

CENTER FOR DRUG EVALUATION AND RESEARCH

Approval Package for:

APPLICATION NUMBER:

219164Orig1s000

Trade Name: YUVIWEL

Generic or Proper Name: navepegritide

Sponsor: Ascendis Pharma Growth Disorders (A/S)

Approval Date: February 27, 2026

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

219164Orig1s000

CONTENTS

Reviews / Information Included in this NDA Review.

Approval Letter	X
Other Action Letters	
Labeling	X
REMS	
Officer/Employee List	X
Integrated Review(s)	X
Product Quality Review(s)	X
Other Reviews	X
Risk Assessment and Risk Mitigation Review(s)	X
Proprietary Name Review(s)	X
Administrative/Correspondence Document(s)	X

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

219164Orig1s000

APPROVAL LETTER



NDA 219164

ACCELERATED APPROVAL

Ascendis Pharma Growth Disorders (A/S)
Attention: David Cho, MS
Associate Director, Regulatory Affairs
1000 Page Mill Road
Palo Alto, CA 94304

Dear David Cho:

Please refer to your new drug application (NDA) dated and received March 31, 2025, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for Yuviwel (navepegritide) injection.

We acknowledge receipt of your major amendment dated November 5, 2025, which extended the goal date by three months.

This NDA provides for the use of Yuviwel (navepegritide) for injection to increase linear growth in pediatric patients 2 years of age and older with achondroplasia with open epiphyses.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved under accelerated approval pursuant to section 506(c) of the Federal Food, Drug, and Cosmetic Act (FDCA) and 21 CFR 314.510, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

Marketing of this drug product and related activities must adhere to the substance and procedures of the accelerated approval statutory provisions and regulations.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information, Patient Package Insert, and Instructions for Use). Information

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry titled *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications (April 2018, Revision 5)*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved NDA 219164.**” Approval of this submission by FDA is not required before the labeling is used.

DATING PERIOD

Based on the stability data submitted to date, the expiry dating period for Yuviwel (navepegritide) for injection shall be 24 months from the date of manufacture when stored at 2°C to 8°C.

RARE PEDIATRIC DISEASE PRIORITY REVIEW VOUCHER

We also inform you that you have been granted a rare pediatric disease priority review voucher, as provided under section 529 of the FDCA. This priority review voucher (PRV) has been assigned a tracking number, PRV NDA 219164. All correspondences related to this voucher should refer to this tracking number.

This PRV entitles you to designate a single human drug application submitted under section 505(b)(1) of the FDCA or a single biologics license application submitted under section 351(a) of the Public Health Service Act as qualifying for a priority review. Such an application would not have to meet any other requirements for a priority review. The list below describes the sponsor responsibilities and the parameters for using and transferring a rare pediatric disease priority review voucher.

- The sponsor who redeems the PRV must notify FDA of its intent to submit an application with a PRV at least 90 days before submission of the application and must include the date the sponsor intends to submit the application. This notification should be prominently marked, “Notification of Intent to Submit an Application with a Rare Pediatric Disease Priority Review Voucher.”

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

- This PRV may be transferred, including by sale, by you to another sponsor of a human drug or biologic application. There is no limit on the number of times that the PRV may be transferred, but each person to whom the PRV is transferred must notify FDA of the change in ownership of the voucher not later than 30 days after the transfer. If you retain and redeem this PRV, you should refer to this letter as an official record of the voucher. If the PRV is transferred, the sponsor to whom the PRV has been transferred should include a copy of this letter (which will be posted on our Web site as are all approval letters) and proof that the PRV was transferred.
- FDA may revoke the PRV if the rare pediatric disease product for which the PRV was awarded is not marketed in the U.S. within 1 year following the date of approval.
- The sponsor of an approved rare pediatric disease product application who is awarded a PRV must submit a report to FDA no later than 5 years after approval that addresses, for each of the first 4 post-approval years:
 - the estimated population in the U.S. suffering from the rare pediatric disease for which the product was approved (both the entire population and the population aged 0 through 18 years),
 - the estimated demand in the U.S. for the product, and
 - the actual amount of product distributed in the U.S.

You may also review the requirements related to this program by visiting FDA's Rare Pediatric Disease Priority Review Voucher Program web page.³

ADVISORY COMMITTEE

Your application for Yuviwel was not referred to an FDA advisory committee because the application did not raise significant public health questions on the role of the drug in the diagnosis, cure, mitigation, treatment, or prevention of a disease.

ACCELERATED APPROVAL REQUIREMENTS

Pursuant to section 506(c) of the FDCA and 21 CFR 314.510 you are required to conduct further adequate and well-controlled clinical trial(s) intended to verify and describe clinical benefit. You are required to conduct such clinical trial(s) with due diligence. If required postmarketing clinical trial(s) fail to verify clinical benefit or are not conducted with due diligence, including with respect to the conditions set forth below, we may withdraw this approval. We remind you of your postmarketing requirement specified in your submission dated February 11, 2026. This requirement is listed below.

- 4969-1 Conduct an open-label, external-controlled trial in subjects with achondroplasia 2 years of age and older with open epiphyses to measure

³ <https://www.fda.gov/industry/developing-products-rare-diseases-conditions/rare-pediatric-disease-rpd-designation-and-voucher-programs>

the effect of Yuviwel on final adult height. Include a secondary endpoint that evaluates disproportionality. Include safety endpoints related to the drug or to the disease that may improve or worsen with long-term treatment (e.g., neurological complications, bone deformities, bone age, sleep apnea).

The timetable you submitted on February 11, 2026, states that you will conduct this trial according to the following schedule:

Trial Completion: 09/2034

Final Report Submission: 06/2035

Submit clinical protocols to your IND 142685 for this product. FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.

You must submit status reports of the progress of each clinical trial required under section 506(c) (listed above) to the NDA 180 days after the date of approval of this NDA and approximately every 180 days thereafter (see section 506B(a)(2) of the FDCA) (hereinafter “180-day reports”).

You are required to submit two 180-day reports per year for each open study or clinical trial required under section 506(c). The initial report will be a standalone submission, and the subsequent report will be combined with your application’s annual status report (ASR) required under section 506B(a)(1) of the FDCA and 21 CFR 314.81(b)(2). The standalone 180-day report will be due 180 days after the date of approval (with a 60-day grace period). Submit the subsequent 180-day report with your application’s ASR. Submit both of these 180-day reports each year until the final report for the corresponding study or clinical trial is submitted.⁴

Your 180-day reports must include the information listed in 21 CFR 314.81(b)(2)(vii)(a). FDA recommends that you use FORM FDA 3989, *PMR/PMC Annual Status Report for Drugs and Biologics*, to submit your 180-day reports.⁵

180-day reports must be clearly designated “**NDA 219164 180-Day AA PMR Progress Report.**”

⁴ You are required to submit information related to your confirmatory trial as part of your annual reporting requirement under section 506B(a)(1) until the FDA notifies you, in writing, that the Agency concurs that the study requirement has been fulfilled or that the study either is no longer feasible or would no longer provide useful information.

⁵ FORM FDA 3989, along with instructions for completing this form, is available on the FDA Forms web page at <https://www.fda.gov/about-fda/reports-manuals-forms/forms>.

FDA will consider the submission of your application's ASR under section 506B(a)(1) and 21 CFR 314.81(b)(2), in addition to the submission of reports 180 days after the date of approval each year (subject to a 60-day grace period), to satisfy the periodic reporting requirement under section 506B(a)(2).

Submit final reports to this NDA as a supplemental application. For administrative purposes, the cover page of all submissions relating to this postmarketing requirement must be clearly designated "**Subpart H Postmarketing Requirement(s)**."

REQUIRED PEDIATRIC ASSESSMENTS

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable.

Because this drug product for this indication has an orphan drug designation, you are exempt from this requirement.

POSTMARKETING REQUIREMENTS UNDER 505(o)

Section 505(o)(3) of the FDCA authorizes FDA to require holders of approved drug and biological product applications to conduct postmarketing studies and clinical trials for certain purposes, if FDA makes certain findings required by the statute.

We have determined that an analysis of spontaneous postmarketing adverse events reported under subsection 505(k)(1) of the FDCA will not be sufficient to assess a known serious risk of neutralizing antibodies that cross-react with and potentially neutralize endogenous C-type natriuretic peptide (CNP), which could result in an acquired deficiency state of CNP.

Furthermore, the active postmarket risk identification and analysis system as available under section 505(k)(3) of the FDCA will not be sufficient to assess this serious risk.

Therefore, based on appropriate scientific data, FDA has determined that you are required to conduct the following study:

- 4969-2 Conduct a study in subjects who received the 100 mcg/kg/week navepegritide dose in trials ASND0036 and TCC-201 and were confirmed to be anti-drug antibody positive, to assess the incidence of neutralizing antibodies to navepegritide and their ability to cross-neutralize native C-type natriuretic peptide (CNP). For this study use a sensitive assay that is able to detect the neutralizing activity of anti-navepegritide antibodies

and their cross-neutralizing effect on native CNP. Perform this analysis after FDA has confirmed the adequacy of your new assay. Include in the final study report your development and validation data to support the use of the neutralizing antibody assay, as well as analyses of the effects of neutralizing antibodies on the pharmacokinetics, efficacy and safety of navepegritide.

The timetable you submitted on February 23, 2026, states that you will conduct this study according to the following schedule:

Draft Protocol Submission: 06/2026
Final Protocol Submission: 12/2026
Study Completion: 09/2027
Final Report Submission: 03/2028

FDA considers the term *final* to mean that the applicant has submitted a protocol, the FDA review team has sent comments to the applicant, and the protocol has been revised as needed to meet the goal of the study or clinical trial.⁶

Submit clinical protocol(s) to your IND 142685 with a cross-reference letter to this NDA. Submit nonclinical and chemistry, manufacturing, and controls protocols and all final report(s) to your NDA. Prominently identify the submission with the following wording in bold capital letters at the top of the first page of the submission, as appropriate:

REQUIRED POSTMARKETING PROTOCOL UNDER 505(o), REQUIRED POSTMARKETING FINAL REPORT UNDER 505(o), REQUIRED POSTMARKETING CORRESPONDENCE UNDER 505(o).

Section 505(o)(3)(E)(ii) of the FDCA requires you to report periodically on the status of any study or clinical trial required under this section. This section also requires you to periodically report to FDA on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Section 506B(a)(1) of the FDCA, as well as 21 CFR 314.81(b)(2)(vii) requires you to report annually on the status of any postmarketing commitments or required studies or clinical trials.

FDA will consider the submission of your annual report under section 506B(a)(1) and 21 CFR 314.81(b)(2)(vii) to satisfy the periodic reporting requirement under section 505(o)(3)(E)(ii) provided that you include the elements listed in 505(o) and 21 CFR 314.81(b)(2)(vii). We remind you that to comply with 505(o), your annual report must also include a report on the status of any study or clinical trial otherwise undertaken to investigate a safety issue. Failure to submit an annual report for studies

⁶ See the guidance for Industry *Postmarketing Studies and Clinical Trials—Implementation of Section 505(o)(3) of the Federal Food, Drug, and Cosmetic Act* (October 2019).
<https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

or clinical trials required under 505(o) on the date required will be considered a violation of FDCA section 505(o)(3)(E)(ii) and could result in enforcement action.

PROMOTIONAL MATERIALS

Under 21 CFR 314.550, you are required to submit, during the application pre-approval review period, all promotional materials, including promotional labeling and advertisements, that you intend to use in the first 120 days following marketing approval (i.e., your launch campaign). If you have not already met this requirement, you must immediately contact the Office of Prescription Drug Promotion (OPDP) at (301) 796-1200. Please ask to speak to a regulatory project manager or the appropriate reviewer to discuss this issue.

As further required by 21 CFR 314.550, submit all promotional materials that you intend to use after the 120 days following marketing approval (i.e., your post-launch materials) at least 30 days before the intended time of initial dissemination of labeling or initial publication of the advertisement. We ask that each submission include a detailed cover letter together with three copies each of the promotional materials, annotated references, and approved Prescribing Information, Medication Guide, and Patient Package Insert (as applicable).

For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs*.⁷

REPORTING REQUIREMENTS

We remind you that you must comply with the reporting requirements for an approved NDA (21 CFR 314.80 and 314.81).

Your product is a Part 3 combination product (21 CFR 3.2(e)); therefore, you must also comply with postmarketing safety reporting requirements for an approved combination product (21 CFR 4, Subpart B). Additional information on combination product postmarketing safety reporting is available at FDA.gov.⁸

POST APPROVAL FEEDBACK MEETING

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could

⁷ <https://www.fda.gov/media/128163/download>.

⁸ <https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>

benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

COMPENDIAL STANDARDS

A drug with a name recognized in the official United States Pharmacopeia or official National Formulary (USP-NF) generally must comply with the compendial standards for strength, quality, and purity, unless the difference in strength, quality, or purity is plainly stated on its label (see FD&C Act § 501(b), 21 USC 351(b)). FDA typically cannot share application-specific information contained in submitted regulatory filings with third parties, which includes USP-NF. To help ensure that a drug continues to comply with compendial standards, application holders may work directly with USP-NF to revise official USP monographs. More information on the USP-NF is available on USP's website.⁹

If you have any questions, contact Melissa Button, Regulatory Project Manager, at 240-402-1995 or email at melissa.button@fda.hhs.gov.

Sincerely,

{See appended electronic signature page}

Hylton V. Joffe, MD, MMSc
Director
Office of Cardiology, Hematology,
Endocrinology, and Nephrology
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert
 - Instructions for Use
- Carton and Container Labeling

⁹ <https://www.uspnf.com/>

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

HYLTON V JOFFE
02/27/2026 03:34:44 PM