STEP THERAPY CRITERIA

BRAND NAME (generic)

BREXAFEMME (ibrexafungerp)

Status: CVS Caremark Criteria

Type: Initial Step Therapy with Quantity Limit;

Post Step Therapy Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Brexafemme is indicated for the treatment of adult and post-menarchal pediatric females with vulvovaginal candidiasis (VVC).

INITIAL STEP THERAPY with QUANTITY LIMIT*

*Include Rx and OTC products unless otherwise stated.

If the patient has filled a prescription for at least a 1-day supply of generic fluconazole within the past 30 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit.** If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

**If the patient meets the initial step therapy criteria, then the initial limit criteria will apply. If the patient is requesting more than the initial quantity limit the claim will reject with a message indicating that a PA is required.

**INITIAL LIMIT CRITERIA

Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed.

<u>Drug</u> <u>Limit*</u>

Brexafemme (ibrexafungerp) 4 tablets / 7 days

* This drug is for short-term acute use.

Brexafemme ST with Limit, Post PA Policy 4778-E 06-2021.docx

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COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

 The requested drug is being prescribed for the treatment of vulvovaginal candidiasis (VVC) in an adult or postmenarchal pediatric patient

AND

- The patient has experienced an inadequate treatment response to fluconazole OR
- The patient has experienced an intolerance to fluconazole OR
- The patient has a contraindication that would prohibit a trial of fluconazole

AND

The requested drug is not being used in a footbath

Quantity Limits apply.

REFERENCES

- 1. Brexafemme [package insert]. Jersey City, NJ: SCYNEXIS, Inc.; June 2021.
- Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed June 8, 2021.
- 3. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: https://www.micromedexsolutions.com. Accessed June 8, 2021.
- 4. Pappas PG, Kauffman CA, Andes DR, et al. Clinical practice guideline for the management of candidiasis: 2016 update by the infectious diseases society of America. *Clinical Infectious Diseases*. 2016;62(4):e1-e50.
- 5. Paladine HL, Desai UA. Vaginitis: diagnosis and treatment. AFP. 2018;97(5):321-329.