



STANDARD COMMERCIAL DRUG FORMULARY  
PRIOR AUTHORIZATION GUIDELINES

IBREXAFUNGERP

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
IBREXAFUNGERP CITRATE	BREXAFEMME	47416		GPI-10 (1150704010)	

**GUIDELINES FOR USE**

1. Is the request for the treatment of vulvovaginal candidiasis (VVC) and the patient meets **ALL** of the following criteria?

- The patient is a post-menarchal female
- The patient had a trial of or contraindication to oral fluconazole AND an intravaginal azole (e.g., terconazole cream)

If yes, **approve for 30 days by HICL or GPI-10 for one fill with a quantity limit of #4.**

If no, continue to #2.

2. Is the request for the reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC) and the patient meets **ALL** of the following criteria?

- The patient is a post-menarchal female
- The patient had a trial of or contraindication to oral fluconazole (the patient had a breakthrough episode of VVC while taking fluconazole 150 mg weekly)
- The patient is NOT currently on oteseconazole for RVVC

If yes, continue to #3.

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

3. Has the patient previously received Brexafemme?

If yes, continue to #5.

If no, continue to #4.

4. Has the patient had 3 or more episodes of VVC in the past 12 months?

If yes, **approve for 6 months by HICL or GPI-10 for 6 fills total with a quantity limit of #4 per 30 days.**

If no, do not approve.

**DENIAL TEXT:** See the denial text at the end of the guideline.

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**GUIDELINES FOR USE (CONTINUED)**

5. Does the patient meet **ALL** of the following criteria?

- The patient has successfully completed a course of Brexafemme for prevention of RVVC
- The patient is either being treated or has just completed treatment for a new recurrence of VVC

If yes, **approve for 6 months by HICL or GPI-10 for 6 fills total with a quantity limit of #4 per 30 days.**

If no, do not approve.

**DENIAL TEXT: \*Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.**

Our guideline named **IBREXAFUNGERP (Brexafemme)** requires the following rule(s) be met for approval:

A. The request is for ONE of the following:

1. Treatment of vulvovaginal candidiasis (VVC: vaginal yeast infection)
2. Reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC: repeated vaginal yeast infection)

B. **If you are using Brexafemme for the treatment of vulvovaginal candidiasis, approval also requires:**

1. You are a post-menarchal (you have started having your period) female
2. You have tried or have a contraindication to (harmful for) oral fluconazole AND an intravaginal azole (type of drug that is inserted into the vagina and used to treat yeast infections such as terconazole cream)

C. **If you are using Brexafemme for the reduction in the incidence of recurrent vulvovaginal candidiasis, approval also requires:**

1. You are a post-menarchal (you have started having your period) female
2. You have tried or have a contraindication to (harmful for) oral fluconazole (you had a breakthrough episode of VVC while taking fluconazole 150 mg weekly)
3. You are NOT currently on oteseconazole for RVVC
4. You meet ONE of the following:
  - a. You have not previously received Brexafemme AND you had 3 or more episodes of RVVC in the past 12 months
  - b. You have been previously treated with Brexafemme and meet ALL of the following:
    - i. You have successfully completed a course of Brexafemme for prevention of RVVC
    - ii. You are either being treated or have just completed treatment for a new recurrence of VVC

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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**IBREXAFUNGERP**

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**RATIONALE**

For further information, please refer to the Prescribing Information and/or Drug Monograph for Brexafemme.

**REFERENCES**

- Brexafemme [Prescribing Information]. Jersey City, NJ: Scynexis, Inc.; November 2022.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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