# NHL: Mantle Cell Lymphoma Pathways

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Number:</td>
<td>Treatment Start Date:</td>
</tr>
<tr>
<td>Pathology:</td>
<td>Stage:</td>
</tr>
<tr>
<td>Line of Therapy:</td>
<td>ECOG Performance Status:</td>
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</tbody>
</table>

**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) | ASCT Candidates

- **Alternating R-CHOP/R-DHAP:** cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, rituximab alternating with dexamethasone, cisplatin, cytarabine (Ara-C), and rituximab
- **Nordic Regimen:** dose intensified rituximab, cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab and high dose cytarabine (Ara-C)

## First Line of Therapy (1st Line) | Not an ASCT Candidate

- **BR:** bendamustine (Bendeka, Treanda) and rituximab

## Second and Subsequent Lines of Therapy (2nd Line+)

- **Acalabrutinib (Calquence)**
- **BR:** bendamustine (Bendeka, Treanda) and rituximab
- **Bortezomib (Velcade)**
- **Ibrutinib (Imbruvica)**
- **Lenalidomide (Revlimid)**

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**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 or alternate formulations (along with the reference products) are considered on pathway unless otherwise specified by health plan formularies, medical policies, or preferred product rules.