

T-Cell Immunotherapy
Lunsumio (mosunetuzumab-axgb)
Effective 10/01/2026

Plan	☒ MassHealth UPPL ☐ Commercial/Exchange	Program Type	☒ Prior Authorization
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		☐ Quantity Limit ☐ Step Therapy
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 (mosunetuzumab-axgb) is an intravenous “off-the-shelf” T-cell-redirecting, bispecific antibody that is indicated for the treatment of adult patients with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.

Lunsomio Velo (mosunetuzumab-axgb) is the subcutaneous formulation of mosunetuzumab. It is approved for the same indication as the intravenous formulation.

Coverage Guidelines

If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs **OR**

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Diagnosis of relapsed or refractory follicular lymphoma (FL)
2. Prescriber is a hematologist or oncologist
3. Appropriate dosing
4. Member is ≥ 18 years of age on treatment date
5. Inadequate response or adverse reaction to TWO lines of systemic therapies including at least one anti-CD20 monoclonal antibody (*e.g., rituximab, obinutuzumab – see Appendix*)

Limitations

1. Initial approvals will be granted for 12 months.
2. Reauthorizations: There is currently no data to support repeat dosing of extended use of Lunsumio beyond 17 cycles. Requests for reauthorization will be reviewed on a case by case basis.

Appendix

Commonly Used Regimens for FL

According to the NCCN guidelines, the following regimens may be used for the treatment of FL:

- Bendamustine + rituximab or obinutuzumab
- CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone) + rituximab or obinutuzumab
- CVP (cyclophosphamide, vincristine and prednisone) + rituximab or obinutuzumab
- Lenalidomide + rituximab
- Single agent rituximab or obinutuzumab

References

1. Lunsumio [package insert on the internet]. South San Francisco (CA): Genentech; 2024 Dec [cited 2023 Feb 16]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2022/761263s000lbl.pdf.
2. Lunsumio Velo® [package insert on the internet]. South San Francisco (CA): Genentech; 2025 Dec.

Review History

07/12/23 - Reviewed and created for P&T. New drug, Lunsumio (mosunetuzumab-axgb), will require PA through medical benefit. Effective 7/31/23.

05/15/25 – Reviewed and updated for P&T. Updated formatting and references. Initial approval duration increased to 12 months. Updated language of trials from ≥ 2 lines of systemic therapies to indicating just 2. Effective 6/1/25

09/10/26 – Reviewed and updated for P&T. Added new SC formulation Lunsumio Velo (mosunetuzumab-axgb) into same criteria as Lunsumio. Updated references. Effective 10/1/26

