

# 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 <a href="http://dch.georgia.gov/preferred-drug-lists">http://dch.georgia.gov/preferred-drug-lists</a>.

## **PA and APPEAL PROCESS:**

❖ For online access to the PA process, please go to <a href="www.dch.georgia.gov/prior-authorization-process-and-criteria">www.dch.georgia.gov/prior-authorization-process-and-criteria</a> 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 <a href="https://www.mmis.georgia.gov/portal">www.mmis.georgia.gov/portal</a>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.