



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

TROFINETIDE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
TROFINETIDE	DAYBUE	48773		GPI-10 (7465307500)	

GUIDELINES FOR USE

- Does the patient have a diagnosis of Rett syndrome **AND** meet the following criterion?
 - The patient is 2 years of age or older

If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #120mL per day.**
If no, do not approve.

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **TROFINETIDE (Daybue)** requires the following rule(s) be met for approval:

- You have Rett syndrome (a type of nervous system disorder)
- You are 2 years of age or older

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Daybue.

REFERENCES

- Daybue [Prescribing Information]. San Diego, CA, Acadia Pharmaceuticals Inc.; March 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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