



Drug Coverage Policy

Effective Date10/01/2026

Coverage Policy Number.....IP0818

Policy Title.....Lumvoa

Ophthalmology – Lumvoa

- Lumvoa™ (veligrotug-vvze intravenous infusion – Viridian)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

OVERVIEW

Lumvoa, an insulin-like growth factor-1 receptor (IGF-1R) inhibitor, is indicated for the treatment of **thyroid eye disease**, regardless of thyroid eye disease activity or duration.¹

Dosing Information

The recommended dose is 10 mg/kg administered by intravenous (IV) infusion every 3 weeks for a total of five infusions.¹

Disease Overview

Thyroid eye disease is a rare, autoimmune condition closely related to Graves' disease; this condition is also known as thyroid-associated ophthalmopathy, Graves' ophthalmopathy, and Graves' orbitopathy.² Thyroid eye disease is characterized by endomysial interstitial edema, expansion, and proliferation of cells within the fibrofatty compartment, resulting in clinical manifestations of periorbital edema, lid retraction, proptosis, diplopia, corneal breakdown and in rare cases, optic nerve compression. This disease is associated with major comorbidities that can lead to blindness.

Most patients with thyroid eye disease develop eye disease while being treated for hyperthyroidism under the care of an endocrinologist.² The overall prevalence of thyroid eye disease among patients with Graves' disease is up to 40%; moderate to severe and sight-threatening thyroid eye disease occurs in 6% and 0.5% of patients with Graves' disease, respectively. Risk factors for the development and severity of thyroid eye disease include older age, male sex, and genetic factors. Modifiable risk factors include cigarette smoking, thyroid dysfunction, and use of radioactive iodine.

Consensus Statement

Lumvoa has not been addressed in clinical guidelines or consensus statements. The American Thyroid Association and the European Thyroid Association issued a consensus statement in 2022 for the management of thyroid eye disease.² The Task Force notes "active" thyroid eye disease as disease with a clinical activity score (CAS) of ≥ 3 or if the patient has history or documentation of progression of thyroid eye disease based on subjective or objective worsening of vision, soft tissue inflammation, motility, or proptosis. CAS assesses seven items (spontaneous retrobulbar pain, pain on attempted up or lateral gaze, redness of the eyelids, redness of the conjunctiva, swelling of the eyelids, inflammation of the caruncle and/or plica, and conjunctival edema); each item is given one point if present. The severity of disease is divided into three groups: mild (features of disease have a minor impact on daily life insufficient to justify treatment), moderate (patient does not have sight-threatening disease but disease has sufficient impact on daily life to justify the risks of medical or surgical intervention), or sight-threatening (patient with dysthyroid optic neuropathy and/or corneal breakdown and/or globe subluxation). Pharmacologic treatment includes oral or IV glucocorticoids, rituximab, Tepezza® (teprotumumab-trbw IV infusion), and (tocilizumab IV infusion (Actemra® IV infusion, biosimilars). Tepezza is noted as a preferred treatment with the following goals: disease inactivation and diplopia; reduction of proptosis; and improvement of eye motility. It is an acceptable treatment for disease inactivation and reduction of soft tissue involvement.

Coverage Policy

POLICY STATEMENT

Prior Authorization is required for benefit coverage of Lumvoa. Approval is recommended for those who meet the **Criteria** and **Dosing** for the listed indication. Requests for doses outside of the established dosing documented in this policy will be considered on a case-by-case basis by a clinician (i.e., Medical Director or Pharmacist). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Because of the specialized skills required for evaluation and diagnosis of patients treated with Lumvoa as well as the monitoring required for adverse events and long-term efficacy, approval

requires Lumvoa to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Lumvoa is considered medically necessary when the following is met:

FDA-Approved Indication

- 1. Thyroid Eye Disease.** Approve for 6 months if the patient meets ALL of the following (A, B, C, and D):

Note: Thyroid Eye Disease is also recognized as Graves' ophthalmopathy, Graves' orbitopathy, thyroid-associated ophthalmopathy, and thyroid orbitopathy.

A) Patient is ≥ 18 years of age; AND

B) According to the prescriber, patient has been assessed as having at least moderate severity level of disease based on signs and symptoms; AND

Note: Examples of signs and symptoms of disease of at least moderate severity include the following: lid retraction ≥ 2 mm, moderate or severe soft tissue involvement, proptosis ≥ 3 mm above normal for race and sex, and diplopia (Gorman score 2 to 3).

C) Patient has not received a total of five infusions of Lumvoa; AND

Note: The maximum recommended treatment is for five doses. For a patient who has started therapy but has not completed five doses, approve the number of doses required for the patient to receive a total of five doses.

D) The medication is prescribed by or in consultation with an ophthalmologist, endocrinologist, or a physician who specializes in thyroid eye disease.

Dosing. Approve up to 10 mg/kg per dose administered by intravenous infusion no more frequently than every 3 weeks for 5 doses.

Conditions Not Covered

Lumvoa for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

- 1. Concomitant use with Tepezza (teprotumumab-trbw intravenous infusion).** Tepezza is another insulin-like growth factor-1 receptor inhibitor indicated for the treatment of thyroid eye disease.³ There are no data to support the concomitant use of Tepezza with Lumvoa.

Coding Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

HCPCS Codes	Description
C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs

HCPCS Codes	Description
J3590	Unclassified biologics

References

1. Lumvoa intravenous infusion [prescribing information]. Waltham, MA: Viridian; June 2026.
2. Burch HB, Perros P, Bednarczuk T, et al. Management of thyroid eye disease: a consensus statement by the American Thyroid Association and the European Thyroid Association. *Thyroid*. 2022;32(12):1439-1470.
3. Tepezza intravenous infusion [prescribing information]. Dublin, Ireland: Horizon and Thousand Oaks, CA: Amgen; November 2025.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	9/10/2026	10/01/2026

The policy effective date is in force until updated or retired.

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