

POLICY NAME	Brexafemme (ibrexafungerp)	POLICY #	3099P
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Criteria

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)

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

Exclusion Criteria – Any of the following prevents coverage

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