**Original Effective Date: 09/06/2026**
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**Policy Number: C30853-A**

# Yuviwel (navepegritide)

## PRODUCTS AFFECTED

Yuviwel (navepegritide)

## COVERAGE POLICY

*Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.*

***Documentation Requirements:***
*Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.*

**DIAGNOSIS:**
Achondroplasia

**REQUIRED MEDICAL INFORMATION:**
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. This clinical policy will be reviewed along with state and federal requirements, the benefit being administered and formulary preferencing. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available. The Pharmacy and Therapeutics Committee has determined that biosimilars may be preferred.

A. ACHONDROPLASIA:
   1. Documentation of achondroplasia confirmed by genetic testing for variants in the fibroblast growth factor receptor 3 (FGFR3) gene [DOCUMENTATION REQUIRED]
      AND

2. Documentation of member's baseline annualized growth velocity
   AND
3. Documentation of member's open epiphyses (x-ray of proximal tibia, distal femur) [DOCUMENTATION REQUIRED]
   AND
4. There are no plans for the member to have limb-lengthening surgery and the member has not had limb-lengthening surgery in the past 18 months
   AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Yuviwel (navepegritide) include: no labeled contraindications. Yuviwel is not recommended for patients with moderate or severe renal impairment (eGFR < 60 mL/min/1.73 m2)].

**CONTINUATION OF THERAPY:**

A. ACHONDROPLASIA:
1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
3. Documentation of member's positive clinical response as demonstrated by improvement in annualized growth velocity [DOCUMENTATION REQUIRED]
   AND
4. Documentation of member's open epiphyses (x-ray of proximal tibia, distal femur) [DOCUMENTATION REQUIRED]
   AND
5. There are not plans for the member to have limb-lengthening surgery

**DURATION OF APPROVAL:**

Initial authorization: 12 months, Continuation of Therapy: 12 months

**PRESCRIBER REQUIREMENTS:**

Prescribed by or in consultation with a board-certified geneticist, endocrinologist, neurologist, orthopedic surgeon, or specialist with experience in treating achondroplasia. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

**AGE RESTRICTIONS:**

2 years of age and older

**QUANTITY:**

The recommended once-weekly dosage of Yuviwel is based on the patient's actual body weight as follows:

| Patient Body Weight | Weekly Dose | Injection Volume | Vial Strength for Reconstitution* |
|---|---|---|---|
| 8 to 9.9 kg | 0.88 mg | 0.4 mL | 1.3 mg |
| 10 to 13.4 kg | 1.2 mg | 0.55 mL | |
| 13.5 to 17.5 kg | 1.6 mg | 0.35 mL | 2.8 mg |
| 17.6 to 23 kg | 2.1 mg | 0.45 mL | |
| 23.1 to 30.5 kg | 2.8 mg | 0.6 mL | |

| | | | |
|---|---|---|---|
| 30.6 to 41.2 kg | 3.6 mg | 0.65 mL | 5.5 mg |
| 41.3 to 55.9 kg | 5 mg | 0.9 mL | |
| 56 to 73.5 kg | 6.6 mg | 1.2 mL (use 2 Kits)<br>Administer 0.6 mL from each Kit | |
| 73.6 to 90 kg | 8.8 mg | 1.6 mL (use 2 Kits)<br>Administer 0.8 mL from each Kit | |

*The concentration of navepegritide is 2.2 mg/mL in a reconstituted 1.3 mg vial; 4.6 mg/mL in a reconstituted 2.8 mg vial; and 5.5 mg/mL in a reconstituted 5.5 mg vial.

**PLACE OF ADMINISTRATION:**
The recommendation is that injectable medications in this policy will be for pharmacy benefit coverage and patient self-administered.

## DRUG INFORMATION

**ROUTE OF ADMINISTRATION:**
Subcutaneous

**DRUG CLASS:**
Natriuretic Peptides

**FDA-APPROVED USES:**
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).

**COMPENDIAL APPROVED OFF-LABELED USES:**
None

## APPENDIX

**APPENDIX:**
None

## BACKGROUND AND OTHER CONSIDERATIONS

**BACKGROUND:**
Achondroplasia (ACH) is the most common form of disproportionate short stature, caused by a gain-of-function mutation in the fibroblast growth factor receptor 3 (FGFR3) gene. This results in impaired endochondral ossification, leading to shortened long bones while axial skeletal growth is relatively preserved. ACH is inherited in an autosomal dominant pattern, though approximately 80% of cases arise from de novo mutations.

The condition is characterized by disproportionate short stature, with an average male adult height of 4 ft, 4 in and average female adult height of 4 ft, 1 in. Individuals with ACH have distinct long-bone shortening in the arms and legs called rhizomelic shortening. In addition, craniofacial features such as macrocephaly, frontal bossing, midface retrusion, and a saddle nose deformity are present. Motor development is often delayed but usually resolves by the time the individual is 2–3 years of age. ACH is not associated with any degree of cognitive or intellectual impairment.

As a result of the disproportionate short stature, individuals with ACH can experience health complications including spinal stenosis, recurrent otitis media, obstructive sleep apnea, leg bowing, and obesity. In addition, cervicomedullary compression is estimated to occur in 5%–10% of ACH cases and is associated

with significant morbidity and mortality.

The diagnosis of ACH is based upon radiological parameters, genetic testing, and clinical symptoms. ACH may be suspected if clinical manifestations such as head and facial features and bone shortening are present. If ACH is suspected, the patient will undergo a radiographic skeletal survey. The diagnosis is confirmed by genetic testing. Diagnosis often occurs in the prenatal period, by confirming shortened limb length on an ultrasound, or in the newborn period, during a physical exam.
Treatment of ACH primarily consists of addressing complications and maximizing functional capacity, such as physical therapy. The use of growth hormone (GH) is not recommended in ACH because it may worsen the disproportionate stature, further increasing the associated risks.

Voxzogo (vosoritide), the first FDA-approved treatment for ACH, was approved to increase linear growth in children 5 years of age and older with ACH and open epiphyses. It later received a label expansion in 2023 to include all pediatric patients with ACH who have open epiphyses. Voxzogo is a C-type natriuretic peptide (CNP) analog that targets the underlying cause of ACH through the FGFR3 gene. Voxzogo is administered as a once-daily subcutaneous (SC) injection.

The FDA granted accelerated approval to Yuviwel (navepegritide) in early 2026, to increase linear growth in children ≥2 years of age with ACH with open epiphyses. Similar to Voxzogo, Yuviwel is an SC-administered CNP analog but is differentiated as the first once-weekly treatment option for ACH. Yuviwel provides continuous systemic exposure to CNP over the weekly dosing interval.

The accelerated approval of Yuviwel is based on results from three clinical trials, including the pivotal Phase 2b ApproaCH trial (NCT05598320; also referred to as Trial 1 in the Prescribing Information [PI]), as well as up to 3 years of follow-up data. The total study duration of the ApproaCH trial was 104 weeks: a 52-week, double-blind, randomized period followed by a 52-week open-label extension (OLE) period to evaluate the drug's long-term safety and efficacy, which is currently underway.

Efficacy
The pivotal Phase 3 ApproaCH trial demonstrated that patients treated with Yuviwel achieved greater annualized growth velocity (AGV) at Week 52 compared to placebo. Treatment with once-weekly Yuviwel for 52 weeks resulted in a least-squares (LS) mean treatment difference in AGV of 1.5 cm/year and an LS mean increase from baseline in ACH-specific height Z-score of 0.3.

Improvements in AGV and height Z-scores were observed in Yuviwel-treated patients across all predefined subgroups analyzed, including age, sex, and region. In patients <5 years of age, the LS mean treatment difference for AGV at Week 52 was 1.0 cm/year. In patients ≥5 years of age, the LS mean treatment difference was 1.8 cm/year.

All 57 patients in a 52-week randomized, double-blind, placebo-controlled, Phase 2, dose-finding trial (NCT04085523; ACcomplisH, Trial 2) entered the following single-arm OLE and continued treatment with Yuviwel. AGV was maintained among those who had received 2 years of treatment with Yuviwel 0.1 mg/kg once weekly.

Safety
The safety of Yuviwel was evaluated in pediatric patients with ACH in two randomized, placebo-controlled trials. The Phase 2b ApproaCH study was a 52-week, randomized, double-blind, placebo-controlled trial, followed by a 52-week, single-arm, open-label extension period. Patients who were administered Yuviwel in ApproaCH received 0.1 mg/kg/week. The Phase 2 AComplisH study included a randomized, double-blind, placebo-controlled dose-finding period. At Week 52 in the AComplisH trial, patients transitioned to a dosage of 0.1 mg/kg/week for 104 weeks.

Patients experienced vomiting (21% with Yuviwel vs. 14% with placebo), injection site reactions (19% with Yuviwel vs. 14% with placebo), pain in extremities (12% with Yuviwel vs. 7% with placebo), nausea (6% with

Yuviwel vs. 0% with placebo). Hypertrichosis, which presented as localized hair growth at the injection site as well as on limbs, back, or shoulders, developed in 3% of patients receiving Yuviwel. It is advised to rotate the site of injection to minimize the risk.

Yuviwel is not recommended for patients with moderate or severe renal failure. The recommended dosage for patients with mild renal impairment (estimated glomerular filtration rate [eGFR] ≥60 mL/min/1.73 m2) is the same as the recommended dosage for patients with normal renal function.

**CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:**
All other uses of Yuviwel (navepegritide) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Yuviwel (navepegritide) include: no labeled contraindications.

**Exclusions/Discontinuation:**
Yuviwel is not recommended for patients with moderate or severe renal impairment (eGFR < 60 mL/min/1.73 m2).
Permanently discontinue Yuviwel upon confirmation of no further growth potential, indicated by closure of epiphyses.

**OTHER SPECIAL CONSIDERATIONS:**
If a dose of Yuviwel is missed, administer the missed dose as soon as possible but not more than 2 days after the missed dosing day. To avoid missed doses, Yuviwel can be taken up to 2 days before or 2 days after the scheduled dosing day. Resume once-weekly dosing for the next dose at the previously scheduled dosing day. If more than 2 days have passed from the dosing day, skip the missed dose and administer the dose on the next regularly scheduled day. At least 5 days should elapse between doses.

## CODING/BILLING INFORMATION

***CODING DISCLAIMER.*** *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

| HCPCS CODE | DESCRIPTION |
|---|---|
| NA | |

**AVAILABLE DOSAGE FORMS**:
Yuviwel SOLR 1.3MG single-dose vial
Yuviwel SOLR 2.8MG single-dose vial
Yuviwel SOLR 5.5MG single-dose vial

## REFERENCES

1. Yuviwel (navepegritide) for injection, for subcutaneous use [prescribing information]. Princeton, New Jersey: Ascendis Pharma; February 2026.
2. National Library of Medicine. A clinical trial to evaluate efficacy and safety of navepegritide in adolescents (12–18 years of age) with achondroplasia (teACH) (ClinicalTrials.gov Identifier:

NCT06732895). https://clinicaltrials.gov/study/NCT06732895
3. National Library of Medicine. A dose escalation trial evaluating safety, efficacy, and pharmacokinetics of TransCon CNP administered once weekly in prepubertal children with achondroplasia (ClinicalTrials.gov Identifier: NCT04085523). https://clinicaltrials.gov/study/NCT04085523
4. National Library of Medicine. A phase 2 clinical trial to evaluate efficacy, safety, and tolerability of navepegritide in combination with lonapegsomatropin in children with achondroplasia (COACH) (ClinicalTrials.gov Identifier: NCT06433557). https://clinicaltrials.gov/study/NCT06433557
5. National Library of Medicine. A clinical trial to evaluate efficacy and safety of TransCon CNP compared with placebo in infants (0 to <2 years of age) with achondroplasia (ClinicalTrials.gov Identifier: NCT06079398). https://clinicaltrials.gov/study/NCT06079398
6. Savarirayan, R., Irving, M., Bacino, C., Bostwick, B., Charrow, J., & Cormier-Daire, V. et al. (2019). CType Natriuretic Peptide Analogue Therapy in Children with Achondroplasia. New England Journal Of Medicine, 381(1), 25-35. doi: 10.1056/nejmoa1813446

| SUMMARY OF REVIEW/REVISIONS | DATE |
|---|---|
| NEW CRITERIA CREATION | Q3 2026 |