

Effective Date 05/01/2022
Reviewed: 02/2022
Scope: Medicaid

Brexafemme (ibrexafungerp)

POLICY

I. CRITERIA FOR APPROVAL

An authorization of one month for one treatment course (4 tablets) may be granted when all the following criteria are met:

- A. The requested drug is being prescribed for the treatment of vulvovaginal candidiasis (VVC) in an adult or post-menarchal pediatric patient
- B. The member has experienced a failure, contraindication or intolerance to both a topical agent for VVC (e.g., clotrimazole vaginal cream, miconazole vaginal cream or suppository, terconazole vaginal cream or suppository) and fluconazole 150mg tablet(s).

II. QUANTITY LIMIT

Brexafemme 150mg: 4 tabs/day

III. REFERENCES

1. Brexafemme [package insert]. Jersey City, NJ: SCYNEXIS, Inc.; June 2021.