CLL

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

National Comprehensive Cancer Network® (NCCN®)

NCCN CATEGORY 1 PREFERRED

NCCN states that cBTKis are not interchangeable[2]

NCCN recommends acalabrutinib (CALQUENCE®) for **continuous†‡ use** (either as monotherapy or in combination with obinutuzumab) or for **fixed-duration* use** (in combination with venetoclax) as **Preferred options for 1L CLL**[2]

Fixed-duration* Acalabrutinib (CALQUENCE) + venetoclax	• **Category 1 Preferred:** 1L CLL without del(17p)/*TP53*m
Continuous†‡ Acalabrutinib (CALQUENCE) ± obinutuzumab	• **Category 1 Preferred:** 1L CLL without del(17p)/*TP53*m • **Category 2A Preferred:** 1L CLL with del(17p)/*TP53*m

Acalabrutinib (CALQUENCE) monotherapy† is also a Category 1 Preferred option in R/R CLL with or without del(17p)/*TP53*m

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.

*Designed to be completed in fourteen 28-day cycles (2 cycles of CALQUENCE monotherapy followed by 12 cycles of CALQUENCE + venetoclax, starting venetoclax using a 5-week ramp-up as per dose schedule), unless disease progression or unacceptable toxicity warrants earlier discontinuation.[1] †CALQUENCE given until disease progression or unacceptable toxicity.[1] ‡When given in combination with CALQUENCE, obinutuzumab (IV) is given for up to six 28-day cycles, starting on Cycle 2, Day 1.[1]

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.

1L=first-line; BTKi=Bruton tyrosine kinase inhibitor; cBTKi=covalent Bruton tyrosine kinase inhibitor; CLL=chronic lymphocytic leukemia; del(17p)=deletion in the 17p chromosome; IV=intravenous; R/R=relapsed/refractory; *TP53*m=tumor protein p53 mutation.

INDICATION AND USAGE

CALQUENCE is indicated for the treatment of adult patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

SELECT SAFETY INFORMATION

Serious adverse events, including fatal events, have occurred with CALQUENCE, including serious and opportunistic infections, hemorrhage, cytopenias, second primary malignancies, cardiac arrhythmias, and hepatotoxicity, including drug-induced liver injury. The most common adverse reactions (≥30%) are upper respiratory tract infection, diarrhea, headache, and musculoskeletal pain. The most common Grade 3 or 4 laboratory abnormalities (≥10%) are absolute neutrophil count decreased, uric acid increased, absolute lymphocyte count decreased, and platelets decreased.

Please see full Prescribing Information, including Patient Information.

CALQUENCE®
acalabrutinib 100 mg tablets

MCL

CALQUENCE: The first and only BTKi approved in 1L MCL in combination with BR for auto-HSCT–ineligible patients[1]

National Comprehensive Cancer Network® (NCCN®)

NCCN PREFERRED

NCCN recommends continuous acalabrutinib (CALQUENCE®) in combination with bendamustine and rituximab as a **Category 2A Preferred, less aggressive* therapy option for 1L MCL** and continuous acalabrutinib (CALQUENCE) monotherapy as a **Category 2A Preferred therapy option for R/R MCL**[3]

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*For patients ineligible for auto-HSCT.[1]

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.
1L=first-line; auto-HSCT=autologous hematopoietic stem cell transplantation; BR=bendamustine + rituximab; BTKi=Bruton tyrosine kinase inhibitor; MCL=mantle cell lymphoma; R/R=relapsed/refractory.

INDICATIONS AND USAGE

CALQUENCE is indicated in combination with bendamustine and rituximab (BR) for the treatment of adult patients with previously untreated mantle cell lymphoma (MCL) who are ineligible for autologous hematopoietic stem cell transplantation (HSCT) and as monotherapy for the treatment of adult patients with MCL who have received at least one prior therapy.

SELECT SAFETY INFORMATION

Serious adverse events, including fatal events, have occurred with CALQUENCE, including serious and opportunistic infections, hemorrhage, cytopenias, second primary malignancies, cardiac arrhythmias, and hepatotoxicity, including drug-induced liver injury. The most common adverse reactions (≥30%) are upper respiratory tract infection, diarrhea, headache, and musculoskeletal pain. The most common Grade 3 or 4 laboratory abnormalities (≥10%) are absolute neutrophil count decreased, uric acid increased, absolute lymphocyte count decreased, and platelets decreased.

Please see full Prescribing Information, including Patient Information.

You may report side effects related to AstraZeneca products.

See NCCN Guidelines

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.** Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for B-cell Lymphomas V2.2026. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed March 2, 2026. To view the most recent and complete version of the guideline, go online to NCCN.org

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