

UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2025 P 1519-1
Program	Prior Authorization/Notification
Medication	Yuviwel® (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).

2. Coverage Criteria^a:

A. Initial Authorization

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

a. Diagnosis of achondroplasia

-AND-

b. Patient is ≥ 2 years of age and < 18 years of age

-AND-

c. Presence of open epiphyses

-AND-

d. 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** of the following criteria:

a. Documentation of positive clinical response to Yuviwel therapy

-AND-

b. Presence of open epiphyses

-AND-

- c. 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

^a 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 and medical necessity may be in place.

4. References:

1. Yuviwel [package insert]. Princeton, New Jersey: Ascendis Pharma Endocrinology, Inc.; February 2026.

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Change Control	
4/2026	New program