

Lymphoma, Mantle Cell 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)

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

First Line

- Alternating RCHOP/RDHAP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone)/rituximab, dexamethasone, cytarabine, cisplatin)*
- Nordic regimen (dose-intensified induction immunochemotherapy with rituximab + cyclophosphamide, vincristine, doxorubicin, prednisone [Maxi-CHOP]) alternating with rituximab + high-dose cytarabine
- Hyper-CVAD (cyclophosphamide, vincristine, doxorubicin, and dexamethasone alternating with high-dose methotrexate and cytarabine) + rituximab*
- Bendamustine + Rituximab*
- VR-CAP (bortezomib, rituximab, cyclophosphamide, doxorubicin, and prednisone)*

Maintenance after 1st Line of therapy

- Rituximab* (after HDT/ASCR only)

Second Line of Therapy

- Bendamustine + Rituximab* (BR)
- Acalabrutinib
- Ibrutinib
- Zanubrutinib

Third and Subsequent Lines of Therapy

- Bendamustine + Rituximab* (BR)
- Acalabrutinib
- Ibrutinib
- Zanubrutinib
- Lenalidomide

*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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