



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Increlex® (mecasermin)
[Prior Authorization Request Form](#)

Prior authorization requests for Increlex will be approved if the following criteria are met:

- 1) The patient is less than twenty-one (21) years of age; **AND**
- 2) Has a diagnosis of:
 - a. Growth failure due to severe* primary IGF-1 deficiency (documentation of low IGF-1 must be provided); **OR**
 - b. Growth hormone gene deletion in a patient who has developed neutralizing antibodies to growth hormone (GH).

*Severe primary IGF-1 deficiency (IGFD) is defined by height standard deviation score ≤ -3.0 and basal IGF-1 standard deviation score ≤ -3.0 and normal or elevated growth hormone (GH). Severe Primary IGFD includes classical and other forms of growth hormone insensitivity. Patients with Primary IGFD may have mutations in the GH receptor (GHR), post-GHR signaling pathway including the IGF-1 gene. They are not GH deficient, and therefore cannot be expected to respond adequately to exogenous GH treatment.

Tercica Pharmaceuticals

*Review and Approved
DUR Board 05/23/2012*