## NHL: Follicular and Marginal Zone Lymphoma Pathways

Patient Name:	Date of Birth:
Member Number:	
First Line of Therapy	
Stages <sup>§</sup> I-II	
<ul> <li>Gastric MALT* Lymphoma when H. py</li> </ul>	olori positive
☐ Antibiotic therapy for <i>H. pylori</i> era	adication †
Stages <sup>§</sup> I <sup>-</sup> IV	
<ul> <li>Gastric MALT or Splenic Marginal Zone</li> </ul>	e <sup>‡</sup>
☐ Rituximab	
<ul> <li>Follicular (Grade 1-3a) and Other Marg</li> </ul>	ginal Zone Lymphomas
☐ <b>BR</b> : Bendamustine (Bendeka, Tr	reanda) and rituximab
R-CHOP(21): Cyclophosphamide rituximab	e, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and
□ R-CVP: Cyclophosphamide, vinc	cristine (Vincasar), prednisone, and rituximab
☐ Rituximab	
<ul> <li>Follicular Large B-cell Lymphoma (Foll</li> </ul>	icular Lymphoma Grade 3b)
R-CHOP(21): Cyclophosphamide rituximab	e, doxorubicin (Adriamycin), vincristine (Vincasar), prednisone, and
☐ R-CEOP: Cyclophosphamide, et	oposide, vincristine (Vincasar), prednisone, and rituximab

- ‡ 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.



<sup>\*</sup> 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.

<sup>†</sup> 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.