

# 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 (1<sup>st</sup> line)

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

## First line of therapy (1<sup>st</sup> line) | Contraindication to anthracycline

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

## Second and subsequent lines of therapy (2<sup>nd</sup> 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 (2<sup>nd</sup> 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.