

NHL: Follicular and Marginal Zone Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __0-E __0-X __0-XE __IA __IA-E __IA-X __IA-XE __IB __IB-E __IB-X __IB-XE __IIA __IIA-E __IIA-X __IIA-XE __IIB __IIB-E __IIB-X __IIB-XE __IIIA __IIIA-E __IIIA-X __IIIA-XE __IIIB __IIIB-E __IIIB-X __IIIB-XE __IVA __IVA-E __IVA-X __IVA-XE __IVB __IVB-E __IVB-X __IVB-XE __NS
__Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line+ __Maintenance

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarkers:

CD20 Status: __Positive __Negative

__ Transplant candidate __ Non-transplant candidate

Gastric MALT (Mucosa-associated Lymphoid Tissue) Lymphoma: Stage IE or IIE, *H. pylori* positive*

__ Antibiotic therapy for *H. pylori* eradication

Splenic Marginal Zone Lymphoma † OR Gastric MALT Lymphoma: First line of therapy (1st line)

__ Rituximab (Rituxan) monotherapy

Follicular (Grade I-IIIa) Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line)

__ BR: Bendamustine (Bendeke, Treanda) and rituximab (Rituxan)

__ R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

__ R-CVP: Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab (Rituxan)

__ Rituximab (Rituxan) monotherapy

Follicular Lymphoma and other Marginal Zone Lymphomas | First line of therapy (1st line) | Additional options for the elderly or infirm

__ Chlorambucil (Leukeran)

__ Chlorambucil (Leukeran) and rituximab (Rituxan)

__ Cyclophosphamide

__ Cyclophosphamide and rituximab (Rituxan)

Follicular Lymphoma (Grade III) | First line of therapy (1st line)

__ R-CHOP(21): Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

__ R-CEOP: Cyclophosphamide, etoposide (Toposar), vincristine (Vincasar), prednisone, and rituximab (Rituxan)

*Gastric MALT with translocation 11;18 (t11;18) (q21;q21) predicts a lower response rate to anti-*H. pylori* treatment. Radiation therapy or other local intervention may be indicated.

†Splenectomy is also a recommended option for Splenic Marginal Zone Lymphoma (NCCN 2A).

Note: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.



8600 West Bryn Mawr Avenue
South Tower - Suite 800 Chicago, IL 60631
www.aimspecialtyhealth.com

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