MEDICATION POLICY:
Achondroplasia Agents

Applicable Drugs: Voxzogo (vosoritide), Yuviwel (navepegritide)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/31/2026

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

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

I. Documented diagnosis of achondroplasia with open epiphyses AND must meet all criteria A to C:
   A. X-ray imaging consistent with achondroplasia.
   B. Genetic testing for positive fibroblast growth factor receptor 3 (FGFR3) gene mutation.
   C. Symptoms of achondroplasia (e.g., short stature with marked shortening of extremities due to rhizomelia, a characteristic facial configuration, trident hand).

II. Minimum age requirement:
   A. Voxzogo: 5 years or older
   B. Yuviwel: 2 years or older

III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

IV. 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

- Concurrent use of both Voxzogo and Yuviwel.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Voxzogo: 30 single-dose injection vials per 30 days; based on weight-based dosing in Table 2.
- Yuviwel: up to 8 single-dose injection vials; per 28 days based on weight-based dosing in Table 2.

Approval Length

- **Authorization:** 1 year
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and improvement or stabilization of annualized growth velocity from baseline (centimeters per year).

Appendix

1. FDA-labeled dosage for Voxogo.

Actual Body Weight	Dose	Injection Volume	Vial Strength for Reconstitution
3 kg	0.096 mg	0.12 mL	0.4 mg
4 kg	0.12 mg	0.15 mL	0.4 mg
5 kg	0.16 mg	0.20 mL	0.4 mg
6 to 7 kg	0.20 mg	0.25 mL	0.4 mg
8 to 11 kg	0.24 mg	0.30 mL	0.4 mg
12 to 16 kg	0.28 mg	0.35 mL	0.56 mg
17 to 21 kg	0.32 mg	0.40 mL	0.56 mg
22 to 32 kg	0.40 mg	0.50 mL	0.56 mg
33 to 43 kg	0.50 mg	0.25 mL	1.2 mg
44 to 59 kg	0.60 mg	0.30 mL	1.2 mg
60 to 89 kg	0.70 mg	0.35 mL	1.2 mg
≥ 90 kg	0.80 mg	0.40 mL	1.2 mg

2. FDA-labeled dosage for Yuviwel.

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	1.3 mg
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	2.8 mg
23.1 to 30.5 kg	2.8 mg	0.6 mL	2.8 mg
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	5.5 mg
56 to 73.5 kg	6.6 mg	1.2 mL (use 2 kits; administer 0.6 mL from each kit)	5.5 mg

73.6 to 90 kg	8.8 mg	1.6 mL (use 2 kits; administer 0.8 mL from each kit)	5.5 mg

REFERENCES

1. Yuviwel. Prescribing information. Ascendis Pharma; 2026. Accessed August 31, 2026.
2. Voxzogo. Prescribing information. BioMarin Pharmaceutical Inc.; 2024. Accessed August 31, 2026.
3. Savarirayan, R. et al. International Consensus Statement on the diagnosis, multidisciplinary management and lifelong care of individuals with achondroplasia. Nat. Rev. Endocrinol. (2021). https://eprintserver2.medengine.com/cop23un012230/.
4. Kubota T, Adachi M, Kitaoka T, et al. Clinical Practice Guidelines for Achondroplasia. Clinical Pediatric Endocrinology : Case Reports and Clinical Investigations : Official Journal of the Japanese Society for Pediatric Endocrinology. 2020;29(1):25-42. DOI: 10.1297/cpe.29.25.
5. Hoover-Fong, J., et. al., Health Supervision for People with Achondroplasia. Pediatrics. 2020 Jun;145(6):e20201010. doi: 10.1542/peds.2020-1010.
6. 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. doi:10.1001/jamapediatrics.2025.4771