## **Chronic Phase Chronic Myelogenous Leukemia (CP-CML) Pathways**

Patient Name:	
Member Number:	Treatment Start Date:
Pathology:	Stage:
Line of Therapy:	ICD-10 Code:
Biomarkers/Characteristics: (select all that apply)	
	se Lymphoid Blast Phase Myeloid Blast Phase Not Reported
	hiladelphia chromosome: Positive Negative
T315I: Positive Negative M	lutation:V299LT3151
New Diagnosis of CML	
• Low, Intermediate, or High-Risk Diseas	e*
☐ Imatinib (Gleevec)	
<ul> <li>Intermediate or High-Risk Disease*</li> </ul>	
☐ Dasatinib (Sprycel)	
☐ Nilotinib (Tasigna)	
Second Line of Therapy (2 <sup>nd</sup> Line)	
Resistant disease to primary treatment,	, Suboptimal Response <sup>†</sup> , or Intolerance to 1 <sup>st</sup> Line
☐ Bosutinib (Bosulif)	
☐ Dasatinib (Sprycel)	
☐ Nilotinib (Tasigna)	
<ul> <li>Presence of T315I mutation</li> </ul>	
☐ Ponatinib (Iclusig)	

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.

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. Biosimilars of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.

