



Drug Coverage Policy

Effective Date..... 06/15/2025

Coverage Policy Number IP0578

Policy Title Daybue

Neurology – Daybue

- Daybue™ (trofinetide oral solution – Acadia)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

Daybue is indicated for the treatment of Rett syndrome in adults and pediatric patients ≥ 2 years of age.¹

Disease Overview

Rett syndrome is a neurodevelopmental disorder characterized by typical early growth and development followed by a slowing of development, loss of functional use of the hands, distinctive hand movements, slowed brain and head growth, problems with walking, seizures, and intellectual disability.² The course of Rett syndrome, including the age of onset and the severity of symptoms, varies from child to child. However, symptoms of Rett syndrome usually appear in children between 6 to 18 months as they begin to miss developmental milestones or lose abilities they had gained.³ Rett syndrome occurs worldwide in 1 of every 10,000 to 15,000 female births and is even rarer in males. Rett syndrome is estimated to affect all racial and ethnic groups worldwide.² Nearly all cases of Rett syndrome are caused by a mutation in the methyl CpG binding protein 2 (MECP2) gene. The MECP2 gene contains instructions for the synthesis of a protein called methyl cytosine binding protein 2 (MeCP2), which is needed for brain development and acts as a biochemical switch that can increase or decrease gene expression.

Typical, or classic, Rett syndrome is defined by the presence of the characteristic disease progression of Rett syndrome, a period of regression followed by recovery or stabilization.^{4,5} The diagnosis of classic/typical Rett syndrome requires all main diagnostic criteria and none of the exclusion criteria. The main Rett syndrome diagnostic criteria are: 1) partial or complete loss of acquired purposeful hand skills; 2) partial or complete loss of acquired spoken language; 3) gait abnormalities, i.e., impaired (dyspraxic) or absence of ability; and 4) stereotypic hand movements, such as hand wringing/squeezing, clapping/tapping, mouthing and washing/rubbing automatisms. The exclusion criteria for classic/typical Rett syndrome are: 1) brain injury secondary to trauma (peri- or postnatally), neurometabolic disease, or severe infection that causes neurological problems; and 2) grossly abnormal psychomotor development in first 6 months of life. Additionally, clinicians have also identified individuals that display some, but not all, of the features of typical Rett syndrome.⁴ These individuals are described to have atypical, or variant, Rett syndrome. Atypical Rett syndrome is defined by the presence of a period of regression followed by recovery or stabilization, as well as at least 2 of the main 4 criteria for typical Rett syndrome and at least 5 of the 11 supporting criteria: breathing disturbances when awake; bruxism when awake; impaired sleep pattern; abnormal muscle tone; peripheral vasomotor disturbances; scoliosis/kyphosis; growth retardation; small cold hands and feet; inappropriate laughing/screaming spells; diminished response to pain; and intense eye communication, use of eye pointing.⁵

Because *MECP2* mutations are now identified in some individuals prior to any clear evidence of regression, the diagnosis of "possible" Rett syndrome should be given to those individuals < 3 years of age who have not lost any skills but otherwise have clinical features suggestive of Rett syndrome.⁵ These individuals should be reassessed every 6 to 12 months for evidence of regression. If regression manifests, the diagnosis should then be changed to definite Rett syndrome. However, if the child does not show any evidence of regression by 5 years of age, the diagnosis of Rett syndrome should be questioned.

Clinical Efficacy

The efficacy of Daybue was evaluated in one pivotal trial called LAVENDER that assessed Daybue in female patients with Rett syndrome.^{6,7} Confirmatory evidence of efficacy was provided by RETT-002, a non-pivotal, dose-ranging trial that evaluated Daybue in female patients with Rett syndrome.⁸ Evidence for effectiveness in patients 2 to 4 years of age with Rett syndrome was provided by a bridging pharmacokinetic study, DAFFODIL.⁷ For each of these studies, patients were enrolled if they had a diagnosis of typical Rett syndrome, according to the Rett syndrome diagnostic criteria, with a documented disease-causing mutation in the MECP2 gene, and were post-regression status for ≥ 6 months at screening (i.e., no loss or degradation in ambulation, hand function, speech, nonverbal communicative or social skills).⁶⁻⁸

Coverage Policy

POLICY STATEMENT

Prior Authorization is required for prescription benefit coverage of Daybue. All approvals are provided for the duration noted below.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Daybue as well as the monitoring required for adverse events and long-term efficacy, approval requires Daybue to be prescribed by or in consultation with a physician who specializes in the condition being treated.

Documentation: Documentation is required where noted in the criteria. Documentation may include, but not limited to, chart notes, laboratory tests, claims records, and/or other information.

Daybue is considered medically necessary when the following criteria are met:

1. **Rett Syndrome.** Approve for 1 year if the patient meets **ALL** of the following criteria (A, B, C, D, and E):

A) Patient is ≥ 2 years of age; AND

B) Documentation is provided of a pathogenic variant in the *MECP2* gene; AND

C) Documentation is provided of classic/ typical Rett Syndrome, according to the Rett Syndrome Diagnostic Criteria; AND

Note: The diagnosis of classic/typical Rett syndrome requires all main diagnostic criteria and none of the exclusion criteria. The main Rett syndrome diagnostic criteria are: 1) partial or complete loss of acquired purposeful hand skills; 2) partial or complete loss of acquired spoken language; 3) gait abnormalities, i.e., impaired (dyspraxic) or absence of ability; and 4) stereotypic hand movements, such as hand wringing/squeezing, clapping/tapping, mouthing and washing/rubbing automatisms. The exclusion criteria for classic/typical Rett syndrome are: 1) brain injury secondary to trauma (peri- or postnatally), neurometabolic disease, or severe infection that causes neurological problems; and 2) grossly abnormal psychomotor development in first 6 months of life.

D) According to the prescriber, the patient is past the initial period of regression and has reached the plateau phase (for example, no additional loss or degradation in ambulation, hand function, speech, or nonverbal communicative or social skills within 6 months of initial period of regression); AND

E) Medication is prescribed by, or in consultation with, neurologist

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Receipt of sample product does not satisfy any criteria requirements for coverage.

Daybue for any other use is considered not medically necessary. Criteria will be updated as new published data are available.

References

1. Daybue™ oral solution [prescribing information]. San Diego, CA: Acadia; September 2024.

2. National Institute of Neurological Disorders and Stroke. Rett syndrome. Last updated on March 11, 2025. Available at: <https://www.ninds.nih.gov/health-information/disorders/rett-syndrome>. Accessed on March 14, 2025.
3. International Rett Syndrome Foundation. What is Rett syndrome? Available at: <https://www.rett syndrome.org/about-rett-syndrome/what-is-rett-syndrome/>. Accessed on March 14, 2025.
4. Collins BE, Neul JL. Rett syndrome and MECP2 duplication syndrome: disorders of MeCP2 dosage. *Neuropsychiatr Dis Treat*. 2022;18:2813-2835.
5. Neul JL, Kaufmann WE, Glaze DG, et al.; RettSearch Consortium. Rett syndrome: revised diagnostic criteria and nomenclature. *Ann Neurol*. 2010;68(6):944-50.
6. Neul JL, Percy AK, Benke TA, et al. Efficacy and safety of trofinetide for the treatment of Rett syndrome: results from the Phase 3 LAVENDER study [Poster 26]. Presented at: International Rett Syndrome Foundation's Scientific Symposium (IRSF) 2022; Nashville, TN, USA; April 26-27, 2022.
7. Center for Drug Evaluation and Research. Daybue clinical review. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/nda/2023/217026Orig1s000MedR.pdf. Accessed on March 14, 2025.
8. Gaze DG, Neul JL, Kaufmann WE, et al. Double-blind, randomized, placebo-controlled study of trofinetide in pediatric Rett syndrome. *Neurology*. 2019;92:e1912-e1925.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	Updated coverage policy title from <i>Trofinetide</i> to <i>Neurology – Daybue</i> .	08/01/2024
Annual Revision	Individual and Family plans added to the policy. Added a note defining the diagnostic criteria and exclusion criteria for classic/typical Rett syndrome. Updated the requirement for a patient to be "past the initial period of regression" to "past the initial period of regression and has reached the plateau phase" Reworded the conditions not covered statement.	06/15/2025

The policy effective date is in force until updated or retired.

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