



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Daybue (trofinetide) Page: 1 of 2

Effective Date: 2/20/2026 Last Review Date: 2/2026

Applies to:	<input checked="" type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Florida Kids	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Texas
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Kentucky PRMD

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Daybue under the patient's prescription drug benefit.

Description:

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

Applicable Drug List:

Daybue (trofinetide) oral solution

Daybue STIX (trofinetide) for oral solution

Policy/Guideline:

Documentation

Submission of the following information is necessary to initiate the prior authorization review for initial requests:

- Genetic testing results confirming a pathogenic variant in the MECP2 gene.
- Medical records documenting clinical manifestations of disease.

Prescriber Specialties

This medication must be prescribed by or in consultation with a physician who specializes in the treatment of Rett syndrome.

Coverage Criteria

Rett Syndrome¹⁻³

Authorization of 12 months may be granted for treatment of Rett syndrome when all of the following criteria are met:

- Member is 2 years of age or older.
- The diagnosis is confirmed by a pathogenic variant in the MECP2 gene.
- Member exhibits clinical manifestations of disease (e.g., hand wringing, apraxia, gait abnormalities, developmental delays).



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Continuation of Therapy

Authorization of 12 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria who are experiencing benefit from therapy (e.g., stabilization or improvement in repetitive movements, mood dysfunction/disruptive behavior, vocalization, ambulation).

Approval Duration and Quantity Restrictions:

Initial and Renewal Approval Duration: 12 months

Quantity Level Limit:

- Daybue (trofinetide) oral solution 200 mg/mL: 3600 mL per 30 days
- Daybue STIX (trofinetide) for oral solution 5,000 mg packet: 120 packets per 30 days
- Daybue STIX (trofinetide) for oral solution 6,000 mg packet: 120 packets per 30 days
- Daybue STIX (trofinetide) for oral solution 8,000 mg packet: 60 packets per 30 days

References:

1. Daybue [package insert]. San Diego, CA: Acadia Pharmaceuticals, Inc.; December 2025.
2. Neul JL, Percy AK, Benke TA, et al. Design and outcome measures of LAVENDER, a phase 3 study of trofinetide for Rett syndrome. *Contemp Clin Trials*. 2022;114:106704.
3. Neul JL, Eskind AS. Rett syndrome: NORD. National Organization for Rare Disorders. <https://rarediseases.org/rare-diseases/rett-syndrome/#complete-report> Published March 15, 2023. Accessed February 10, 2025.