Chronic Myelogenous Leukemia (CML) Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ **Pathology**: _____

Stage: __New diagnosis or __Relapse

Line of Treatment: __First Line __Second Line __Third Line __Third Line +

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarkers:

CML Phase: __ Chronic Phase __ Accelerated Phase __ Lymphoid Blast Phase __ Myeloid Blast Phase __ Not Reported

Imatinib resistant or intolerant: __ Yes __ No

Philadelphia chromosome: __ Positive __ Negative

T315I: __ Positive __ Negative

Mutation: ____V299L ___T3151

First line of therapy (1st line)

__ Dasatinib* (Sprycel) **for intermediate or high risk disease**

__ Imatinib (Gleevec)

__ Nilotinib* (Tasigna) **for intermediate or high risk disease**

Second line of therapy (2nd line) | Following treatment failure, suboptimal response† , or intolerance to first line therapy

__ Bosutinib (Bosulif)

__ Dasatinib (Sprycel)

__ Nilotinib (Tasigna)

__ Ponatinib‡ (Iclusig)

Third line of therapy (3rd line)

__ Ponatinib (Iclusig)

* For patients with intermediate or high risk disease based on Sokal or Hasford Score:
  - Sokal: Intermediate Risk=0.8-1.2; High Risk>1.2
  - Hasford: Intermediate Risk=781-1480; High Risk>1480

† Defined as lack of complete hematologic response or BCR-ABL1 transcripts > 10% (IS) or lack of partial cytogenetic response on bone marrow cytogenetics.

‡ Pathway option for second line therapy only after failure, suboptimal response, or intolerance of a second generation TKI has been used in the first line setting, or T315I mutation has been identified.

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and are independent of specific health plan medical policy coverage criteria. Health plan medical policy/clinical guidelines should be consulted to determine whether proposed services will be covered.

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