BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

PHARMACY COVERAGE GUIDELINE

VOXZOGO™ (vosoritide) injection
YUVIWEL® (navepegritide) injection
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):
- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope
- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance
- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**

Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the request form and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Medical Necessity Requirements for VOXZOGO (vosoritide) and YUVIWEL (navepegritide)

Criteria for Initial Therapy:

Prescriber Qualifications
- Prescribed by a physician specializing in the diagnosis or in consultation with an Endocrinologist or Pediatric Endocrinologist

Indication
- Diagnosis of achondroplasia

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Age Requirement

- **ONE** of the following:
  - **For Voxzogo:** Ages 4.4 months or older until age where epiphyses are closed, minimum weight of 3 kilograms
  - **For Yuviwel:** Ages 2 years or older until age where epiphyses are closed, minimum weight of 8 kilograms

Baseline Clinical Evaluation

- Pathogenic gain of function variant in fibroblastic growth factor receptor 3 (FGFR3) gene
- Radiographic evidence within the last 12 months that epiphyses have not closed
- Able to stand without assistance
- Estimated glomerular filtration rate is at least 60 mL/min/1.73m²

Brand Specific Criteria

- Have failure, contraindication, or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety

- Not on anabolic steroids
- Will not be used in combination with or alternating with growth hormone, growth hormone analog, or Increlex (mecasermin)

Additional Requirements

- Does not have hypochondroplasia or short stature condition other than achondroplasia
- Not planning to have limb lengthening surgery

Documentation Requirements

- A completed request form must be submitted including:
  - Chart notes
  - Lab results radiographic evidence of open epiphyses, FGFR3 variant if applicable)
  - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

6 months OR end of plan year

Criteria for Continuation of Therapy (renewal therapy):

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

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Prescriber Qualification
- Continues to be seen by a physician specializing in the diagnosis or in consultation with an Endocrinologist or Pediatric Endocrinologist

Clinical Response
- Growth velocity is at least 1.5 cm/year
- No evidence of disease progression
- No evidence of significant unacceptable adverse drug reactions

Adherence
- Adherence to the prescribed therapy regimen has been documented

Brand Specific Criteria
- Have failure, contraindication, or intolerance with **THREE** generic equivalents (if available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Safety
- Not on anabolic steroids
- Will not be used in combination with or alternating with growth hormone, growth hormone analog, or Increlex (mecasermin)

Additional Requirements
- Does not have hypochondroplasia or short stature condition other than achondroplasia
- Not planning to have limb lengthening surgery
- Radiographic evidence within the last 12 months that epiphyses have not closed
- Estimated glomerular filtration rate is at least 60 mL/min/1.73m²

Documentation Requirements
- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use from above criteria

Continuation Therapy Criteria Approval Duration
- 12 months OR end of plan year

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

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1. Off-Label Use of Non-Cancer Medications
2. Off-Label Use of Cancer Medications

Description:

Voxzogo (vosoritide) is a human C type natriuretic peptide (CNP) analog indicated to increase linear growth in pediatric patients with achondroplasia with epiphyses. Yuviwel (navepegritide), a prodrug of active CNP is indicated to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses. Voxzogo (vosoritide) is administered subcutaneously once daily. Yuviwel (navepegritide) is administered subcutaneously once-weekly.

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).

Voxzogo (vosoritide) is a 39 amino acid peptide. Its amino acid sequence includes the 37 C terminal amino acids of the human CNP53 sequence plus Pro Gly on the N terminus to convey resistance to neutral endopeptidase (NEP) degradation. Yuviwel (navepegritide) is an analogue of CNP and acts as a prodrug, it contains an active CNP component that is temporarily linked to two branched methoxy polyethylene glycol (mPEG) units through a proprietary TransCon® Linker.

In patients with achondroplasia, endochondral bone growth is negatively regulated due to a gain of function mutation in fibroblast growth factor receptor 3 (*FGFR3*) leading to overactive downstream signaling. The excessively active FGFR3 inhibits endochondral ossification leading to short stature and skeletal dysplasia.

Vosoritide binds to natriuretic peptide receptor-B (NPR-B), blocking *FGFR3* downstream signaling by inhibiting extracellular signal-regulated kinases 1 and 2 (ERK1/2) in the mitogen-activated protein kinase (MAPK) pathway at the level of rapidly accelerating fibrosarcoma serine/threonine protein kinase (RAF-1). Like CNP, vosoritide acts as a positive regulator of endochondral bone growth as it promotes endochondral bone growth by supporting chondrocyte proliferation and differentiation. CNP from navepegritide shares the same receptor affinity and activity as endogenous CNP, binding to NPR-B and suppressing MAPK signaling.

In animal models with open growth plates, vosoritide or navepegritide administration resulted in the promotion of chondrocyte proliferation and differentiation that led to a widening of the growth plate and subsequent increase in skeletal growth. In models of FGFR3-related chondrodysplasia, a partial or complete normalization of the dwarfism phenotype was observed.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
MedWatch Forms for FDA Safety Reporting | FDA

Clinical and radiographic evidence of achondroplasia:

- 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)

- 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)

Resources:

Voxzogo (vosoritide) subcutaneous injection product information, revised by BioMarin Pharmaceutical Inc. 11-2024. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed October 24, 2025.

Yuviwel (navepegritide) subcutaneous injection product information, revised by Ascendis Pharma. 02-2026. Available at DailyMed http://dailymed.nlm.nih.gov. Accessed March 11, 2026.

Bacino CA. Achondroplasia. In: UpToDate, Kaplan SL, Kremen J (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at http://uptodate.com. Literature current through October 2025. Topic last updated December 08, 2023. Accessed November 10, 2025.

Savarirayan R, Irving M, Bacino CA, et al: C-Type Natriuretic Peptide Analogue Therapy in Children with Achondroplasia. NEJM 2019 July 4; 381:25-35. Accessed February 22, 2022. Re-evaluated November 10, 2025.

Savarirayan R, Tofts L, Irving M, et al.: Once-daily, subcutaneous vosoritide therapy in children with achondroplasia: a randomized, double-blind, phase 3, placebo-controlled, multicenter trial. Lancet 2020 Sept 05; 396: 684–92. Accessed January 09, 2025. Re-evaluated November 10, 2025

Savarirayn R, McDonnell CM, 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. Accessed March 11, 2026.

Savarirayn R, Hoemschemeyer DG, Ljungberg M, et al.: Once weekly TransCon CNP (navepegritide) in children with achondroplasia (Accomplish): A phase 2, multicenter, randomized, double-blind, placebo-controlled, dose-escalation trial. eClinicalMedicine 2023;65: 102258. https://doi.org/10. 1016/j.eclinm.2023. 102258. www.thelancet.com Vol 65 November, 2023. Accessed March 11, 2026.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT03197766. A study to evaluate the efficacy and safety of BMN 111 in children with achondroplasia. Available from: http://clinicaltrials.gov. Last updated May 15, 2020. Last verified May 2020. Accessed February 07, 2022. Re-evaluated November 10, 2025.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT05598320. A Phase 2b, Multicenter, Double-Blind, Randomized, Placebo-controlled Trial Evaluating Efficacy and Safety of Subcutaneous Doses of TransCon CNP Administered Once Weekly for 52 Weeks in Children With Achondroplasia Followed by an Open Label Extension Period. Available from: http://clinicaltrials.gov. Last updated January 15, 2026. Last verified January 2026. Accessed March 11, 2026.

ClinicalTrials.gov Bethesda (MD): National Library of Medicine (US). Identifier NCT04085523. ACcomplisH: A Phase 2, Multicenter, Double-blind, Randomized, Placebo-controlled, Dose EscalationTrial Evaluating Safety, Efficacy, and Pharmacokinetics of Subcutaneous Doses of TransCon CNP Administered Once Weekly for 52 Weeks in Prepubertal Children With Achondroplasia Followed by an Open-Label Extension Period. Available from: http://clinicaltrials.gov. Last updated May 22, 2025. Last verified May 2025. Accessed March 11, 2026.