

NHL: Diffuse Large B-Cell Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

Pathology: _____ Stage: _____

Line of Therapy: __1st Line __2nd Line __3rd Line __3rd Line+ __Maint ECOG Performance Status: _____ ICD-10 Code: _____

Biomarkers/Characteristics: (select all that apply)

CD20 status: __Negative __Positive HIV associated lymphoma: __No __Yes Transplant Candidate: __No __Yes

First Line of Therapy (1st Line)

R-CHOP (21): cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab*

First Line of Therapy (1st Line) | Contraindication to Anthracycline

R-CEOP: cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab*

Second and Subsequent Lines of Therapy (2nd Line+) | Transplant Candidates

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab*

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab*

R-ICE: ifosfamide (Ifex), carboplatin, etoposide (Toposar), and rituximab*

Second and Subsequent Lines of Therapy (2nd Line+) | Non-Transplant Candidates

BR: bendamustine (Bendeka, Treanda) and rituximab*

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab*

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab*

R-GemOx: gemcitabine (Gemzar), oxaliplatin, and rituximab*

*Rituximab may be administered as Rituxan or Rituxan Hycela. When Rituxan Hycela is chosen, treatment with SC rituximab (Rituxan Hycela) should only be initiated after patients have received at least one full dose of IV rituximab (Rituxan)

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.