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.