

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 (1st 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 (2nd 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.



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