Custom Criteria for
BlueCross Blue Shield of Rhode Island Commercial

INCRELEX (mecasermin)

GPI CODING:

30160045002020

DESCRIPTION:

Mecasermin is a recombinant form of human insulin-like growth factor I (rhIGF-I) that mediates anabolic and growth-promoting effects of growth hormone. Insulin-like growth factor-1 (IGF-1) is the principal hormonal mediator of statural growth. Under normal circumstances, growth hormone (GH) binds to its receptor in the liver, and other tissues, and stimulates the synthesis/secretion of IGF-1. In target tissues, the Type 1 IGF-1 receptor, which is homologous to the insulin receptor, is activated by IGF-1, leading to intracellular signaling which stimulates multiple processes leading to statural growth. The metabolic actions of IGF-1 are in part directed at stimulating the uptake of glucose, fatty acids, and amino acids so that metabolism supports growing tissues.

APPROVAL DURATION:

Initial approvals and renewals: 12 months.

CRITERIA FOR INCRELEX

I. Patient has a diagnosis of severe primary insulin-like growth factor-1 deficiency (Primary IGFD) defined as:
   a. Height standard deviation score < -3.0 **AND**
   b. Low levels of IGF-1 (score < -3.0) **AND**
   c. Normal or elevated growth hormone

OR

II. Patient has growth hormone gene deletion with development of neutralizing antibodies to growth hormone