Chronic Myelogenous Leukemia (CML) Pathways

Patient Name:_____ Date of Birth:_____

Member Number: _____ Treatment Start Date:_____

Pathology:_____ **Stage**:_____

Line of Therapy: __1st Line __2nd Line __3rd Line __3rd Line+ **ECOG Performance Status**:_____ ICD-10 Code:_____

Biomarkers/Characteristics: (select all that apply)

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) | Low Risk Disease

___Imatinib (Gleevec)

First Line of Therapy (1st Line) | Intermediate or High Risk Disease*

___Dasatinib (Sprycel)

___Imatinib (Gleevec)

___Nilotinib (Tasigna)

Second Line of Therapy (2nd Line) | Following Treatment Failure, Suboptimal Response† , or Intolerance to 1st Line

___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: Pathways 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.

AIM SpecialtyHealth
8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631
www.aimspecialtyhealth.com

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