NHL: Chronic Lymphocytic Leukemia (CLL)/ Small Lymphocytic Lymphoma (SLL) Pathways

Patient Name:	Date of Birth:
Member Number:	Treatment Start Date:
Pathology:	Stage:
Line of Therapy:	ICD-10 Code:
Biomarkers/Characteristics: (select all that apply)	
17p deletion:AbsentPresent	TP53 status:Mutation absentMutation present
First Line of Therapy (1 st Line)	
Any / All Stages	
 Any 17p/TP53 status 	
Acalabrutinib (Calquence)	
Ibrutinib (Imbruvica)	
Zanabrutinib (Brukinsa)	
 Without 17p Deletion AND Without TP5 	53 Mutation
Venetoclax (Venclexta) and obine	utuzumab (Gazyva)
Second Line of Therapy (2 nd Line)	
Recurrent / Relapsed Disease	
 Any 17p/TP53 status 	
Acalabrutinib (Calquence)	
Venetoclax (Venclexta) and rituxi	imab
Zanabrutinib (Brukinsa)	

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. Biosimilars of reference products listed are considered "on pathway." However, reimbursement for biosimilar products may be impacted by health plan specific formularies, medical policy and preferred product rules.

