POLICY NAME Increlex (mecasermin) POLICY # 1231P

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

Exclusion Criteria – Any of the following prevents coverage		
	Idiopathic Short Stature (ISS)	
	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	
	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	
	 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 	