



Drug Coverage Policy

Effective Date..... 08/01/2024
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 and have discretion in making individual coverage determinations. 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.

Cigna Healthcare Coverage Policy

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.

Medical Necessity Criteria

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

1. **Rett Syndrome.** Individual meets **ALL** of the following criteria:
 - A. Age 2 years or older
 - B. Documentation of a pathogenic variant in the *MECP2* gene
 - C. Documentation of classic/ typical Rett Syndrome, according to the Rett Syndrome Diagnostic Criteria
 - D. Attestation the individual is past the initial period of regression (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)
 - 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.

Reauthorization Criteria

Continuation of Daybue is considered medically necessary for Rett Syndrome when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration: up to 12 months

Reauthorization approval duration: up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational, or unproven (criteria will be updated as new published data are available).

References

1. Daybue™ oral solution [prescribing information]. San Diego, CA: Acadia; March 2023.
2. National Institute of Neurological Disorders and Stroke. Rett syndrome. Last updated on November 28, 2023. Available at: <https://www.ninds.nih.gov/health-information/disorders/rett-syndrome>. Accessed on April 15, 2024.
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 April 15, 2024.
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. Trofinetide for the treatment of Rett syndrome: a randomized phase 3 study. *Nat Med*. 2023;29(6):1468-1475.
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 April 15, 2024.
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> .	8/1/2024

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

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