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 ___T315I

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. Biosimilars or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.