Chronic Myelogenous Leukemia (CML) Pathways

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
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</thead>
<tbody>
<tr>
<td>Member Number:</td>
<td>Treatment Start Date:</td>
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**Pathology:**

**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 ____T315I

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**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)

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*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.

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**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.