

Lymphoma, Follicular Pathways**

Patient Name: _____ Date of Birth: _____

Member ID: _____ Treatment Start Date: _____

Stage: _____ Pathology: _____

ECOG Status: 1 2 3 4 ICD-10 Code: _____

Line of Therapy: 1st Line 2nd Line 3rd Line /+ Maint.

Biomarkers/Attributes: (select all that apply)

CD20 Status: <input type="checkbox"/> Negative <input type="checkbox"/> Positive	Hepatitis B Status: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
HIV Associated Lymphoma: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transplant Candidate: <input type="checkbox"/> Yes <input type="checkbox"/> No

Follicular Lymphoma (Grade 1-2)**

First Line

- Bendamustine + Rituximab* (BR)

Second and Subsequent Lines of Therapy (non-refractory disease)

- Bendamustine + Rituximab* (BR)
- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + Rituximab*
- CVP (cyclophosphamide, vincristine, prednisone) + Rituximab*
- Rituximab*

Second and Subsequent Lines of Therapy (refractory disease)

- Bendamustine + Obinutuzumab
- Bendamustine + Rituximab* (BR)
- CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) + Rituximab*
- CVP (cyclophosphamide, vincristine, prednisone) + Rituximab*
- Rituximab*

Follicular Lymphoma, High-Grade (Grade 3)**

First Line

- Rituximab*-CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone)

Second and Subsequent Lines of Therapy

- Rituximab* ± GDP (gemcitabine, dexamethasone, cisplatin or carboplatin)
- Rituximab* ± ICE (ifosfamide, carboplatin, etoposide)
- Rituximab* ± DHAP (dexamethasone, cisplatin, cytarabine)

*a biosimilar agent may be preferred under the patient's specific health plan

**Therapies that are administered at Centers of Excellence, including stem cell transplant or CAR T-cell therapy, are not included in pathways. Patients eligible for transplant or CAR T-cell therapy should be referred appropriately for evaluation.

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Last Review [2.18.2022] | Effective [3.1.2022]