

NHL: Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) 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:** _____

Leukemia Stage: __NS (No stage) __Recurrent

Biomarkers/Characteristics: (select all that apply)

11q deletion: __Absent __Present

17p deletion: __Absent __Present

CD20 Status: __Negative __Positive

TP53 status: __Mutation absent __Mutation present

First Line of Therapy (1st Line) | With 17p Deletion or TP53 Mutation Present

Ibrutinib (Imbruvica)

First Line of Therapy (1st Line) | Without 17p Deletion

BR: bendamustine (Bendeka, Treanda) and rituximab

FCR: fludarabine (Fludara), cyclophosphamide, and rituximab*

Ibrutinib (Imbruvica)

Obinutuzumab (Gazyva) and chlorambucil (Leukeran)

Second and Subsequent Lines of Therapy (2nd Line+) | With 17p Deletion or TP53 Mutation Present

Ibrutinib (Imbruvica)

Idelalisib (Zydelig)

Idelalisib (Zydelig) and rituximab

Venetoclax (Venclexta) and rituximab

Second and Subsequent Lines of Therapy (2nd Line+) | Without 17p Deletion

Ibrutinib (Imbruvica)

Idelalisib (Zydelig)

Idelalisib (Zydelig) and rituximab

Venetoclax (Venclexta) and rituximab

Primary treatment for CLL should be initiated in accordance with the guidelines established by the Working Group on CLL

* 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.