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

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

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

Compendial Uses

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

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

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Coverage Criteria

Follicular Lymphoma

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 or High-Grade B-cell Lymphoma

Authorization of 12 months may be granted for subsequent treatment of relapsed or refractory diffuse large B-cell lymphoma or high-grade B-cell lymphoma when used in combination with polatuzumab vedotin.

HIV-Related B-cell Lymphomas

Authorization of 12 months may be granted for subsequent treatment of relapsed or refractory HIV-related diffuse large B-cell lymphoma, primary effusion lymphoma, human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma, or HIV-related plasmablastic lymphoma when used in combination with polatuzumab vedotin.

Post-Transplant Lymphoproliferative Disorders (PTLD)

Authorization of 12 months may be granted for subsequent treatment of relapsed or refractory post-transplant lymphoproliferative disorders when used in combination with polatuzumab vedotin.

Continuation of Therapy

Authorization of 12 months 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 2022.

2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: http://www.nccn.org. Accessed January 14, 2025.