Reference number(s)
5712-A

Specialty Guideline Management
Lunsumio

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Lunsumio	mosunetuzumab-axgb
Lunsumio Velo	mosunetuzumab-axgb

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indication[1]

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

Compendial Uses (Lunsumio IV only)[2]

- Follicular lymphoma
- Diffuse large B-cell lymphoma
- High-grade B-cell lymphoma
- Human immunodeficiency virus (HIV)-related B-cell lymphomas
- Post-transplant lymphoproliferative disorders (B-cell type)

All other indications are considered experimental/investigational and not medically necessary.

Coverage Criteria

Follicular Lymphoma[1,2]

Authorization of 12 months may be granted for treatment of follicular lymphoma when both of the following criteria are met:

- The disease had a partial response or no response to treatment or the disease is relapsed or progressive.
- The member has tried at least 2 prior lines of systemic therapy.

Diffuse Large B-cell Lymphoma, High-Grade B-cell Lymphoma, HIV-Related B-cell Lymphomas, Post-Transplant Lymphoproliferative Disorders (PTLD) (Lunsumio IV only)[2]

Authorization of 12 months may be granted for subsequent treatment of diffuse large B-cell lymphoma, high-grade B-cell lymphoma, HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma, HIV-related plasmablastic lymphoma, and monomorphic post-transplant lymphoproliferative disorders (B-cell type) when both of the following criteria are met:

- The disease is relapsed or refractory.
- The requested medication will be used in combination with polatuzumab vedotin.

Continuation of Therapy

Authorization of 12 months (up to 17 cycles total) may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

References

1. Lunsumio [package insert]. South San Francisco, CA: Genentech, Inc.; December 2025.
2. Lunsumio Velo [package insert]. South San Francisco, CA: Genentech, Inc.; December 2025.
3. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed December 31, 2025.