



**GEORGIA MEDICAID FEE-FOR-SERVICE
DAYBUE PA SUMMARY**

Preferred	Non-Preferred
Daybue (trofinetide)	n/a

LENGTH OF AUTHORIZATION: 6 to 12 months

PA CRITERIA:

Daybue

- ❖ Approvable for members 2 years of age or older with a diagnosis of classical/typical Rett syndrome confirmed by mutation(s) in the *methyl CpG binding protein 2 (MECPG2)* gene and documented by the Rett Syndrome Questionnaire Behavioral Questionnaire (RSBQ) score of the Clinical Global Impression-Severity (CGI-S) score **AND**
- ❖ Medication must be prescribed by or in consultation with a neurologist, geneticist or developmental pediatrician experienced in the treatment of Rett Syndrome.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.