Clinical Policy: Trofineatide (Daybue, Daybue Stix)

Reference Number: PA.CP.PHAR.600
Effective Date: 06/2023
Last Review Date: 04/2026

Description
Trofinetide (Daybue ®, Daybue® Stix) is an insulin-like growth factor 1 (IGF-1) analog.

FDA Approved Indication(s)
Daybue and Daybue Stix are indicated for the treatment of Rett syndrome (RTT) in adults and pediatric patients 2 years of age and older.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Daybue and Daybue Stix are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Rett Syndrome (must meet all)**:**

1. Diagnosis of RTT with both of the following (a and b):
   a. Classic/typical RTT (*see Appendix D*);
   b. *MECP2* gene mutation confirmed by genetic testing;
2. Prescribed by or in consultation with a neurologist, geneticist, or developmental pediatrician;
3. Age ≥ 2 years;
4. Weight ≥ 9 kg;
5. Dose does not exceed any of the following (a or b):
   a. For Daybue oral solution, one of the following (i-v):
      i. Weight 9 kg to < 12 kg: 10,000 mg (50 mL) per day;
      ii. Weight 12 kg to < 20 kg: 12,000 mg (60 mL) per day;
      iii. Weight 20 kg to < 35 kg: 16,000 mg (80 mL) per day;
      iv. Weight 35 kg to < 50 kg: 20,000 mg (100 mL) per day;
      v. Weight ≥ 50 kg: 24,000 mg (120 mL) per day.
   b. For Daybue Stix packets, one of the following (i-v):
      i. Weight 9 kg to < 12 kg, and both of the following per day (1 and 2):
         1. 10,000 mg;
         2. Two 5,000 mg packets;
      ii. Weight 12 kg to < 20 kg, and both of the following per day (1 and 2):
         1. 12,000 mg;
         2. Two 6,000 mg packets;
      iii. Weight 20 kg to < 35 kg, and both of the following per day (1 and 2):
         1. 16,000 mg;
         2. Two 8,000 mg packets;
      iv. Weight 35 kg to < 50 kg, and both of the following per day (1 and 2):

1. 20,000 mg;
2. Four 5,000 mg packets;

v. Weight ≥ 50 kg, and both of the following per day (1 and 2):
1. 24,000 mg;
2. Four 6,000 mg packets.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Rett Syndrome (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new does not exceed any of the following (a or b):
   a. For Daybue oral solution, one of the following (i-v):
      i. Weight 9 kg to < 12 kg: 10,000 mg (50 mL) per day;
      ii. Weight 12 kg to < 20 kg: 12,000 mg (60 mL) per day;
      iii. Weight 20 kg to < 35 kg: 16,000 mg (80 mL) per day;
      iv. Weight 35 kg to < 50 kg: 20,000 mg (100 mL) per day;
      v. Weight ≥ 50 kg: 24,000 mg (120 mL) per day;
   b. For Daybue Stix packets, one of the following (i-v):
      i. Weight 9 kg to < 12 kg, and both of the following per day (1 and 2):
         1. 10,000 mg;
         2. Two 5,000 mg packets;
      ii. Weight 12 kg to < 20 kg, and both of the following per day (1 and 2):
         1. 12,000 mg;
         2. Two 6,000 mg packets;
      iii. Weight 20 kg to < 35 kg, and both of the following per day (1 and 2):
         1. 16,000 mg;
         2. Two 8,000 mg packets;
      iv. Weight 35 kg to < 50 kg, and both of the following per day (1 and 2):
         1. 20,000 mg;
         2. Four 5,000 mg packets;
      v. Weight ≥ 50 kg, and both of the following per day (1 and 2):
         1. 24,000 mg;
         2. Four 6,000 mg packets.

   Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

Approval duration: Duration of request or 12 months (whichever is less); or

2. Refer to the off-label use policy for the relevant line of business if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration

IGF-1: insulin-like growth factor 1
RTT: Rett syndrome

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

None reported

Appendix D: General Information

- RTT is a rare neurodevelopment disorder that occurs almost exclusively in females; however, there have been cases seen in males.
- Mutations on the *MECP2* gene occur in 90-95% of RTT cases.
  - The *MECP2* gene is imperative for the normal functioning of nerve cells.
- According to the International Rett Syndrome Foundation, classical/typical RTT is defined by these criteria:
  - 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
    - Brain injury secondary to trauma, neurometabolic disease, or severe infection that causes neurological problems
    - Grossly abnormal psychomotor development in the first 6 months of life
  - Supportive criteria
    - 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
  - Required criteria for classical RTT
    - A period of regression followed by recovery or stabilization

- All main criteria and all exclusion criteria
- Supportive criteria are not required, though often present in typical RTT

- Individuals with RTT may also suffer from seizures, autism, cardiovascular dysfunction, and gastrointestinal issues, often requiring a gastrostomy tube.

V. Dosage and Administration

<table>
<tr><th>Indication</th><th>Dosing Regimen</th><th>Maximum Dose</th></tr>
<tr><td>RTT</td><td>Dose can be given orally or via gastrostomy (G) tube or gastrojejunal tube
• Weight 9 kg to < 12 kg: 5,000 mg twice daily
• Weight 12 kg to < 20 kg: 6,000 mgtwice daily
• Weight 20 kg to < 35 kg: 8,000 mg twice daily
• Weight 35 kg to < 50 kg: 10,000 mg twice daily
• Weight ≥ 50 kg: 12,000 mg twice daily
Recommended Daybue oral solution volume and Daybue Stix packets for oral solution needed to prepare each dose:
<table>
<tr><th>Dose</th><th>Daybue oral solution volume</th><th>Daybue Stix packet(s)</th></tr>
<tr><td>5,000 mg</td><td>25 mL</td><td>one 5,000 mg packet</td></tr>
<tr><td>6,000 mg</td><td>30 mL</td><td>one 6,000 mg packet</td></tr>
<tr><td>8,000 mg</td><td>40 mL</td><td>one 8,000 mg packet</td></tr>
<tr><td>10,000 mg</td><td>50 mL</td><td>two 5,000 mg packets</td></tr>
<tr><td>12,000 mg</td><td>60 mL</td><td>two 6,000 mg packets</td></tr>
</table></td><td>24,000 mg/day</td></tr>
</table>

VI. Product Availability

Drug Name	Availability
Trofinetide (Daybue)	Oral solution: 200 mg/mL
Trofinetide (Daybue Stix)	Packets containing powder for oral solution: 5,000 mg, 6,000 mg, 8,000 mg

VII. References

1. Daybue and Daybue Stix Prescribing Information. San Diego, CA: Acadia Pharmaceuticals Inc.; December 2025. Available at: https://daybue.com/daybue-pi.pdf. Accessed March 3, 2026.
2. Neul JL, Percy AK, Benke TA, et al. Design and outcome measures of Lavender, a phase 3 study of trofinetide for Rett Syndrome. Contemporary Clinical Trials. 2022;114:106704. doi:10.1016/j.cct.2022.106704.
3. Neul JL, Glaze DG, Percy AK, et al. Improving treatment trial outcomes for Rett syndrome: the development of Rett-specific anchors for the Clinical Global Impression scale. J Child Neurol. 2015;30(13):1743-1748. doi:10.1177/0883073815579707.
4. Cianfaglione R, Clarke A, Kerr M, et al. A national survey of Rett syndrome: behavioural characteristics. J Neurodevelop Disord. 2015;7(1):11.

5. Glaze DG, Neul JL, Kaufmann WE, et al. Double-blind, randomized, placebo-controlled study of trofinetide in pediatric Rett syndrome. Neurology. 2019;92(16):e1912-e1925. doi:10.1212/wnl.0000000000007316.
6. Fu C, Armstrong D, Marsh E, et al. Consensus guidelines on managing Rett syndrome across the lifespan. BMJ Paediatr Open. Sep 2020;4(1):e000717.
7. Rett syndrome diagnosis. Rettsyndrome.org. Available at: https://www.rettsyndrome.org/about-rett-syndrome/rett-syndrome-diagnosis/. Accessed September 29, 2022.
8. NIH.gov. Rett syndrome | Genetic and Rare Diseases Information Center (GARD) – an NCATS Program. Published 2014. Available at: https://rarediseases.info.nih.gov/diseases/5696/rett-syndrome. Accessed September 29, 2022.
9. International Rett Syndrome Foundation. Rett syndrome: comprehensive care guidelines. May 2024. Available at: https://www.rettsyndrome.org/wp-content/uploads/2024/12/Comprehensive-Care-Guidelines.pdf. Accessed March 4, 2026.

Reviews, Revisions, and Approvals	Date
Policy created	05/2023
2Q 2024 annual review: no significant changes; references reviewed and updated.	04/2024
2Q 2025 annual review: removed the requirement from the Initial Approval Criteria and the Continued Therapy sections for symptom rating scales such as the Rett Syndrome Behavioral Questionnaire and the Clinical Global Impressions-Severity and -Improvement scales as providers do not routinely use these scales in clinical practice for Rett syndrome management; references reviewed and updated.	04/2025
RT4: added new Daybue Stix formulation; revised approval durations to 12 months.	01/2026
2Q 2026 annual review: no significant changes; references reviewed and updated.	04/2026