

Applicable Drugs: Lumvoda (veligrotug-vvze),
Tepezza (teprotumumab-trbw)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/11/2026

Date Last Reviewed / Revised: 8/20/2026

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I to V are met)

- I. Documented diagnosis of Thyroid Eye Disease (TED) and must meet all the criteria listed under A or B:
 - A. Moderate-to-severe active TED and meets criterion listed below:
 - i. Documentation of CAS (Clinical Activity Score) 3 or greater (refer to Appendix Table 1).
 - ii. Documentation of non-sight threatening disease with appreciable impact on daily life.
 - iii. Documentation meeting one of the following (1-4):
 1. Eyelid retraction 2 mm or greater.
 2. Moderate to severe soft tissue involvement.
 3. Proptosis 3 mm or greater above normal for race and sex (refer to Appendix Table 2).
 4. Diplopia (Gorman score 2 to 3) (refer to Appendix Table 3).
 - iv. Documented trial or contraindication to intravenous glucocorticoids (IVGC) when significant proptosis or diplopia are absent.
 - B. Moderate-to-severe stable, chronic, inactive, TED and meets criterion listed below:
 - i. Documentation of stable ocular symptoms without progression or new inflammation for at least 1 year which are consistent with chronic stable inactive TED (e.g., CAS of 2 or less).
 - ii. Documentation of appreciable impact on daily life.
 - iii. Documentation of proptosis of 3 mm or greater above normal values for race and sex (refer to Appendix Table 3).
- II. Age: 18 years of age and older.
- III. Prescribed by or in consultation with an endocrinologist and/or ophthalmologist.
- IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

- V. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Previous treatment with Lumvoo or Tepezza
- Previous orbital irradiation
- Previous surgery for thyroid eye disease

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Refer to Appendix Table 4

APPROVAL LENGTH

- **Authorization:**
 - **Lumvoo:** Equivalent of 5 infusions max per lifetime.
 - **Tepezza:** Equivalent of 8 infusions max per lifetime.
- **Re-Authorization Length and Renewal Criteria:** Excluded. Continued use beyond 5 infusions for Lumvoo and 8 infusions for Tepezza has not been approved by the FDA.

APPENDIX

Table 1. Clinical Activity Score (CAS)

Item Description
Spontaneous retrobulbar pain
Pain on attempted up or lateral gaze
Redness of the eyelids
Redness of conjunctiva
Swelling of the eyelids
Inflammation of the caruncle and/or plica
Conjunctival edema or chemosis
Each item is worth one point if present. Points are summed for a total score up to 7

Table 2. Upper Limit of Normal for Proptosis by race and sex

Race	Normal Upper Limits	
	Female	Male
Black	23 mm	24 mm
White	19 mm	21 mm
Asian	16 mm (Thai) 18 mm (Chinese)	17 mm (Thai) 19 mm (Chinese)

Table 3. Gorman Score

Score	Description
0	Absent
1	Intermittent
2	Inconstant
3	Constant

Table 4. FDA-recommended dosage and administration, how supplied, and quantity/days supply limits

Medication Name Brand (generic)	Dosage and Administration	How Supplied	Quantity/Days Supply Limits
Lumvoa (veligrotug-vvze)	Dose: 10 mg/kg every three weeks for a total of 5 infusions Administration: - IV infusion over 30 to 45 minutes	500 mg/10 mL solution in a single-dose vial	Quantity sufficient for 15-week treatment duration
Tepezza (teprotumumab-trbw)	Dose: - First infusion: 10 mg/kg - Subsequent infusions: 20mg/kg every 3 weeks for 7 additional infusions Administration: - IV infusion over 60 to 90 minutes	500 mg lyophilized powder in a single-dose vial for reconstitution	Quantity sufficient for 24-week treatment duration

REFERENCES

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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.