

NHL: Follicular and Marginal Zone 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

Gastric MALT (Mucosa-Associated Lymphoid Tissue) Lymphoma | Stage IE or IIE | *H. pylori* Positive*

Antibiotic therapy for *H. pylori* eradication

Splenic Marginal Zone† or Gastric MALT Lymphoma | First Line of Therapy (1st Line)

Rituximab‡ monotherapy

Follicular (Grade I-IIIa) and Other Marginal Zone Lymphomas | First Line of Therapy (1st Line)

BR: Bendamustine (Bendeka, Treanda) and rituximab‡

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

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

Rituximab‡ monotherapy

Follicular and Other Marginal Zone Lymphomas | First Line of Therapy (1st Line) | Additional options for the elderly or infirm

Chlorambucil (Leukeran)

Chlorambucil (Leukeran) and rituximab‡

Cyclophosphamide

Cyclophosphamide and rituximab‡

Follicular Lymphoma (Grade III) | First Line of Therapy (1st Line)

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

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

*Gastric MALT with translocation 11;18 (t(11;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)

‡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.