

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 15, 2022

BREXAFEMME® (ibrexafungerp)

LENGTH OF AUTHORIZATION: Per prescription

INITIAL REVIEW CRITERIA:

- Patient must be a post-menarchal female \geq 12 years of age; **AND**
- Patient must have a diagnosis of vulvovaginal candidiasis (VVC); **AND**
- Female patients of reproductive potential must have negative pregnancy test; **AND**
- Patient must have an adequate trial and failure, contraindication, resistance, or intolerance of at least a single dose of 150 mg oral fluconazole

DOSING and ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>
- Available as 150 mg tablets