

NHL: Mantle 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 Not reported

HIV associated lymphoma: No Yes

Transplant candidate Non-transplant candidate

First line of therapy (1st line) | ASCT Candidates

Alternating R-CHOP/R-DHAP: cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, rituximab (Rituxan) alternating with dexamethasone, cisplatin, cytarabine (Ara-C), and rituximab (Rituxan)

Nordic Regimen: dose intensified rituximab (Rituxan), cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab (Rituxan) and high dose cytarabine (Ara-C)

First line of therapy (1st line) | Not ASCT Candidates

BR: bendamustine (Bendeke, Treanda) and rituximab (Rituxan)

Second and subsequent lines of therapy (2nd line +)

BR: bendamustine (Bendeke, Treanda) and rituximab (Rituxan)

Bortezomib (Velcade)

Ibrutinib (Imbruvica)

Lenalidomide (Revlimid)

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.