Prior Authorization (PA) Checklist

Lumvoa™
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Use this checklist to help ensure PA information and documentation are complete. Detailed clinical documentation may help facilitate PA approval and support timely access to Lumvoa.

Requirements may vary by health plan, so check with the health plan to determine plan-specific requirements.

PA and Required Documentation Checklist for the Healthcare Provider Office and Site of Care:

Diagnosis and Clinical Criteria

- ☐ TED diagnosis documented by treating specialist and chart notes with relevant assessments
- ☐ Prescription and infusion plan, including dosing and planned site of care
- ☐ Correct ICD-10-CM codes (eg, E05.00, H05.831, H05.832, H05.833, H05.839)[1]
  - Use the most precise diagnosis code available. TED codes vary by laterality and specificity
- ☐ Disease status: active vs chronic
- ☐ Disease severity (eg, moderate-to-severe)
- ☐ Documentation of clinically significant disease burden, including:
  - Clinical activity score (CAS) and symptoms supporting inflammatory activity
  - Proptosis measurements (mm)
  - Diplopia grade and functional impact
  - Lid retraction (mm)
  - Risk of vision loss
  - Impact on daily activities
- ☐ Relevant comorbidities (eg, Graves' disease)

Prior Treatment History (as Required by Health Plan)

- ☐ Oral/IV corticosteroids or other immunosuppressive therapies (dose, duration, response/intolerance)
- ☐ IGF-1R inhibitor therapy (eg, TEPEZZA® [teprotumumab-trbw])
- ☐ Radiation therapy and/or prior surgery
- ☐ Reason prior treatments were insufficient, contraindicated, or not durable

Thyroid Status and Relevant Laboratory Testing Results

- ☐ Indicate whether patient is euthyroid or receiving treatment to maintain euthyroid state, and include recent free T3 and free T4 values

Submit all required forms and supporting documentation as required by the health plan, and attach a letter of medical necessity, if required.

See example letter of medical necessity here: www.lumvoahcp.com/resources

TEPEZZA® (teprotumumab-trbw) is a registered trademark of Amgen Inc.
ICD-10-CM, International Classification of Diseases, 10th Revision, Clinical Modification; IGF-1R, insulin-like growth factor-1 receptor; IV, intravenous; T3, triiodothyronine; T4, thyroxine; TED, Thyroid Eye Disease.

Please see Important Safety Information on page 2 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.

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.

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.

VIRIDIAN™ cares

ViridianCares can provide PA support, including identification of relevant forms, follow-up, and site-of-care coordination.

Reference: 1. ICD-10 codes. Centers for Medicare & Medicaid Services. Updated June 5, 2026. Accessed June 10, 2026. https://www.cms.gov/medicare/coding-billing/icd-10-codes

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