

POLICY NAME	Brexafemme (ibrexafungerp)	POLICY #	3099P
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Criteria

Coverage Criteria for Acute Vulvovaginal Candidiasis (VVC)

- ☐ Diagnosis of current vulvovaginal candidiasis (VVC) infection
- ☐ Age 12 years or older and post-menarchal (menstruation has started)
- ☐ No more than 2 previous episodes of VVC within the past 12 months
- ☐ Trial, failure, or contraindication of oral fluconazole for current episode of VVC
- ☐ Trial and failure of at least one topical antifungal for VVC (such as clotrimazole or miconazole)

Coverage Criteria for Recurrent Vulvovaginal Candidiasis (RVVC)

- ☐ 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
- ☐ Age 12 years or older and post-menarchal (menstruation has started)
- ☐ Patient has experienced a recurrence during or following 6 months of oral fluconazole maintenance treatment or has a contraindication to fluconazole

Exclusion Criteria – Any of the following prevents coverage

- ☐ Contraindicated in pregnancy
- ☐ Brexafemme will not be covered simultaneously with Vivjoa for the prevention of RVVC