



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2025 P 2414-1
Program	Prior Authorization/Medical Necessity
Medication	Yuviwel <sup>®</sup> (navepegritide)
P&T Approval Date	4/2026
Effective Date	7/1/2026

**1. Background:**

Yuviwel (navepegritide) is a C type natriuretic peptide (CNP) analog indicated to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses. This indication is approved under accelerated approval based on an improvement in annualized growth velocity. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trial(s).

Coverage will be provided for members who meet the following criteria.

**2. Coverage Criteria<sup>a</sup>:**

**A. Initial Authorization**

1. **Yuviwel** will be approved based on **all** of the following criteria:

a. Patient is  $\geq 2$  years of age and  $<18$  years of age

**-AND-**

b. Diagnosis of achondroplasia confirmed by **one** of the following:

(1) Submission of medical records documenting **both** of the following:

(a) Clinical manifestations characteristic of achondroplasia (e.g., macrocephaly, frontal bossing, midface retrusion, disproportionate short stature with rhizomelic shortening of the arms and the legs, brachydactyly, trident configuration of the hands, thoracolumbar kyphosis, and accentuated lumbar lordosis)

**-AND-**

(b) Radiographic findings characteristic of achondroplasia (e.g., large calvaria and narrowing of the foramen magnum region, undertubulated, shortened long bones with metaphyseal abnormalities, narrowing of the interpedicular distance of the caudal spine, square ilia and horizontal acetabula, small sacrosciatic notches, proximal scooping of the femoral metaphyses, and short and narrow chest)

**-OR-**

(2) Submission of medical records documenting molecular genetic testing confirmed c.1138G>A or c.1138G>C variant (i.e., p.Gly380Arg mutation) in the fibroblast growth factor receptor-3 (FGFR3) gene

-AND-

c. Presence of open epiphyses

-AND-

d. **Both** of the following:

- (1) No history of limb-lengthening surgery in the previous 18 months
- (2) Patient does not plan to have limb-lengthening surgery while on Yuviwel

-AND-

e. Prescribed by **one** of the following:

- (1) Clinical geneticist
- (2) Endocrinologist
- (3) A practitioner who has specialized expertise in the management of achondroplasia

-AND-

f. Yuviwel will not be used in combination with another C type natriuretic peptide (CNP) analog [e.g., Voxzogo (vosoritide)]

**Authorization will be issued for 12 months.**

## **B. Reauthorization**

1. Yuviwel will be approved based on **all** the following criteria:

a. Documentation of positive clinical response to Yuviwel therapy (e.g., improvement in annualized growth velocity (AGV) compared to baseline)

-AND-

b. Presence of open epiphyses

-AND-

c. Patient does not plan to have limb-lengthening surgery while on Yuviwel

-AND-

d. Prescribed by or in consultation with **one** of the following:

- (1) Clinical geneticist
- (2) Endocrinologist
- (3) A practitioner who has specialized expertise in the management of achondroplasia

**-AND-**

e. Yuviwel will not be used in combination with another C type natriuretic peptide (CNP) analog [e.g., Voxzogo (vosoritide)]

**Authorization will be issued for 12 months.**

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

### 4. References:

1. Yuviwel [package insert]. Princeton, New Jersey: Ascendis Pharma Endocrinology, Inc.; February 2026.
2. Savarirayan R, Hoernschemeyer DG, Ljungberg M, et al. Once-weekly TransCon CNP (navepegritide) in children with achondroplasia (ACcomplisH): a phase 2, multicentre, randomised, double-blind, placebo-controlled, dose-escalation trial. *EClinicalMedicine*. 2023;65:102258. Published 2023 Oct 2.
3. Savarirayan R, McDonnell C, Bacino CA, et al. Once-Weekly Navepegritide in Children With Achondroplasia: The APPROACH Randomized Clinical Trial. *JAMA Pediatr*. 2026;180(1):18-25.
4. Pauli RM. Achondroplasia: a comprehensive clinical review. *Orphanet J Rare Dis* 2019;14(1):1-49.
5. Hoover-Fong J, Scott CI, Jones MC; Committee on Genetics. Health Supervision for People with Achondroplasia. *Pediatrics*. 2020;145(6):e20201010.
6. Savarirayan R, Ireland P, Irving M, et al. International Consensus Statement on the diagnosis, multidisciplinary management and lifelong care of individuals with achondroplasia. *Nat Rev Endocrinol*. 2022;18(3):173-189.



Program	Prior Authorization/Medical Necessity – Yuviwel <sup>®</sup> (navepegritide)
<b>Change Control</b>	
4/2026	New program