



Pharmacy Drug Policy & Procedure

Policy Name:	Brexafemme (ibrexafungerp)	Policy #:	3099P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Brexafemme.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Brexafemme under the pharmacy benefit if the following criteria are met.

Criteria

- 1. Coverage Criteria for Acute Vulvovaginal Candidiasis (VVC)**
 - 1.1 Diagnosis of current vulvovaginal candidiasis (VVC) infection
 - 1.2 Age 12 years or older and post-menarchal (menstruation has started)
 - 1.3 No more than 2 previous episodes of VVC within the past 12 months
 - 1.4 Trial, failure, or contraindication of oral fluconazole for current episode of VVC
 - 1.5 Trial and failure of at least one topical antifungal for VVC (such as clotrimazole or miconazole)
- 2. Coverage Criteria for Recurrent Vulvovaginal Candidiasis (RVVC)**
 - 2.1 Documented diagnosis of recurrent vulvovaginal candidiasis
 - Recurrent defined as ≥ 3 symptomatic episodes of VVC within the previous 12 months
 - Acute episodes must be confirmed VVC as evidenced by positive KOH test
 - 2.2 Age 12 years or older and post-menarchal (menstruation has started)
 - 2.3 Patient has experienced a recurrence during or following 6 months of oral fluconazole maintenance treatment or has a contraindication to fluconazole
- 3. Exclusion Criteria**
 - 3.1 Contraindicated in pregnancy
 - 3.2 Brexafemme will not be covered simultaneously with Vivjoa for the prevention of RVVC
- 4. Quantity Limit**
 - 4.1 4 tablets per fill for acute treatment
 - 4.2 24 tablets over 6 months for recurrent VVC
- 5. Approval Period**
 - 5.1 1 fill per episode for Acute VVC
 - 5.2 6 months for Recurrent VVC

CPT Codes

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HCPCS Codes

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References

1. Brexafemme [prescribing information]. Jersey City, NJ: Scynexis, Inc; November 2022.
2. Pappas PG, Kauffman CA, Andes D, et al. Clinical practice guidelines for the management of candidiasis:

2016 update by the Infectious Diseases Society of America. Clin Infect Dis 2016; 62:4.

3. Vulvovaginal Candidiasis (VVC). Sexually Transmitted Infections Treatment Guidelines, 2021. Centers for Disease Control and Prevention. Updated July 22, 2021.
4. Goje O, Sobel R, Nyirjesy P, et al. Oral ibrexafungerp for vulvovaginal candidiasis treatment: an analysis of VANISH 303 and VANISH 306. J Womens Health (Larchmt). 2023;32(2):178-186.

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DISCLAIMER

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