

## Treating vulvovaginal candidiasis (VVC) with

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**A new treatment option for  
vaginal yeast infections**

### **Indication**

BREXAFEMME® is a triterpenoid antifungal indicated for the treatment of adult and postmenarchal pediatric females with vulvovaginal candidiasis (VVC).

### **Important Safety Information**

- BREXAFEMME is contraindicated during pregnancy and in patients with a history of hypersensitivity to ibrexafungerp
- BREXAFEMME administration during pregnancy may cause fetal harm based on animal studies. Prior to initiating treatment, verify pregnancy status in females of reproductive potential and advise them to use effective contraception during treatment

**Please see additional Important Safety Information throughout.  
Please see full Prescribing Information and Patient Information.**

# BREXAFEMME<sup>®</sup> is a new treatment option for VVC

Inside this brochure you will find the following information:

- What BREXAFEMME is
- How BREXAFEMME works
- Dosing information
- Clinical trial efficacy data
- Safety information

## Important Safety Information (continued)

- When administering BREXAFEMME with strong CYP3A inhibitors, the dose of BREXAFEMME should be reduced to 150 mg twice a day for one day. Administration of BREXAFEMME with strong CYP3A inducers should be avoided

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2 Please see full Prescribing Information and Patient Information.

## Learn more about this first-in-class, non-azole option for your patients



### Important Safety Information (continued)

- Most common adverse reactions observed in clinical trials (incidence  $\geq 2\%$ ) were diarrhea, nausea, abdominal pain, dizziness, and vomiting

To report SUSPECTED ADVERSE REACTIONS, contact SCYNEXIS, Inc. at 1-888-982-SCYX (1-888-982-7299) or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

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# BREXAFEMME<sup>®</sup>—the first oral, FDA-approved, non-azole treatment for VVC

## A broad-spectrum\* triterpenoid antifungal with fungicidal activity

BREXAFEMME works by inhibiting glucan synthase:

- Fungicidal activity kills *Candida*\*
- Compromises fungal cell wall integrity

### The Antifungal Attributes of BREXAFEMME

<i>In vivo</i> and <i>in vitro</i> activity vs <i>Candida albicans</i>	✓
<i>In vitro</i> activity vs non- <i>albicans Candida</i>	✓
<i>In vitro</i> activity vs azole-resistant strains	✓
Exceptional vaginal tissue penetration <sup>†</sup>	✓
Retains activity in low pH <sup>‡</sup>	✓

**BREXAFEMME demonstrated *in vitro* activity against all *Candida* species that cause VVC, including azole-resistant strains**

\*Based on *in vitro* studies. Clinical significance is unknown.

<sup>†</sup>In animal studies, BREXAFEMME exhibited exceptional vaginal tissue penetration after oral administration—reaching up to 9 times the plasma concentration.

<sup>‡</sup>BREXAFEMME retained *in vitro* activity with a similar range of minimal inhibitory concentration values tested at pH 4.5, the normal vaginal pH.

### Important Safety Information (continued)

- BREXAFEMME is contraindicated during pregnancy and in patients with a history of hypersensitivity to ibrexafungerp

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## BREXAFEMME offers oral, one-day dosing

### An effective alternative in a one-day treatment

Prior to initiating treatment, verify pregnancy status in females of reproductive potential.



The recommended dose of BREXAFEMME is 300 mg (2 tablets of 150 mg), twice a day for one day (BID). If possible, take each dose approximately 12 hours apart.

BREXAFEMME may be taken with or without food.

### Important Safety Information (continued)

- BREXAFEMME administration during pregnancy may cause fetal harm based on animal studies. Prior to initiating treatment, verify pregnancy status in females of reproductive potential and advise them to use effective contraception during treatment

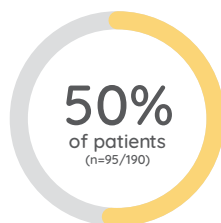
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# Treat VVC effectively with BREXAFEMME®

BREXAFEMME was proven in two phase 3 clinical trials using robust endpoints of complete resolution at Day 10 and sustained 25-day response (N=568).\*

**BREXAFEMME achieved complete resolution (VSS score=0) of all VVC signs and symptoms at Day 10**

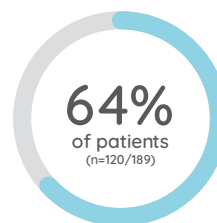
Results from Trial 1 (N=290):



vs 28% (n=28/100) of patients treated with placebo

$P=0.001$

Results from Trial 2 (N=278):



vs 45% of patients (n=40/89) treated with placebo

$P=0.009$

## Sustained resolution at Day 25 follow-up



- **60%** of patients treated with BREXAFEMME (n=113/190) in Trial 1 experienced complete resolution compared to 44% of patients (n=44/100) in the placebo group ( $P=0.007$ )
- **73%** of patients treated with BREXAFEMME (n=137/189) in Trial 2 experienced complete resolution compared to 49% of patients (n=44/89) in the placebo group ( $P=0.006$ )

\*The primary endpoint (test-of-cure) in both trials was clinical cure at Day 10 as defined by a vaginal signs and symptoms score (VSS) of 0. Follow-up at Day 25 assessed sustained symptom response. The VSS scale measures a total of 6 domains that include vaginal signs (edema, erythema, excoriation) and symptoms (burning, itching, irritation) rated from 0 to 3. Study inclusion criteria for composite VSS was a minimum score of  $\geq 4$  with at least 2 signs or symptoms having a score of 2 (moderate) or greater. Median VSS score at baseline was 9 (range 4-18) in Trial 1 and 10 (range 4-18) in Trial 2.

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## A safe and well-tolerated alternative

- BREXAFEMME is contraindicated during pregnancy and in patients with a history of hypersensitivity to ibexafungerp
- 2 out of 545 patients studied in phase 3 clinical trials discontinued treatment with BREXAFEMME due to vomiting (1 patient) and dizziness (1 patient)

### Most common adverse reactions (incidence $\geq 2\%$ )

	<b>BREXAFEMME (N=545)</b>	<b>Placebo (N=275)</b>
<b>Diarrhea</b>	16.7%	3.3%
<b>Nausea</b>	11.9%	4.0%
<b>Abdominal pain*</b>	11.4%	5.1%
<b>Dizziness†</b>	3.3%	2.5%
<b>Vomiting</b>	2.0%	0.7%

**No QTc interval prolongation at >5 times  
the concentration of the indicated dose**

\*Includes abdominal pain, abdominal pain upper, abdominal pain lower, and abdominal discomfort.

†Includes dizziness and postural dizziness.

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# BREXAFEMME: a first-in-class, fungicidal treatment option for VVC



Non-azole, triterpenoid antifungal with a novel MOA



Oral BID dosing; 1 day, 2 pills, 2 times



Complete resolution of VVC signs and symptoms and sustained response at 25 days in most patients

Learn more at [www.BREXAFEMMEHCP.com](http://www.BREXAFEMMEHCP.com)

**Consider BREXAFEMME for all your patients with VVC**

BID=twice a day; MOA=mechanism of action.

**Reference:** BREXAFEMME. Prescribing information. SCYNEXIS, Inc; 2021.

## Important Safety Information (continued)

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