



Brexafemme® (ibrexafungerp)
Effective 09/01/2022

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Brexafemme® (ibrexafungerp) a triterpenoid antifungal indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC).

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members who are new to the plan and are currently receiving treatment with Brexafemme, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

Treatment of vulvovaginal candidiasis

Prescriber provides documentation of **ALL** of the following:

1. Appropriate diagnosis
2. **ONE** of the following:
 - a. Member is ≥ 18 years of age
 - b. Member is post-menarchal
3. **ONE** of the following:
 - a. Physician documented of inadequate response, adverse reaction, or contraindication to oral fluconazole
 - b. *Candida* species is fluconazole-resistant

Continuation of Therapy



Reauthorizations requires physician documentation of continuation of therapy and positive response to therapy.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Brexafemme® (ibrexafungerp) [prescribing information]. Jersey City (NJ): Scynexis, Inc.; 2021 Jun.
2. SCYNEXIS Announces FDA Approval of BREXAFEMME® (ibrexafungerp tablets) as the First and Only Oral Non-Azole Treatment for Vaginal Yeast Infections [press release on the internet]. Jersey City (NJ): Scynexis, Inc.; 2021 Jun 2 [cited 2021 Aug 14]. Available from: <https://www.scynexis.com/news-media/press-releases/detail/240/scynexis-announces-fda-approval-of-brexafemme>.
3. Sobel JD. Candida vulvovaginitis: Treatment. Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Aug 14]. Available from: <http://www.utdol.com/utd/index.do>.
4. Paavonen JA, Brunham RC. Vaginitis in Nonpregnant Patients: ACOG Practice Bulletin Number 215. Obstet Gynecol. 2020 May;135(5):1229-1230.
5. Efficacy and Safety of Oral Ibrexafungerp (SCY-078) vs. Placebo in Subjects With Acute Vulvovaginal Candidiasis (VANISH 303). ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2021 Aug 14]. Available from: <https://clinicaltrials.gov/ct2/show/NCT03734991>.
6. Efficacy and Safety of Oral Ibrexafungerp (SCY-078) vs. Placebo in Subjects With Acute Vulvovaginal Candidiasis (Vanish 306). ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2021 Aug 14]. Available from: <https://clinicaltrials.gov/ct2/show/NCT03987620>.

Review History

07/20/2022 – Created criteria to match Masshealth for July P&T. Effective 9/01/22.

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