

# NHL: Mantle Cell Lymphoma Pathways

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Number: \_\_\_\_\_ Treatment Start Date: \_\_\_\_\_

Pathology: \_\_\_\_\_ Stage: \_\_\_\_\_

Line of Therapy: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

**Biomarkers/Characteristics:** (select all that apply)

Autologous Stem Cell Transplant (ASCT) Candidate: \_\_No \_\_Yes

## First Line of Therapy (1<sup>st</sup> Line)

- Stages I-IV
  - Candidates for Autologous Stem Cell Transplant (ASCT)
    - Alternating R-CHOP/R-DHAP:** cyclophosphamide (Cytoxan), doxorubicin (Adriamycin), vincristine, prednisone, rituximab alternating with dexamethasone, cisplatin, cytarabine (Ara-C), and rituximab
    - Nordic Regimen:** dose intense rituximab, cyclophosphamide, vincristine, doxorubicin (Adriamycin), prednisone alternating with rituximab and high dose cytarabine (Ara-C)
  - Non-Candidates for Autologous Stem Cell Transplant (ASCT)
    - BR:** bendamustine (Bendeka, Treanda) and rituximab

## Second and Subsequent Lines of Therapy (2<sup>nd</sup> Line+)

- Recurrent\*
  - Acalabrutinib (Calquence)
  - BR:** bendamustine (Bendeka, Treanda) and rituximab
  - Bortezomib (Velcade)
  - Lenalidomide (Revlimid)

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\* Includes recurrent, progressive and refractory disease

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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Last review: 2/10/2026 | Effective date: 4/20/2026

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