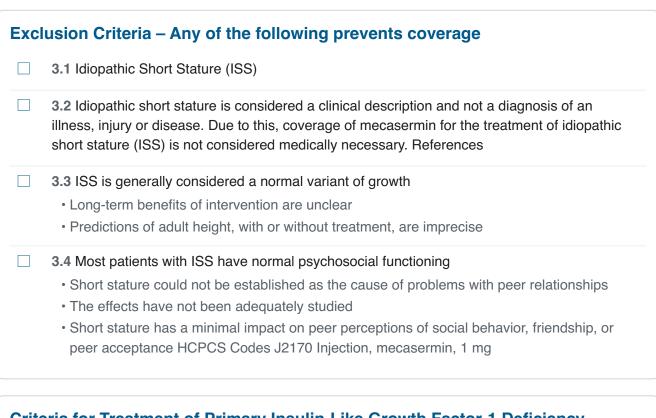


Pharmacy Drug Policy Checklist

POLICY NAME Increlex (mecasermin) POLICY # 1231P

Criteria



Criteria for Treatment of Primary Insulin-Like Growth Factor-1 Deficiency

1.1 Prescribed by a specialist familiar with the diagnosis and treatment of primary insulin-like growth factor-

deficiency	
	1.2 Age 2 years or older
	1.3 Basal insulin-like growth factor-1 standard deviation score -3 for age and sex
	1.4 Height standard deviation score -3 for age and sex
	1.5 Normal or near normal growth hormone levels (> 10 ng/dL following stimulation, or basal level > 5 ng/dL)
	1.6 Approval Time: 12 months
	1.7 Renewal requires documentation of:Growth velocity 2 cm per year and epiphyses are open
Criteria for Treatment of Growth Failure in Children with Growth Hormone Gene Deletion who have Developed Neutralizing Antibodies to Growth Hormone	
	2.1 Prescribed by a specialist familiar with the diagnosis and treatment of growth hormone deficiencies
	2.2 Age 2 years or older
	2.3 Diagnosis of growth hormone gene deletion who have developed neutralizing antibodies to growth hormone

2.4 Approval Time: 12 months

2.5 Renewal requires documentation of:

• Growth velocity 2 cm per year and epiphyses are open