

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 Lymphoma† OR Gastric MALT Lymphoma | First Line of Therapy (1st Line)

Rituximab (Rituxan) monotherapy

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

BR: Bendamustine (Bendeka, 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 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 (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)

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.



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