

NHL: Follicular and Marginal Zone Lymphoma Pathways

Patient Name: _____

Date of Birth: _____

Member Number: _____

Treatment Start Date: _____

Pathology: _____

Stage: _____

Line of Therapy: _____

ICD-10 Code: _____

First Line of Therapy

- Stages[§] I-II
 - Gastric MALT* Lymphoma when *H. pylori* positive
 - Antibiotic therapy for *H. pylori* eradication[†]
- Stages[§] I-IV
 - Gastric MALT or Splenic Marginal Zone[‡]
 - Rituximab
 - Follicular (Grade 1-3a) and Other Marginal Zone Lymphomas
 - BR**: Bendamustine (Bendeka, Treanda) and rituximab
 - R-CHOP(21)**: Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab
 - R-CVP**: Cyclophosphamide, vincristine (Vincasar), prednisone, and rituximab
 - Rituximab
 - Follicular (Grade 1-3a) and Other Marginal Zone Lymphomas – Additional options for the elderly or infirm
 - Chlorambucil (Leukeran)
 - Chlorambucil (Leukeran) and rituximab
 - Cyclophosphamide
 - Cyclophosphamide and rituximab
 - Follicular Lymphoma (Grade 3b)
 - R-CHOP(21)**: Cyclophosphamide, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and rituximab
 - R-CEOP**: Cyclophosphamide, etoposide, vincristine (Vincasar), prednisone, and rituximab

* Gastric MALT with translocation 11;18 (t11;18) (q21;q21) predicts a lower response rate to anti-*H. pylori* treatment. Radiation therapy or other local intervention may be indicated.

† Only generic antibiotics are considered pathway options for *H. pylori* eradication. Clarithromycin and either amoxicillin OR metronidazole are sample regimens that may be selected to maintain pathway adherence. The actual regimen prescribed should be based on current guidelines, local antibiotic resistance patterns, and the most affordable choices.

‡ Splenectomy is also a recommended option for splenic marginal zone lymphoma (NCCN 2A)

§ Lugano Classification: A modification of the Ann Arbor Classification

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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