

**Lunsumio (mosunetuzumab-axgb)**  
**Effective 07/01/2023**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

### Overview

Lunsumio is indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

### Coverage Guidelines

Authorization may be granted for members new to the plan who are currently receiving treatment with Lunsumio, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for treatment when all the following criteria are met:

1. Member has a diagnosis of relapsed or refractory follicular lymphoma (FL)
2. Provider specialty is oncology or hematology or medication is being used in consultation with an oncologist or hematologist
3. Provider attestation that the member has received at least two prior therapies, including an anti-CD20 monoclonal antibody (e.g., rituximab) and an alkylating agent (e.g., bendamustine)

**Note:** Medication regimens being used in accordance with National Comprehensive Cancer Network (NCCN) guidelines with at least a 2a or 2b level evidence can be reviewed for medical necessity.

### Continuation of Therapy

Reauthorization will be granted for a covered indication when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

### Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

**References**

1. Lunsumio [package insert]. South San Francisco, CA: Genentech, Inc.; December 2022.

**Review History**

04/12/2023 – Reviewed and Created for April P&T; Effective 7/1/23

