

NHL: Diffuse Large B-Cell Lymphoma Pathways

Patient Name: _____ Date of Birth: _____

Member Number: _____ Treatment Start Date: _____

ICD-10 Code: _____ Pathology: _____

Stage: __0 __0-E __0-X __0-XE __IA __IA-E __IA-X __IA-XE __IB __IB-E __IB-X __IB-XE __IIA __IIA-E __IIA-X __IIA-XE __IIB __IIB-E __IIB-X __IIB-XE __IIIA __IIIA-E __IIIA-X __IIIA-XE __IIIB __IIIB-E __IIIB-X __IIIB-XE __IVA __IVA-E __IVA-X __IVA-XE __IVB __IVB-E __IVB-X __IVB-XE __NS
__Recurrent

Line of Treatment: __First Line __Second Line __Third Line __Third Line+ __Maintenance

ECOG Performance Status: __0 __1 __2 __3 __4

Biomarker:

CD20 status: __Negative __Positive

HIV associated lymphoma: __No __Yes

__ Transplant candidate __ Non-transplant candidate

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) **OR**

__**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) **OR**

__**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: Pathway lists are solely for the purpose of eligibility for enhanced reimbursement and 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.