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| <b>POLICY NAME</b> | Increlex (mecasermin) | <b>POLICY #</b> | 1231P |
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## Criteria

### Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Idiopathic Short Stature (ISS)
- ☐ **3.2** Idiopathic short stature is considered a clinical description and not a diagnosis of an illness, injury or disease. Due to this, coverage of mecasermin for the treatment of idiopathic short stature (ISS) is not considered medically necessary. References
- ☐ **3.3** ISS is generally considered a normal variant of growth
  - Long-term benefits of intervention are unclear
  - Predictions of adult height, with or without treatment, are imprecise
- ☐ **3.4** Most patients with ISS have normal psychosocial functioning
  - Short stature could not be established as the cause of problems with peer relationships
  - The effects have not been adequately studied
  - Short stature has a minimal impact on peer perceptions of social behavior, friendship, or peer acceptance HCPCS Codes J2170 Injection, mecasermin, 1 mg

### 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