

Mecasermin



Included Products: Increlex (mecasermin)

Created: 11/21/2008

Revised: 09/12/2013

Reviewed: 09/09/2021

Updated: 10/06/2021

All Diagnoses

Initial Criteria		If yes	If no
1.	Is the member age 2-18 years old?	Continue to #2.	Do not approve.
2.	Is the prescriber a pediatric endocrinologist?	Continue to #3.	Do not approve.
3.	Does the member have primary IGF-1 deficiency due to growth hormone insensitivity syndrome?	Continue to #5.	Continue to #4.
4.	Does the member have a growth hormone gene deletion and has developed neutralizing antibodies to growth hormone?	Continue to #5.	Do not approve.
5.	Have secondary causes of IGF-1 deficiency been ruled out, such as growth hormone deficiency, malnutrition, hypothyroidism, or chronic corticosteroid therapy?	Continue to #6.	Do not approve.
6.	Is there evidence of non-closure of the epiphyseal plate?	Continue to #7.	Do not approve.
7.	Does the member have a suspected neoplasia?	Do not approve.	Continue to #8.
8.	Approve for 12 months.		

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Renewal Criteria		If yes	If no
1.	Does the member meet ALL of the following criteria: a. Evidence of GV greater than 2.5 cm/year, AND b. Non-closure of epiphyses confirmed by X-ray, AND c. Bone age suggests that height potential has not been achieved defined as bone age for male has not exceeded 16 years of age (required annually when chronological age reaches 15) and bone age for female has not exceeded 14 years of age (required annually when chronological age reaches 13)	Continue to #2.	Do not approve.
2.	Approve for 12 months.		