With all-oral CALQUENCE + venetoclax

No infusion-related reactions[1]

No travel or time required for infusion[5]

Discover the power of choice in 1L CLL at CALQUENCEhcp.com

*CALQUENCE monotherapy given until disease progression or unacceptable toxicity.[1] †When given in combination with CALQUENCE, obinutuzumab is given for up to six 28-day cycles, starting on Cycle 2, Day 1.[1] ‡Designed to be completed in fourteen 28-day cycles (2 cycles of CALQUENCE monotherapy followed by 12 cycles of CALQUENCE + venetoclax), unless disease progression or unacceptable toxicity warrants earlier discontinuation.[1] §After completing CALQUENCE + venetoclax treatment per the recommended dosing.[1]

IMPORTANT SAFETY INFORMATION ABOUT CALQUENCE® (acalabrutinib) tablets (cont'd)

ADVERSE REACTIONS (*cont'd*)

Chronic Lymphocytic Leukemia (*cont'd*)

Treatment discontinuation of CALQUENCE due to adverse reactions occurred in 8% of patients receiving AV. The most common adverse reaction (≥2%) leading to treatment discontinuation was COVID-19 pneumonia (2.1%). Dose reduction of CALQUENCE occurred in 6% of patients. Neutropenia was the only adverse reaction leading to dose reduction that occurred in ≥1% of patients.

DRUG INTERACTIONS

Strong CYP3A Inhibitors: Avoid co-administration of CALQUENCE with a strong CYP3A inhibitor. If these inhibitors will be used short-term, interrupt CALQUENCE. After discontinuation of strong CYP3A inhibitor for at least 24 hours, resume previous dosage of CALQUENCE.

Moderate CYP3A Inhibitors: Reduce the dosage of CALQUENCE to 100 mg once daily when co-administered with a moderate CYP3A inhibitor.

Strong CYP3A Inducers: Avoid co-administration of CALQUENCE with a strong CYP3A inducer. If co-administration is unavoidable, increase the dosage of CALQUENCE to 200 mg approximately every 12 hours.

SPECIFIC POPULATIONS

Based on findings in animals, CALQUENCE may cause fetal harm and dystocia when administered to a pregnant woman. There are no available data in pregnant women to inform the drug-associated risk. Advise pregnant women of the potential risk to a fetus.

Pregnancy testing is recommended for females of reproductive potential prior to initiating CALQUENCE therapy. Advise female patients of reproductive potential to use effective contraception during treatment with CALQUENCE and for 1 week following the last dose of CALQUENCE.

It is not known if CALQUENCE is present in human milk. Advise lactating women not to breastfeed while taking CALQUENCE and for 2 weeks after the last dose.

Of patients that received AV in AMPLIFY, 33% (97/291) were ≥65 years, and 4.5% (13/291) were ≥75 years of age. In patients ≥65 years and <65 years of age, the fatal adverse reactions were 5% and 2.6%, respectively.

Avoid use of CALQUENCE in patients with severe hepatic impairment (Child-Pugh class C). No dosage adjustment of CALQUENCE is recommended in patients with mild (Child-Pugh class A) or moderate (Child-Pugh class B) hepatic impairment.

Please see Important Safety Information throughout, and full Prescribing Information, including Patient Information.

You may report side effects related to AstraZeneca products.

References: 1. CALQUENCE® (acalabrutinib) tablets [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2026. **2.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma V.2.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed January 5, 2026. To view the most recent and complete version of the guideline, go online to NCCN.org. **3.** Ravelo A, Myers K, Ervin C, et al. Patient preferences for fixed versus treat-to-progression therapies in chronic lymphocytic leukemia. *Blood*. 2023;142(suppl 1):3706-3708. Abstracts of the 65th American Society of Hematology Annual Meeting. **4.** Davids MS, Ryan CE, Lampson BL, et al. Phase II study of acalabrutinib, venetoclax, and obinutuzumab in a treatment-naïve chronic lymphocytic leukemia population enriched for high-risk disease. *J Clin Oncol*. 2025;43:788-799. **5.** CLL Society. Targeted oral treatment options. Accessed October 6, 2025. https://cllsociety.org/resource-library/Targeted-Oral-Treatment-Options-CLLS-Resource-Library.pdf

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