

PRIOR AUTHORIZATION POLICY

POLICY: Oncology (Injectable) – Lunsumio Prior Authorization Policy

- Lunsumio™ (mosunetuzumab-axgb intravenous infusion – Genentech)

REVIEW DATE: 01/10/2024

OVERVIEW

Lunsumio, a bispecific CD20-directed CD3 T-cell engager, is indicated for the treatment of adults with relapsed or refractory follicular lymphoma after two or more lines of systemic therapy.¹

Guidelines

The National Comprehensive Cancer Network (NCCN) B-Cell Lymphoma (version 6.2023 – October 10, 2023) clinical practice guidelines recommend Lunsumio for the third-line and subsequent treatment of follicular lymphoma (category 2A).^{2,3}

Safety

Lunsumio has a Boxed Warning for cytokine release syndrome.¹

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lunsumio. All approvals are provided for the duration noted below. Because of the specialized skills required for evaluation and diagnosis of patients treated with Lunsumio as well as the monitoring required for adverse events and long-term efficacy, approval requires Lunsumio to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Lunsumio is recommended in those who meet the following criteria:

FDA-Approved Indication

- 1. Follicular Lymphoma.** Approve for 1 year if the patient meets the following (A, B, and C):
 - A)** Patient is ≥ 18 years of age; AND
 - B)** Patient has received \geq two lines of systemic therapy; AND
Note: Examples of systemic therapy include CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) plus rituximab or Gazyva (obinutuzumab intravenous infusion) and CVP (cyclophosphamide, vincristine, prednisone) plus rituximab or Gazyva.
 - C)** The medication is prescribed by or in consultation with an oncologist.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Lunsumio is not recommended in the following situations:

01/10/2024

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1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Lunsumio intravenous infusion [prescribing information]. South San Francisco, CA: Genentech; December 2022.
2. The NCCN Drugs and Biologics Compendium. © 2024 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 5, 2024. Search term: mosunetuzumab.
3. The NCCN B-Cell Lymphomas Clinical Practice Guidelines in Oncology (version 6.2023 – October 10, 2023). © 2023 National Comprehensive Cancer Network. Available at: <http://www.nccn.org>. Accessed on January 5, 2024.