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Section:	Prescription Drugs	**Effective Date:**	July 1, 2026
Subsection:	Endocrine and Metabolic Drugs	**Original Policy Date:**	April 3, 2026
Subject:	Yuviwel	**Page:**	1 of 6

Last Review Date: June 11, 2026

Yuviwel

Description

Yuviwel (navepegritide)

Background
Yuviwel (navepegritide) is indicated for the treatment of achondroplasia. C type natriuretic peptide (CNP) released from Yuviwel has the same receptor binding affinity and activity as endogenous CNP. CNP binds to natriuretic peptide receptor-B (NPR-B), which inhibits the mitogen activated protein kinase signaling (MAPK) pathway. Achondroplasia is caused by a gain-of-function variant in the fibroblast growth factor receptor 3 (FGFR3) leading to overactive downstream signaling. The overly active FGFR3 inhibits endochondral ossification leading to short stature and skeletal dysplasia. Like endogenous CNP, CNP released from Yuviwel binds to NPR-B, stimulating an increase in cyclic guanosine monophosphate (cGMP) and signaling through protein kinase G, resulting in an inhibition of the MAPK signaling pathway and thereby antagonizing the overactive FGFR3 signaling in achondroplasia. CNP promotes chondrocyte differentiation and proliferation, thereby stimulating skeletal bone growth in patients with achondroplasia (1).

Regulatory Status
FDA-approved indication: Yuviwel 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 (1).

Yuviwel is associated with transient decreases in blood pressure. In clinical trials, patients with hemodynamically significant cardiovascular disease were excluded. Advise patients to contact

their healthcare provider if they experience symptoms of decreased blood pressure while being treated with Yuviwel (1).

The Clinical Practice Guidelines for Achondroplasia include diagnostic criteria for achondroplasia, including genetic testing, x-ray findings, and clinical symptoms (2).

The safety and effectiveness of Yuviwel in pediatric patients less than 2 years of age have not been established (1).

Related policies
Voxzogo

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Yuviwel may be considered **medically necessary** if the conditions indicated below are met.

Yuviwel may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 2 to 17 years of age
18 years of age or older **WITH** open epiphyses

Diagnosis

Patient must have the following:

1. Achondroplasia
    a. Diagnosis has been confirmed by **ONE** of the following:
        i. Genetic testing for FGFR3 mutation
        ii. X-ray findings and clinical symptoms (e.g., short stature with marked shortening of extremities) consistent with achondroplasia

AND ALL of the following:

a. Patient has open epiphyses, confirmed by diagnostic imaging
b. Prescribed by or recommended by a prescriber with experience treating achondroplasia (e.g., endocrinologist)
c. Prescriber agrees to monitor body weight, growth, and physical development
d. Prescriber agrees to discontinue Yuviwel upon confirmation of no further growth potential (i.e., closure of epiphyses)
e. Patient does **NOT** have hemodynamically significant cardiovascular disease
f. **NOT** used in combination with a growth hormone agent or another CNP analog for achondroplasia (see Appendix 1)

Prior–Approval *Renewal* Requirements

Age 2 to 17 years of age
18 years of age or older **WITH** open epiphyses

Diagnosis

Patient must have the following:

1. Achondroplasia
    a. Patient has had clinical benefit while on therapy (e.g., increased linear growth)

AND ALL of the following:
a. Patient has open epiphyses, confirmed by diagnostic imaging
b. Prescribed by or recommended by a prescriber with experience treating achondroplasia (e.g., endocrinologist)
c. Prescriber agrees to monitor body weight, growth, and physical development
d. Prescriber agrees to discontinue Yuviwel upon confirmation of no further growth potential (i.e., closure of epiphyses)
e. Patient does **NOT** have hemodynamically significant cardiovascular disease
f. **NOT** used in combination with a growth hormone agent or another CNP analog for achondroplasia (see Appendix 1)

Policy Guidelines

Pre–PA Allowance

None

Prior–Approval Limits

Quantity

Yuviwel strength	Quantity
1.3 mg	12 vials per 84 days **OR**
2.8 mg	
5.5 mg	24 vials per 84 days

Duration 12 months

Prior – Approval *Renewal* Limits

Same as above

Rationale

Summary

Yuviwel (navepegritide) is indicated to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses. Yuviwel has been associated with risk of low blood pressure. The safety and effectiveness of Yuviwel in pediatric patients less than 2 years of age have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Yuviwel while maintaining optimal therapeutic outcomes.

References

1. Yuviwel [package insert]. Princeton, New Jersey: Ascendis Pharma Endocrinology, Inc.; February 2026.
2. Kubota T, Adachi M, et al. Clinical Practice Guidelines for Achondroplasia. *Clin Pediatr Endocrinol*. 2020;29(1):25-42.

Policy History

Date	Action
April 2026	Addition to PA
June 2026	Annual review
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on June 11, 2026 and is effective on July 1, 2026.

Appendix 1 – List of CNP Analogs for Achondroplasia

Generic Name	Brand Name
navepegritide	Yuviwel
vosoritide	Voxzogo