Healthcare Improvement Scotland | SMC Advice on new medicines

Advice document
SMC2893

acalabrutinib film-coated tablets (Calquence®)

AstraZeneca UK Limited

06 March 2026

The Scottish Medicines Consortium (SMC) has completed its assessment of the above product and, following review by the SMC executive, advises NHS Boards and Area Drug and Therapeutics Committees (ADTCs) on its use in NHSScotland. The advice is summarised as follows:

ADVICE: following an abbreviated submission

acalabrutinib (Calquence ®) is accepted for restricted use within NHSScotland.

Indication under review: in combination with venetoclax with or without obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukaemia (CLL).

SMC restriction: acalabrutinib in combination with venetoclax only.

Acalabrutinib in combination with venetoclax offers an additional treatment choice in the therapeutic class of Bruton tyrosine kinase (BTK) inhibitors to be used in combination with B-cell lymphoma-2 inhibitors.

Another Bruton tyrosine kinase (BTK) inhibitor was accepted for use under the orphan equivalent medicine process.

This advice applies only in the context of approved NHSScotland Patient Access Scheme (PAS) arrangements delivering the cost-effectiveness results upon which the decision was based, or PAS/ list prices that are equivalent or lower.

Chair
Scottish Medicines Consortium

1. Clinical Context

1.1. Medicine background

Acalabrutinib is a highly selective, Bruton tyrosine kinase (BTK) inhibitor which blocks the survival and proliferation of chronic lymphocytic leukaemia (CLL) cells, limiting cancer progression. Venetoclax is an inhibitor of B-cell lymphoma-2 (BCL-2) and has demonstrated cytotoxic activity in tumour cells that overexpress BCL-2. As per the licensed indication, acalabrutinib can be taken in combination with venetoclax with or without obinutuzumab, however, at the company's request, this submission considers acalabrutinib in combination with venetoclax (VenA) only. The recommended dose of acalabrutinib is 100 mg twice daily (equivalent to a total daily dose of 200 mg) when used in combination with venetoclax. It is recommended that treatment with acalabrutinib in combination with venetoclax should continue until disease progression, unacceptable toxicity or completion of 14 cycles of treatment (each cycle is 28 days). Acalabrutinib should be administered on day 1 of cycle 1 for a total of 14 cycles. See Summary of product characteristics for information on venetoclax dosing.[1, 2]

1.2. Relevant comparator

Ibrutinib is another BTK inhibitor within the same therapeutic class as acalabrutinib.

Ibrutinib in combination with venetoclax (VenI) is accepted for use within NHSScotland for the treatment of adult patients with previously untreated CLL (SMC2543).[2]

2. Summary of Clinical Evidence

2.1. Evidence to support comparable efficacy with relevant comparators

The clinical efficacy and safety of VenA in patients with previously untreated CLL was demonstrated in a phase III, randomised, open-label, international study. The study included adult patients without del(17q) or TP53 mutation and with an Eastern Cooperative Oncology Group performance score of 0 or 2 (range 0 to 5, with 5 being the worst performance). The licensed indication is not restricted to this narrower population. Randomisation ratio was 1:1:1 to receive: VenA (n =291), acalabrutinib plus venetoclax plus obinutuzumab (n=286, not relevant for this submission and not discussed further), or investigators choice of chemoimmunotherapy (n=290). The primary outcome was progression-free survival (PFS) assessed by blinded independent central review. Estimated 36-month PFS at a median follow-up of 40.8 months (data cut off 30 April 2024) was 76% with VenA and 66% with chemoimmunotherapy, hazard ratio 0.65, (95% confidence interval 0.49 to 0.87), p = 0.004. [3]

In the absence of direct evidence, an unanchored simulated treatment comparison was conducted to compare VenA with VenI. Two of the three studies included in the indirect comparison were international, open-label, phase III, randomised controlled studies (AMPLIFY [VenA arm = 291 patients],[3] GLOW [VenI arm = 106 patients]),[4] and one study was an international, open-label, phase II, single arm trial (CAPTIVATE FD [VenI arm = 159 patients]).[5]

Results from the indirect comparisons indicate that there is no clear evidence of a difference in PFS or overall survival between patients treated with VenA and VenI.

3. Company Estimate of Eligible Population, Uptake and Budget Impact

3.1. Company's number of patients assumed to be eligible for treatment

SMC is unable to publish the estimated patient numbers as these were commercial in confidence.

3.2. Budget Impact assumption

Medicines reviewed under the abbreviated submissions process are estimated to have a limited net budget impact and resource allocation across NHS Scotland.

References

1. AstraZeneca UK Limited. Acalabrutinib 100 mg film-coated tablets (calquence). Summary of product characteristics. Electronic Medicines Compendium www.medicines.org.uk/emc/ Last updated [26/11/25].
2. AbbVie Ltd. venetoclax film-coated tablets (Venclyxto) Summary of product characteristics. Electronic Medicines Compendium www.medicines.org.uk/emc/ Last updated [31 October 2025].
3. Brown JR, Seymour JF, Jurczak W, Aw A, Wach M, Illes A*, et al.* Fixed-Duration Acalabrutinib Combinations in Untreated Chronic Lymphocytic Leukemia. N Engl J Med. 2025;392(8):748-62. Epub 20250205.
4. Kater AP, Owen C, Moreno C, Follows G, Munir T, Levin M-D*, et al.* Fixed-duration ibrutinib-venetoclax in patients with chronic lymphocytic leukemia and comorbidities. NEJM evidence. 2022;1(7):EVIDoa2200006.
5. Tam CS, Allan JN, Siddiqi T, Kipps TJ, Jacobs R, Opat S*, et al.* Fixed-duration ibrutinib plus venetoclax for first-line treatment of CLL: primary analysis of the CAPTIVATE FD cohort. Blood, The Journal of the American Society of Hematology. 2022;139(22):3278-89.

This assessment is based on data submitted by the applicant company up to and including 25 February 2026**.**

Medicine prices are those available at the time the papers were issued to SMC for consideration. SMC is aware that for some hospital-only products national or local contracts may be in place for comparator products that can significantly reduce the acquisition cost to Health Boards. These contract prices are commercial in confidence and cannot be put in the public domain, including via the SMC Detailed Advice Document. Area Drug and Therapeutics Committees and NHS Boards are therefore asked to consider contract pricing when reviewing advice on medicines accepted by SMC.

Patient access schemes: A patient access scheme is a scheme proposed by a pharmaceutical company in order to improve the cost-effectiveness of a medicine and enable patients to receive access to cost-effective innovative medicines. A Patient Access Scheme Assessment Group (PASAG), established under the auspices of NHS National Services Scotland reviews and advises NHSScotland on the feasibility of proposed schemes for implementation. The PASAG operates separately from SMC in order to maintain the integrity and independence of the assessment process of the SMC. When SMC accepts a medicine for use in NHSScotland on the basis of a patient access scheme that has been considered feasible by PASAG, a set of guidance notes on the operation of the scheme will be circulated to Area Drug and Therapeutics Committees and NHS Boards prior to publication of SMC advice.

Advice context:

No part of this advice may be used without the whole of the advice being quoted in full.

This advice is based on the estimation of at least similar comparative efficacy and limited net budget impact compared with other medicinal products, within the same therapeutic class, that are in routine use within NHSScotland.

This advice represents the view of the Scottish Medicines Consortium and was arrived at after evaluation of the evidence submitted by the company. It is provided to inform the considerations of Area Drug & Therapeutics Committees and NHS Boards in Scotland in determining medicines for local use or local formulary inclusion. This advice does not override the individual responsibility of health professionals to make decisions in the exercise of their clinical judgement in the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.