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 ___T315I

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.