

Federal Employee Program® Federal Employee Program® 750 9th St NW Washington, D.C. 20001 202.942.1000 Fax 202.942.1125

5.01.072

Section: Prescription Drugs Effective Date: April 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: December 24, 2021

Subject: Brexafemme Page: 1 of 5

Last Review Date: March 8, 2024

Brexafemme

Description

Brexafemme (ibrexafungerp)

Background

Brexafemme (ibrexafungerp) is a triterpenoid antifungal drug indicated for the treatment of vulvovaginal candidiasis (VVC) or the reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC). VVC is a common condition characterized by vulvovaginal inflammation in the presence of yeast (primarily *Candida* species). Brexafemme targets glucan synthase, an essential enzyme responsible for the formation of the fungal cell wall and exhibits fungicidal activity (1).

Regulatory Status

FDA-approved indications: Brexafemme is a triterpenoid antifungal indicated in adult and postmenarchal pediatric females for: (1)

- Treatment of vulvovaginal candidiasis (VVC).
- Reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC).

Brexafemme contains a boxed warning for the risk of embryo-fetal toxicity. Brexafemme is contraindicated in pregnant females. For females of reproductive potential, it should be verified that the patient is not pregnant prior to initiating Brexafemme treatment. Pregnancy status should be reassessed prior to each dose when Brexafemme is used monthly for 6 months for reduction in the incidence of RVVC. Females of reproductive potential should be advised to use effective contraception during treatment with Brexafemme and for 4 days after the last dose (1).

5.01.072

Section: Prescription Drugs Effective Date: April 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: December 24, 2021

Subject: Brexafemme Page: 2 of 5

The most common adverse events of Brexafemme include diarrhea, nausea, abdominal pain, dizziness, and vomiting (1).

The safety and effectiveness of Brexafemme in pre-menarchal pediatric patients have not been established (1).

Related policies

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Brexafemme may be considered **medically necessary** if the conditions indicated below are met.

Brexafemme may be considered **investigational** for all other indications.

Prior-Approval Requirements

Patients who have filled at least a 1-day supply of fluconazole in the last 30 days are exempt from these Prior Authorization (PA) requirements.

Age 18 years of age or older **OR** post onset of menses

Diagnoses

Patient must have **ONE** of the following:

- 1. Vulvovaginal candidiasis (VVC)
- 2. Recurrent vulvovaginal candidiasis (RVVC)
 - a. Used to reduce the incidence of RVVC

AND ALL of the following:

- 1. Inadequate treatment response, intolerance, or contraindication to fluconazole
- 2. **NOT** being used in a footbath

5.01.072

Section: Prescription Drugs Effective Date: April 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: December 24, 2021

Subject: Brexafemme Page: 3 of 5

 Females of reproductive potential only: patient will be advised to use effective contraception during treatment with Brexafemme and for 4 days after the last dose

Prior-Approval Renewal Requirements

Each prior authorization (PA) request for Vulvovaginal candidiasis (VVC) is considered initiation of therapy due to the acute nature of the infection

Age 18 years of age or older **OR** post onset of menses

Diagnosis

Patient must have the following:

- 1. Recurrent vulvovaginal candidiasis (RVVC)
 - a. Used to reduce the incidence of RVVC

AND ALL of the following:

- Prescriber has determined that the patient will benefit from an additional 6 months of therapy for prevention of RVVC
- 2. **NOT** being used in a footbath
- Females of reproductive potential only: patient will be advised to use effective contraception during treatment with Brexafemme and for 4 days after the last dose

Policy Guidelines

Patients who have filled at least a 1-day supply of fluconazole in the last 30 days are exempt from these Prior Authorization (PA) requirements.

Pre-PA Allowance

None

Prior-Approval Limits

Section: Prescription Drugs Effective Date: April 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: December 24, 2021

Subject: Brexafemme Page: 4 of 5

Indication	Quantity	Duration
Vulvovaginal candidiasis (VVC)	4 tablets	7 days
Recurrent vulvovaginal	12 tablets per 90	6 months
candidiasis (RVVC)	days	

Prior-Approval Renewal Limits

Each prior authorization (PA) request for Vulvovaginal candidiasis (VVC) is considered initiation of therapy due to the acute nature of the infection

Indication	Quantity	Duration
Recurrent vulvovaginal	12 tablets per 90	6 months (ONE renewal
candidiasis (RVVC)	days	only)

Rationale

Summary

Brexafemme (ibrexafungerp) is an antifungal medication indicated for the treatment of vulvovaginal candidiasis (VVC) or the reduction in the incidence of recurrent vulvovaginal candidiasis (RVVC). VVC is a common fungal infection that results in irritation, burning, redness and excoriation in the presence of yeast. Brexafemme is fungicidal via inhibition of an enzyme, glucan synthase, which is essential to fungal cell wall synthesis. The safety and effectiveness of Brexafemme in pre-menarchal pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Brexafemme while maintaining optimal therapeutic outcomes.

References

1. Brexafemme [package insert]. Jersey City, NJ: Scynexis, Inc.; November 2022.

Policy History

5.01.072

Section: Prescription Drugs Effective Date: April 1, 2024

Subsection: Anti-Infective Agents Original Policy Date: December 24, 2021

Subject: Brexafemme Page: 5 of 5

Date	Action
December 2021	Addition to PA
March 2022	Annual review
December 2022	Annual review and reference update. Changed policy number to 5.01.072.
	Per PI update, added indication of recurrent vulvovaginal candidiasis and
	added contraception requirement
March 2023	Annual review
June 2023	Annual review
March 2024	Annual review
Keywords	

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 8, 2024 and is effective on April 1, 2024.