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| **Internal request and external submission:** Review the data for bosutinib. | Based on the data in the noted references, bosutinib was added as a treatment option in the following circumstances:  
- Chronic phase CML  
  - For patients with inadequate initial response to prior TKI therapy  
    - BCR-ABL transcript levels > 10% by QPCR using the International Scale (IS) or < partial cytogenetic response (PCyR) on bone marrow cytogenetics at 3 months  
    - Less than complete cytogenetic response (CCyR) at 12 and 18 months  
  - Continuation of therapy for patients (who have been switched to bosutinib as early as 3 months for inadequate initial response to prior TKI therapy) in CCyR 12 months and 18 months or PCyR at 12 months  
  - Loss of response (increase in BCR-ABL transcript levels or cytogenetic relapse) at 6, 12 and 18 months  
- Disease progression to accelerated or blast phase CML on prior TKI therapy.  
- Follow-up therapy for relapse following allogeneic HSCT |  
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| Internal request Review the data for omacetaxine. | Based on the data in the noted references, omacetaxine was added as a treatment option for patients with chronic phase CML, accelerated phase CML and post-transplant relapse with resistance and/or intolerance to two or more TKIs. | - Nicolini FE, Lipton JH, Kantarjian H, et al. Subcutaneous omacetaxine mepesuccinate in patients with chronic phase (CP) or accelerated phase (AP) chronic myeloid leukemia (CML) resistant/intolerant to two or three approved tyrosine-kinase inhibitors (TKIs) [abstract]. J Clin Oncol 2012;30(15_suppl):Abstract 6513.  