Regimen Monograph

A - Regimen Name

MOSU(RAMP) Regimen

Mosunetuzumab (Ramp-up)

MOSU Regimen

Mosunetuzumab

Disease Site

Hematologic
Lymphoma - Non-Hodgkin's Low Grade

(Follicular lymphoma)

Intent

Palliative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses	Treatment of relapsed or refractory follicular lymphoma (Grades 1-3a), in patients who have received at least two prior lines of systemic therapy

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B - Drug Regimen

Cycle 1:

mosunetuzumab	1 mg	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

mosunetuzumab	2 mg	IV	Day 8

(This drug is not currently publicly funded for this regimen and intent)

mosunetuzumab	60 mg	IV	Day 15

(This drug is not currently publicly funded for this regimen and intent)

Cycle 2:

mosunetuzumab	60 mg	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

Cycle 3 and beyond:

mosunetuzumab	30 mg	IV	Day 1

(This drug is not currently publicly funded for this regimen and intent)

Note: Hospitalization was not required in the clinical trial.

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C - Cycle Frequency

REPEAT EVERY 21 DAYS

For 8 cycles (if achieve complete reponse (CR)); for up to 17 cycles if no CR after cycle 8, unless disease progression or unacceptable toxicity

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D - Premedication and Supportive Measures

Antiemetic Regimen: Low

- Also refer to CCO Antiemetic Recommendations.

Screen for hepatitis B virus in all cancer patients starting systemic treatment. Refer to the hepatitis B virus screening and management guideline.

Pre-medications (prophylaxis for infusion reaction):

Cycles 1 and 2 - all patients:

- Dexamethasone 20 mg IV (preferred) or methylprednisolone 80 mg IV, completed at least 1 hour pre-infusion
- Diphenhydramine* 50 mg IV/ PO (or equivalent), at least 30 minutes pre-infusion
- Acetaminophen 500 to 1000 mg PO, at least 30 minutes pre-infusion

Cycle 3 and beyond - patients who experiened any grade CRS with the immediate previous dose (optional if no CRS):

- Dexamethasone 20 mg IV (preferred) or methylprednisolone 80 mg IV, completed at least 1 hour pre-infusion
- Diphenhydramine* 50 mg IV/ PO (or equivalent), at least 30 minutes pre-infusion
- Acetaminophen 500 to 1000 mg PO, at least 30 minutes pre-infusion

*Central nervous system (CNS) effects of diphenhydramine may make it challenging to identify ICANS. Consider cetirizine, which has a lower incidence of CNS effects.

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K - References

Product monograph: Mosunetuzumab. Hoffmann-La Roche Ltd., February 6, 2026.

Sehn LH, Bartlett NL, Matasar MJ, et al. Long-term 3-year follow-up of mosunetuzumab in relapsed or refractory follicular lymphoma after ≥2 prior therapies. Blood. 2025 Feb 13;145(7):708-19. doi: 10.1182/blood.2024025454.

April 2026 new ST-QBP regimen

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M - Disclaimer

Regimen Abstracts

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Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

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that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

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