Lumvoa™
veligrotug-vvze

Lumvoa Infusion Guide

Preparing and administering Lumvoa intravenous infusions for Thyroid Eye Disease

Indication: Lumvoa is indicated for the treatment of Thyroid Eye Disease regardless of Thyroid Eye Disease activity or duration.

Important Safety Information

Infusion Reactions: Lumvoa may cause infusion reactions. Infusion reactions have been reported in approximately 9% of patients treated with Lumvoa. Signs and symptoms of infusion-related reactions include transient increases in blood pressure, fever, chills, headache, and fatigue. Infusion reactions may occur during or soon after an infusion. Reported infusion reactions are usually mild or moderate in severity and can usually be successfully managed with corticosteroids, antihistamines, and antipyretics. In patients who experience an infusion reaction, consideration should be given to standard premedication and/or administering infusions at a slower infusion rate.

Please see additional Important Safety Information on page 6 and Full Prescribing Information.

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Getting Started

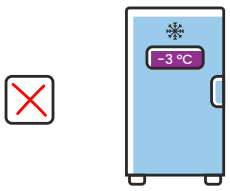
This guide provides step-by-step instructions and key considerations for preparing, storing, handling, and administering Lumvoa

How Lumvoa Is Supplied

Lumvoa injection is a sterile, preservative-free, slightly opalescent yellowish to brown solution. Each carton contains one 10 mL vial of veligrotug drug product at a concentration of 50 mg/mL of veligrotug antibody.

Storage & Handling

Refrigerate Lumvoa at 2 °C-8 °C (36 °F-46 °F) in its original carton until time of use to protect it from light.



Do not freeze Lumvoa

Do not shake the Lumvoa vial

Please see Important Safety Information on page 6 and Full Prescribing Information.

Dosing & Supplies

Dosing

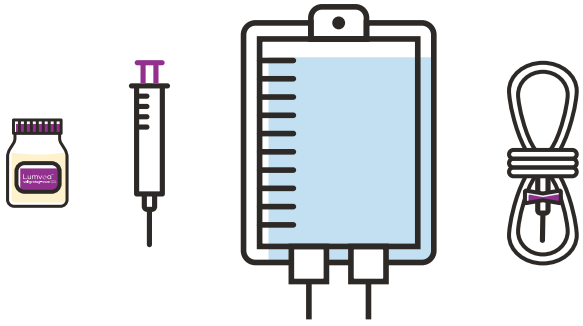
Lumvoa is administered via an intravenous infusion every 3 weeks for **5 infusions**, for a total of **12 weeks** from start to completion.

Dosing for Lumvoa is weight based. You will need to calculate the dose and appropriate number of vials needed for the 10 mg/kg dosage based on your patient's weight.

Supplies

Please ensure you have the following supplies prior to starting administration:

- ✓ 500 mg/10 mL vial or vials of Lumvoa
- ✓ Sterile syringe and needle
- ✓ 250 mL intravenous infusion bag containing 0.9% Sodium Chloride Solution, USP
- ✓ Infusion administration set

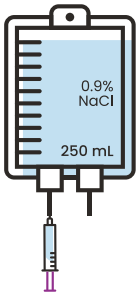


Remember to check the seals and expiration dates

See Full **Prescribing Information** for details on **compatible materials**

Please see Important Safety Information on page 6 and Full Prescribing Information.

Preparing the Infusion



Use a 250 mL, 0.9% Sodium Chloride Solution, USP infusion bag to prepare the diluted solution.

To maintain a constant volume in the infusion bag, use a sterile syringe and needle to remove the volume equivalent to the amount of Lumvoa solution to be placed into the infusion bag.

Discard the withdrawn volume of 0.9% Sodium Chloride Solution, USP.

Withdraw the required volume from the Lumvoa vial(s) based on the patient's weight (in kg).

Transfer it into the intravenous bag containing 0.9% Sodium Chloride Solution, USP.

Mix the diluted solution by gentle inversion to avoid foaming. Do not shake.

The product does not contain any preservative. The storage time of the diluted solution in the infusion bag is:

4 hours
at room temperature, 20 °C-25 °C (68 °F-77 °F)

or

Up to 72 hours
under refrigerated conditions at 2 °C-8 °C (36 °F-46 °F), protected from light

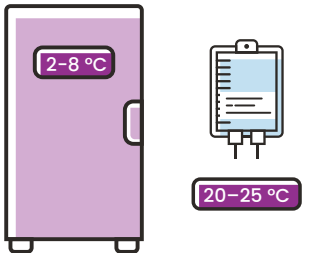
Do not freeze the diluted solution.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Discard the solution if any particulate matter or discoloration is observed.

Discard vial(s) and all unused contents.

Please see Important Safety Information on page 6 and Full Prescribing Information.

Administering Lumvoa



If refrigerated prior to administration, allow the diluted solution to reach room temperature prior to infusion.

For the first infusion, administer the diluted solution intravenously over **45 minutes**

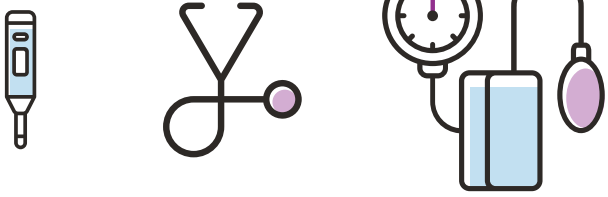
If well tolerated, subsequent infusions can be administered over a minimum of **30 minutes**

If not well tolerated, the minimum time for subsequent infusions should remain at 45 minutes.

Do not administer Lumvoa as an intravenous push or bolus.
Lumvoa should not be infused concomitantly with other agents.

> In patients who experience an infusion reaction, consideration should be given to standard premedication and/or administering infusions at a slower infusion rate. Refer to the Prescribing Information for full dosing and administration considerations.

Once the infusion is complete, remove the IV, discard items as appropriate, and check vitals to confirm the patient is stable before discharge. Document the infusion details and arrange any required follow-up.



Go to **www.lumvoahcp.com/preparation-administration** to watch the complete Lumvoa administration video

To report suspected adverse reactions, contact Viridian Therapeutics, Inc. toll-free at **1-866-321-VRDN (8736)**, or the FDA at **1-800-FDA-1088** or **www.fda.gov/medwatch**

Please see Important Safety Information on page 6 and Full Prescribing Information.

Indication and Important Safety Information

Indication: Lumvoa is indicated for the treatment of Thyroid Eye Disease regardless of Thyroid Eye Disease activity or duration.

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Inflammatory Bowel Disease: Lumvoa may cause an exacerbation of inflammatory bowel disease (IBD). IBD has been reported in some patients receiving insulin-like growth factor-1 receptor inhibitors without a prior diagnosis of IBD. Monitor patients for signs and symptoms of IBD, including patients without a history of IBD. If IBD is suspected, discontinue use of Lumvoa.

Hyperglycemia: Hyperglycemia or increased blood glucose may occur in patients treated with Lumvoa. In clinical trials, 12% of patients, of whom one half had preexisting diabetes or impaired glucose tolerance, experienced hyperglycemia. Hyperglycemic events should be controlled with medications for glycemic control, if necessary. Assess patients for elevated blood glucose and symptoms of hyperglycemia prior to infusion and continue to monitor while on treatment with Lumvoa. Ensure patients with hyperglycemia or preexisting diabetes are under appropriate glycemic control before and while receiving Lumvoa. Continued monitoring after treatment is recommended for patients who experience hyperglycemia while on Lumvoa.

Hearing Impairment Including Hearing Loss: Lumvoa may cause severe hearing impairment including hearing loss, which in some cases may be permanent. Assess patients' hearing before, during, and after treatment with Lumvoa and consider the benefit-risk of treatment with patients.

Most Common Adverse Events: Most common adverse reactions (incidence of 5% or more) are muscle spasms, headache, hearing impairment, hyperglycemia, fatigue, diarrhea, ear discomfort, infusion-related reaction, nausea, nasopharyngitis, blood creatine phosphokinase increased, dry skin, and hypertension.

Females of Reproductive Potential: Appropriate forms of contraception should be implemented prior to initiation, during treatment, and for 6 months following the last dose of Lumvoa.

Lumvoa (500 mg) is an injection for infusion.

Please see Full Prescribing Information.

Reference: Lumvoa™ (veligrotug-vvze) prescribing information. Viridian Therapeutics, Inc. 2026.

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