**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

Leukemia Stage: __NS (No stage) __Recurrent

Biomarkers/Characteristics: (select all that apply)

- 11q deletion: __Absent __Present
- CD20 Status: __Negative __Positive
- 17p deletion: __Absent __Present
- 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 or TP53 Mutation Present

- __Ibrutinib (Imbruvica)
- __Venetoclax (Venclexta) and obinutuzumab (Gazyva)

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

- __Duvelisib (Copiktra)
- __Ibrutinib (Imbruvica)
- __Idelalisib (Zydelig)
- __Idelalisib (Zydelig) and rituximab
- __Venetoclax (Venclexta) and rituximab

### Second and Subsequent Lines of Therapy (2nd Line+) | Without 17p Deletion or TP53 Mutation Present

- __Duvelisib (Copiktra)
- __Ibrutinib (Imbruvica)
- __Idelalisib (Zydelig)
- __Idelalisib (Zydelig) and rituximab
- __Venetoclax (Venclexta) and rituximab

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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. 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.