Mass General Brigham
Health Plan

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

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
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 monocolonal 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