

Member Name: _____ Member ID: _____ Member DOB: _____
Drug Name: _____ Strength: _____ Directions: _____
Physician Name: _____ Physician Phone #: _____ Specialty: _____
Physician Fax#: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health
Mecasermin (Increlex) – Medical Necessity Request

****Complete page 1 for Initial Requests Only****

General Information

- Current Weight: _____ lbs or _____ kg
- Is the medication prescribed by or in consultation with an Endocrinologist?
Yes or No

Contraindication Information

Does member have any of the following:

- Pediatric member with malignant neoplasia or a history of malignancy?
Yes or No
- Closed epiphyses?
Yes or No

Diagnosis Information (please select diagnosis and provide requested information below the diagnosis):

Growth hormone (GH) gene deletion

1. Has the member developed neutralizing antibodies to growth hormones (GH)? **Yes or No**

Severe primary IGF-1 deficiency (Primary IGFD)

1. Does the member have a height standard deviation score ≤ -3.0 ? **Yes or No**
2. Does the member have basal IGF-1 standard deviation score ≤ -3.0 ? **Yes or No**
3. Does the member have normal or elevated growth hormone (GH)? **Yes or No**

Other (please specify): _____

Physician office's signature* _____ Print Name _____

*Form must be completed and signed by physician or licensed representative from the physician's office

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Physician Name: _____ Physician Phone #: _____ Specialty: _____

Physician Fax#: _____ Pharmacy Name: _____ Pharmacy Phone: _____

Horizon NJ Health
Mecasermin (Increlex) – Medical Necessity Request

****Complete page 2 only for Subsequent/Renewal requests****

General Information

- Current Weight: _____ lbs or _____ kg

Diagnosis Information (please select diagnosis):

- Growth hormone (GH) gene deletion
- Severe primary IGF-1 deficiency (Primary IGFD)
- Other (please specify): _____

Physician office's signature* _____ Print Name _____

*Form must be completed and signed by physician or licensed representative from the physician's office