

Generic Name: Trofenitide

Applicable Drugs: Daybue

Preferred: N/A

Non-preferred: N/A

Date of Origin: 8/28/2023

Date Last Reviewed / Revised: 8/28/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through VI are met)

- I. Documented diagnosis of Rett Syndrome (RTT) with all of the following:
 - A. Pathogenic MECP2 gene mutation confirmed by genetic testing
 - B. Documentation the member meets ALL Main Criteria and Exclusion Criteria for classic/typical RTT. See Appendix.
 - C. Documented period of regression followed by recovery or stabilization.
- II. Documentation of the following baseline assessment scores (A and B):
 - A. Rett Syndrome Behavior Questionnaire (RSBQ)
 - B. Clinical Global Impression-Severity (CGI-S) of ≥ 4
- III. Age ≥ 2 years. Weight ≥ 9 kg.
- IV. Prescribed by or in consultation with a pediatric neurologist, geneticist, or developmental pediatrician.
- V. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- VI. Refer to the plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have documented treatment failure or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Long QT syndrome or baseline QTcF interval > 450 msec
- Concurrent use of insulin
- Documented unstable pattern of seizures (eg, changes in seizure frequency, antiepileptic drugs, or behavioral treatments) in the previous 2 months.
- Atypical RTT (meeting at least 2 main criteria and at least 5 supportive criteria). See Appendix.

OTHER CRITERIA

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Quantities not exceeding the following weight-based dosing schedule:
 - 9 kg to < 12 kg: 10,000 mg (50 mL) per day
 - 12 kg to < 20 kg: 12,000 mg (60 mL) per day
 - 20 kg to < 35 kg: 16,000 mg (80 mL) per day
 - 35 kg to < 50 kg: 20,000 mg (100 mL) per day
 - ≥ 50 kg: 24,000 mg (120 mL) per day

APPROVAL LENGTH

- **Authorization:** 3 months

Re-Authorization: 6 months, with an updated letter of medical necessity or progress notes showing improvement or maintenance with the medication, including at least one of the following:

- ≥ 3-point reduction in overall RSBQ total score from baseline
- If the member has received Daybue for 6 months or less, documentation of current Clinical Global Impression - Improvement (CGI-I) score between 1-4
- If the member has received Daybue for more than 6 months, documentation of current CGI-I score between 1-3

APPENDIX

Diagnostic criteria for classic/typical and atypical Rett syndrome.

Main Criteria

- Partial or complete loss of acquired purposeful hand skills
- Partial or complete loss of acquired spoken language
- Gait abnormalities: impaired or absence of ability to walk
- Hand wringing/squeezing/clapping, mouthing, and/or washing/rubbing that seems habitual or uncontrollable (stereotypical of RTT)

Exclusion Criteria

- Grossly abnormal psychomotor development in the first 6 months of life
- Brain injury secondary to trauma, neurometabolic disease, or severe infection that causes neurological problems

Supportive Criteria (not required for diagnosis, but often present)

- Breathing disturbances when awake, bruxism when awake, abnormal muscle tone, impaired sleep pattern, peripheral vasomotor disturbances, scoliosis/kyphosis, growth retardation, small cold hands and feet, inappropriate laughing/screaming spells, diminished response to pain, intense eye communication-use of eye pointing.

REFERENCES

1. Daybue. Prescribing information. Acadia Pharmaceuticals Inc; 2023. Accessed August 6, 2023. <https://daybue.com/daybue-pi.pdf>
2. Neul JL, Percy AK, Benke TA, et al. Trofinetide for the treatment of Rett syndrome: a randomized phase 3 study. *Nat Med*. 2023;29(6):1468-1475. doi:10.1038/s41591-023-02398-1
3. Fu C, Armstrong D, Marsh E, et al. Consensus guidelines on managing Rett syndrome across the lifespan. *BMJ Paediatr Open*. 2020;4(1):e000717. Published 2020 Sep 13. doi:10.1136/bmjpo-2020-000717

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.