

**DAYBUE**  
**(trofinetide) oral solution**

**Pre - PA Allowance**

None

---

**Prior-Approval Requirements**

**Age** 2 years of age or older

**Diagnosis**

Patient must have the following:

1. Rett syndrome

**AND ALL** of the following:

- a. Documented mutation in the MECP2 gene
- b. Prescriber agrees to monitor for diarrhea and significant weight loss

**Prior - Approval Limits**

**Quantity** 24 bottles per 90 days

**Duration** 12 months

---

**Prior – Approval *Renewal* Requirements**

**Age** 2 years of age or older

**Diagnosis**

Patient must have the following:

1. Rett syndrome

**AND ALL** of the following:

- a. Patient has had a clinical benefit from therapy (e.g., slowed decline in the severity of signs and symptoms)
- b. Prescriber agrees to monitor for diarrhea and significant weight loss

**Prior - Approval *Renewal* Limits**

Same as above