

# NCCN Guidelines Compliance Report

*produced by ClinixBoost LLC*

## NCCN Compliance Summary

**Compliance Status:** Fully Compliant

**NCCN Category:** 2A

**Reference:** Report based on NCCN Guideline for B-Cell Lymphomas that can be found at [https://www.nccn.org/professionals/physician\\_gls/pdf/b-cell.pdf](https://www.nccn.org/professionals/physician_gls/pdf/b-cell.pdf)

**Overall Rationale:** The planned bendamustine + rituximab matches NCCN's preferred third-line and subsequent therapy for relapsed or progressive classic follicular lymphoma (Category 2A). The patient has had no prior bendamustine. The reduced bendamustine dose (75 mg/m<sup>2</sup>) is reasonable for age and kidney function. Obinutuzumab would be the preferred partner if the disease is rituximab-refractory, but rituximab remains a listed option. Premedications and Venofer (IV iron, supportive care) were not evaluated.

## Current & Planned Regimen Cost (Monthly)

| Regimen                       | Status          | Monthly Cost      |
|-------------------------------|-----------------|-------------------|
| Bendamustine + rituximab (BR) | Pending/Planned | \$5,610.60        |
| <b>Total (deduplicated)</b>   |                 | <b>\$5,610.60</b> |

## Alternative Regimens

**Current/Planned Treatment:** Bendamustine + Rituximab (BR), every 4 weeks for 6 cycles

### Table Legend:

- **Agent** - The chemotherapy or targeted therapy drug name.
- **Order Template** - The standardized order protocol name used in the clinical system.
- **NCCN Category** - The NCCN guideline recommendation category (e.g., Category 1, 2A, 2B, 3).
- **Monthly Cost** - Estimated total monthly cost of the regimen based on CMS ASP/NADAC pricing.
- **Rationale** - Clinical reasoning for why this alternative is appropriate based on patient factors and evidence.

| Agent                         | Order Template                   | NCCN Category | Monthly Cost | Rationale                                                                    |
|-------------------------------|----------------------------------|---------------|--------------|------------------------------------------------------------------------------|
| Bendamustine, Rituximab-abbs  | FOL12 - Bendamustine + RITUXImab | N/A           | \$5,610.60   | An FDA-approved biosimilar is an appropriate substitute for rituximab in BR. |
| Bendamustine, Rituximab-arrrx | FOL12 - Bendamustine + RITUXImab | N/A           | \$5,610.60   | Biosimilar substitute for rituximab in BR.                                   |

| Agent                                                                | Order Template                                                                    | NCCN Category | Monthly Cost | Rationale                                                                                                                                                                                                                    |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bendamustine, Rituximab-pvvr                                         | FOL12 - Bendamustine + RiTUXimab                                                  | N/A           | \$5,610.60   | Biosimilar substitute for rituximab in BR.                                                                                                                                                                                   |
| Rituximab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone    | FOL1 - CHOP (CycloPHOSphamide/DOXOrubicin/VinCRISTine/PredniSONE) + RiTUXimab     | 2A            | \$6,821.82   | Preferred second-line and later chemoimmunotherapy for relapsed or progressive disease. No prior anthracycline. Tolerability is a concern at age 83.                                                                         |
| Bendamustine, Rituximab and hyaluronidase human                      | DBL56 - RiTUXimab and hyaluronidase human                                         | N/A           | \$14,630.28  | The subcutaneous rituximab product can replace IV rituximab in BR once a full IV rituximab dose has been given, which this patient has had in prior lines.                                                                   |
| Rituximab                                                            | FOL5 - RiTUXimab                                                                  | 2A            | \$19,986.00  | NCCN prefers single-agent rituximab for older or infirm patients when combination chemotherapy may not be tolerated, in second-line and later relapsed disease. Relevant at age 83 with renal impairment.                    |
| Obinutuzumab                                                         | FOL32 - Obinutuzumab                                                              | 2A            | \$46,224.77  | A single-agent option for second-line and later relapsed or progressive disease. It is a low-intensity choice for possible rituximab-refractory disease.                                                                     |
| Bendamustine, Obinutuzumab                                           | FOL23 - Bendamustine + Obinutuzumab                                               | 2A            | \$46,838.87  | Preferred for third-line and later relapsed or progressive disease. NCCN specifically prefers obinutuzumab for rituximab-refractory disease, and this patient progressed on lenalidomide + rituximab. No prior bendamustine. |
| Obinutuzumab, Cyclophosphamide, Doxorubicin, Vincristine, Prednisone | FOL24 - CHOP (CycloPHOSphamide/DOXOrubicin/VinCRISTine/PredniSONE) + Obinutuzumab | 2A            | \$49,466.24  | Preferred second-line and later option. Obinutuzumab is the preferred antibody for possible rituximab-refractory disease. Tolerability is a concern at age 83.                                                               |
| Lenalidomide, Tafasitamab-cxix, Rituximab                            | FOL39 - Lenalidomide + RiTUXimab + Tafasitamab-cxix                               | 1             | \$64,509.45  | Preferred for second-line and later disease when there has been at least 1 prior anti-CD20 therapy, which the patient meets. Caveat: the patient previously progressed on lenalidomide + rituximab.                          |
| Loncastuximab tesirine-lpyl, Rituximab                               | FOL40 - Loncastuximab tesirine-lpyl + RiTUXimab                                   | 2B            | \$131,927.18 | A third-line and subsequent option for relapsed or progressive disease, using an anti-CD19 antibody-drug conjugate.                                                                                                          |
| Lenalidomide, Epcoritamab-bysp, Rituximab                            | FOL41 - Lenalidomide + Epcoritamab-bysp + RiTUXimab                               | 1             | \$139,991.22 | Preferred for second-line and later relapsed or progressive disease. Caveat: the patient previously progressed on lenalidomide + rituximab.                                                                                  |
| Epcoritamab-bysp                                                     | FOL35 - Epcoritamab-bysp                                                          | 2A            | \$152,824.98 | Preferred third-line and subsequent bispecific antibody (CD20xCD3) for relapsed or progressive disease. Given subcutaneously, with no chemotherapy, which suits an older patient.                                            |
| Mosunetuzumab-axgb                                                   | FOL34 - Mosunetuzumab-axgb                                                        | 2A            | \$179,446.08 | Preferred third-line and subsequent CD20xCD3 bispecific antibody. It is a fixed-duration treatment and comes in IV and SC forms.                                                                                             |

| Agent                    | Order Template           | NCCN Category | Monthly Cost      | Rationale                                                                                                                  |
|--------------------------|--------------------------|---------------|-------------------|----------------------------------------------------------------------------------------------------------------------------|
| Axicabtagene ciloleucel  | N/A - no template listed | 2A            | No Info Available | A preferred third-line and subsequent therapy for relapsed or progressive disease. Eligibility at age 83 must be assessed. |
| Lisocabtagene maraleucel | N/A - no template listed | 2A            | No Info Available | A preferred third-line and subsequent therapy. Its safety profile may be more favorable for older patients.                |
| Tisagenlecleucel         | N/A - no template listed | 2A            | No Info Available | A preferred third-line and subsequent therapy for relapsed or progressive disease.                                         |

## Patient Demographics

The patient is a 83-year-old Male with a height of 74 in, weight of 228 lbs, and body surface area (BSA) of 2.3 m<sup>2</sup>.

## Primary Diagnosis

The patient has been diagnosed with Classic Follicular Lymphoma, classified under B-Cell Lymphomas, with histological subtype of Follicular lymphoma.

## Biomarkers

No biomarker data available for this patient.

## Performance Status

ECOG performance status: Not reported. Karnofsky performance score: Not reported.

## Past Regimens

RCVP (line 1 therapy, Chemoimmunotherapy, with Palliative intent, discontinued due to: Disease progression). Agents include: RCVP. Revlimid and Rituxan (line 2 therapy, Immunomodulator + anti-CD20 antibody, with Palliative intent, discontinued due to: Disease progression). Agents include: Revlimid PO, Rituxan IV. [unspecified agent] and Brukinsa (line 3 therapy, BTK inhibitor-based therapy, with Palliative intent, ended 2025, best response: Progressive disease, discontinued due to: Disease progression; stopped in favor of new treatment (bendamustine + Rituxan)). Agents include: Brukinsa PO.

## Current Active Regimens

No current active treatment regimens documented.

## Pending/Planned Regimens

Rituxan, Bendamustine (Chemotherapy). Agents include: Rituxan IV Q 4wk x 6 cycles, Bendamustine IV Day 1, 2 Q 4wks x 6 cycles. Premedication: Ondansetron (Zofran), Diphenhydramine (Benadryl), Dexamethasone

(Decadron), Acetaminophen (Tylenol) (line 4 therapy, Premedication). Agents include: Ondansetron (Zofran) Prior to chemotherapy, Diphenhydramine (Benadryl) Prior to chemotherapy, Dexamethasone (Decadron) Prior to chemotherapy, Acetaminophen (Tylenol) PO Prior to chemotherapy. Venofer (Supportive care - IV iron). Agents include: Venofer IV Weekly.

## Palliative Care

Palliative care services have not been formally engaged for this patient.

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