

# Chronic Myelogenous Leukemia (CML) Pathways

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

Pathology: \_\_\_\_\_ Stage: \_\_\_\_\_

Line of Therapy: \_\_1<sup>st</sup> Line \_\_2<sup>nd</sup> Line \_\_3<sup>rd</sup> Line \_\_3<sup>rd</sup> 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 (1<sup>st</sup> Line) | Low Risk Disease

Imatinib (Gleevec)

## First Line of Therapy (1<sup>st</sup> Line) | Intermediate or High Risk Disease\*

Dasatinib (Sprycel)

Imatinib (Gleevec)

Nilotinib (Tasigna)

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

Bosutinib (Bosulif)

Dasatinib (Sprycel)

Nilotinib (Tasigna)

Ponatinib (Iclusig)‡

## Third Line of Therapy (3<sup>rd</sup> 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.**



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