

Texas Prior Authorization Program  
Clinical Criteria

---

## Drug/Drug Class

# C-Type Natriuretic Peptide (CNP) Analog Agents

This criteria was recommended for review by Acentra Health to ensure appropriate and safe utilization.

## Clinical Criteria Information included in this Document

### Voxzogo (Vosoritide) / Yuviwel (Navepegritide)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Updated the guide's name to "C-Type Natriuretic Peptide (CNP) Analog Agents" from "Voxzogo"

Added GCNs for Yuviwel 1.3 mg vial (58879), Yuviwel 2.8 mg vial (58881), and Yuviwel 5.5 mg vial (58882) to the Drugs Requiring PA table

Updated references



**Voxzogo (Vosoritide) /  
Yuviwel (Navepegritide)**  
**Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](https://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
VOXZOGO 0.4 MG VIAL	51523
VOXZOGO 0.56 MG VIAL	51524
VOXZOGO 1.2 MG VIAL	51525
YUWIWEL 1.3 MG VIAL	58879
YUWIWEL 2.8 MG VIAL	58881
YUWIWEL 5.5 MG VIAL	58882

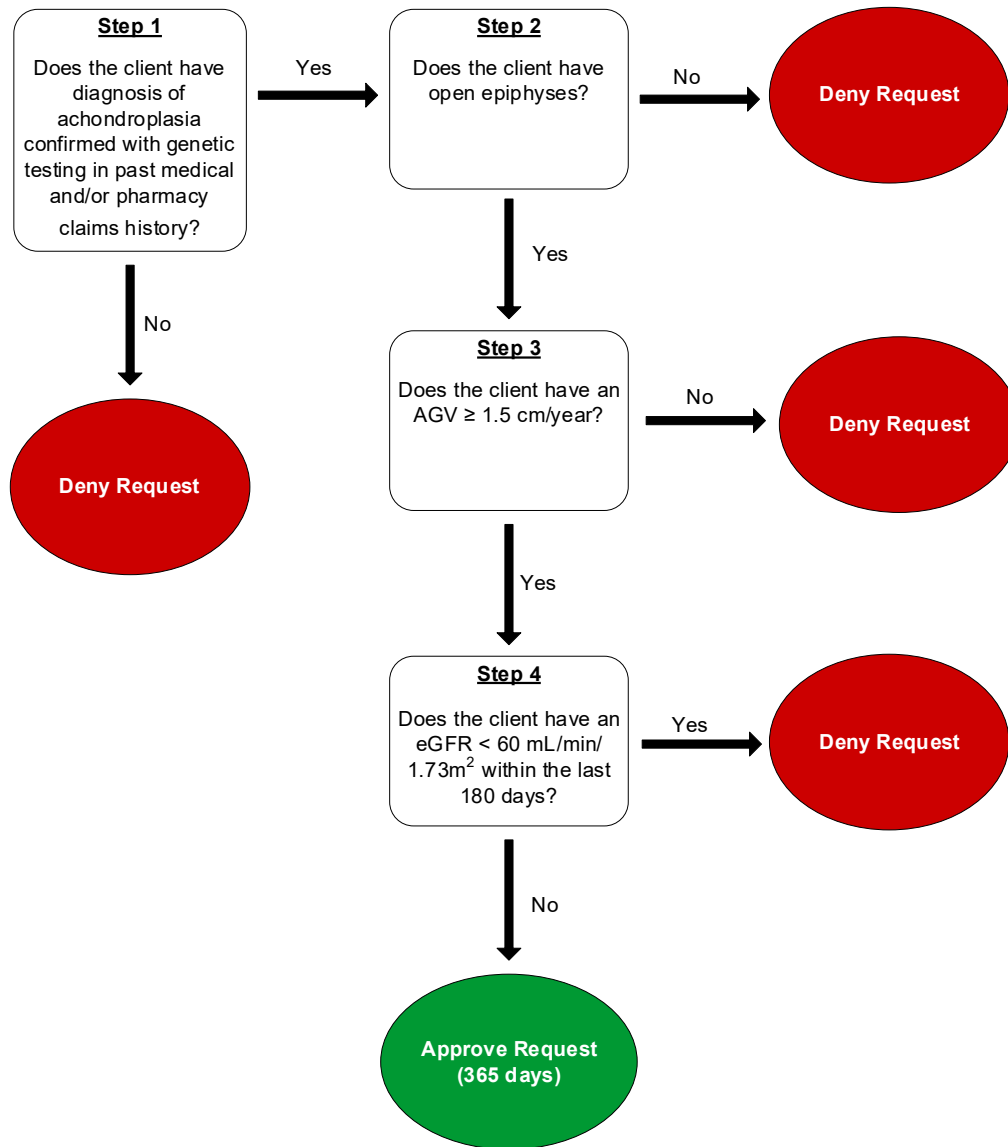
The logo for PAXPRESS, featuring the word "PAXPRESS" in a stylized, serif font with a trademark symbol.

**Voxzogo (Vosoritide) /  
Yuviwel (Navepegritide)**  
**Clinical Criteria Logic**

1. Does the client have [diagnosis of achondroplasia](#) confirmed with genetic testing in past medical and/or pharmacy claims history?  
 Yes – Go to #2  
 No – Deny
2. Does the client have open epiphyses?  
 Yes – Go to #3  
 No – Deny
3. Does the client have an annualized growth velocity (AGV) greater than or equal to ( $\geq$ ) 1.5 cm/year?  
 Yes – Go to #4  
 No – Deny
4. Does the client have an [eGFR < 60 mL/min/1.73m<sup>2</sup>](#) (CKD stages 3, 4, and 5) within the last 180 days?  
 Yes – Deny  
 No – Approve (365 days)



**Voxzogo (Vosoritide) /  
Yuviwel (Navepegritide)**  
**Clinical Criteria Logic Diagram**





**Voxzogo (Vosoritide) /  
Yuviwel (Navepegritide)**  
Clinical Criteria Supporting Tables

**Table 1 (diagnosis of achondroplasia)**

ICD-10 Code	Description
Q774	ACHONDROPLASIA

**Table 4 (diagnosis of chronic kidney disease, eGFR < 60)**

ICD-10 Code	Description
N1830	CHRONIC KIDNEY DISEASE, STAGE 3 UNSPECIFIED (eGFR 59 to 30)
N1831	CHRONIC KIDNEY DISEASE, STAGE 3A (eGFR 59 to 45)
N1832	CHRONIC KIDNEY DISEASE, STAGE 3B (eGFR 44 to 30)
N184	CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) (eGFR 29 to 15)
N185	CHRONIC KIDNEY DISEASE, STAGE 5 (eGFR < 15)
N186	END STAGE RENAL DISEASE



## CNP Analog Agents Clinical Criteria References

1. 2026 ICD-10-CM Diagnosis Codes. 2026. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on March 31, 2026.
2. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2026. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 31, 2026.
3. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on March 31, 2026.
4. Voxzogo Prescribing Information. Novato, CA. BioMarin Pharmaceuticals Inc. November 2024.
5. Yuviwel Prescribing Information. Princeton, New Jersey. Ascendis Pharma Endocrinology, Inc. February 2026.



## CNP Analog Agents

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
04/22/2022	<ul style="list-style-type: none"> <li>Initial publication and presentation to the DUR Board</li> </ul>
02/20/2024	<ul style="list-style-type: none"> <li>Updated age requirement to 2 years and older</li> </ul>
05/14/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
07/25/2024	<ul style="list-style-type: none"> <li>Removed renewal question (no difference in questions for an initial or renewal request) and lower age limit.</li> </ul>
01/31/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated references</li> </ul>
11/28/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Updated criteria lookback language to say, "in past medical and/or pharmacy claims history?"</li> <li>Updated references</li> </ul>
03/31/2026	<ul style="list-style-type: none"> <li>Updated the guide's name to "C-Type Natriuretic Peptide (CNP) Analog Agents" from "Voxzogo"</li> <li>Added GCNs for Yuviwel 1.3 mg vial (58879), Yuviwel 2.8 mg vial (58881), and Yuviwel 5.5 mg vial (58882) to the Drugs Requiring PA table</li> <li>Updated references</li> </ul>