

Brexafemme (ibrexafungerp citrate, oral)

Diagnoses Considered for Coverage:

- Vulvovaginal candidiasis (VVC)

Coverage Criteria:

For diagnosis of vulvovaginal candidiasis, approve if:

- Inadequate response, intolerable side effects, or contraindication to TWO azole drugs (i.e. fluconazole tablet, terconazole cream/suppository, Gynazole-1), and
- Dose does not exceed 600 mg one time per month (up to 6 months for prevention of recurrence).

Coverage Duration: One time

Effective Date: 08/30/2023