

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 (1st 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

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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