

# Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) Pathways

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_

Treatment Start Date: \_\_\_\_\_

**Pathology:** \_\_\_\_\_

**Stage:** \_\_\_\_\_

**Line of Therapy:** \_\_\_\_\_

**ICD-10 Code:** \_\_\_\_\_

**Biomarkers/Characteristics:** (select all that apply)

17p deletion: \_\_Absent \_\_Present

TP53 status: \_\_Mutation absent \_\_Mutation present

## First Line of Therapy (1<sup>st</sup> Line)

- Requiring Initial Therapy
  - Any 17p/TP53 status
    - [Acalabrutinib \(Calquence\)](#)
    - [Ibrutinib \(Imbruvica\)](#)
    - [Zanubrutinib \(Brukinsa\)](#)
  - Without 17p Deletion AND Without TP53 Mutation
    - [Venetoclax \(Venclexta\) and obinutuzumab \(Gazyva\)](#)

## Second Line of Therapy (2<sup>nd</sup> Line)

- Recurrent / Relapsed Disease
  - Any 17p/TP53 status
    - [Acalabrutinib \(Calquence\)](#)
    - [Venetoclax \(Venclexta\) and rituximab](#)
    - [Venetoclax \(Venclexta\) and obinutuzumab \(Gazyva\)](#)
    - [Zanubrutinib \(Brukinsa\)](#)

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.