

NHL: Diffuse Large B-Cell 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

First Line of Therapy (1st Line)

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

First Line of Therapy (1st Line) | Contraindication to Anthracycline

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

Second and Subsequent Lines of Therapy (2nd Line+) | Transplant Candidates

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan)

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)

R-ICE: ifosfamide (Ifex), carboplatin, etoposide (Toposar), and rituximab (Rituxan)

Second and Subsequent Lines of Therapy (2nd Line +) | Non-Transplant Candidates

BR: bendamustine (Bendeka, Treanda) and Rituximab (Rituxan)

R-GDP: gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab (Rituxan)

R-GDP: gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab (Rituxan)

R-GemOx: gemcitabine (Gemzar), oxaliplatin, and rituximab (Rituxan)

Rituximab (Rituxan) monotherapy **reserved for frail patients or elderly patients**

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.