

NHL: Mantle 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)

Autologous Stem Cell Transplant (ASCT) Candidate: __No __Yes

First Line of Therapy (1st Line)

- Stages I-IV
 - Candidates for Autologous Stem Cell Transplant (ASCT)
 - ☐ **Alternating R-CHOP/R-DHAP:** cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, rituximab alternating with dexamethasone, cisplatin, cytarabine (Ara-C), and rituximab
 - ☐ **Nordic Regimen:** dose intense rituximab, cyclophosphamide, vincristine (Vincasar), doxorubicin (Adriamycin), prednisone alternating with rituximab and high dose cytarabine (Ara-C)
 - Non-Candidates for Autologous Stem Cell Transplant (ASCT)
 - ☐ **BR:** bendamustine (Bendeka, Treanda) and rituximab

Second and Subsequent Lines of Therapy (2nd Line+)

- Recurrent*
 - ☐ Acalabrutinib (Calquence)
 - ☐ **BR:** bendamustine (Bendeka, Treanda) and rituximab
 - ☐ Bortezomib (Velcade)
 - ☐ Lenalidomide (Revlimid)

* Includes recurrent, progressive and refractory disease

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.



8600 West Bryn Mawr Avenue
South Tower – Suite 800 Chicago, IL 60631

Last review: 7/29/2025 | Effective date: 7/29/2025

© 2025 Carelon Medical Benefits Management