

# NHL: Diffuse Large B-Cell Lymphoma 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)

Transplant Candidate: \_\_No \_\_Yes

## First Line of Therapy (1<sup>st</sup> Line) – Stages I-IV

- ☐ **R-CHOP (21):** cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab
- When there is a contraindication to anthracycline
  - ☐ **R-CEOP:** cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab

## Second Line of Therapy (2<sup>nd</sup> Line) – Stages I-IV and Recurrent

- Transplant Candidates
  - ☐ **R-ICE:** ifosfamide (Ifex), carboplatin, etoposide, and rituximab
- Non-Transplant Candidates
  - ☐ **R-GemOx:** gemcitabine (Gemzar), oxaliplatin, and rituximab
- Transplant and Non-Transplant Candidates
  - ☐ **R-GDP:** gemcitabine (Gemzar), dexamethasone, cisplatin, and rituximab
  - ☐ **R-GDP:** gemcitabine (Gemzar), dexamethasone, carboplatin, and rituximab

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.



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