



| DATE | ACTION/DESCRIPTION |
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| 10/18/2021 | Increlex policy creation |
| 09/15/2023 | Added in consultation with option to prescriber specialty; added documentation of pretreatment height; added no history of active malignancy; removed not being treated with growth hormone therapy from reauthorization criteria. |

References:

1. Increlex [package insert]. Cambridge, MA: Ipsen Biopharmaceuticals, Inc.; December 2019
2. Grimberg A, DiVall SA, Polychronakos C, et al. Guidelines for growth hormone and insulinlike growth factor-1 treatment in children