

# Initial Prior Authorization with Quantity Limit Xdemvy

## Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Xdemvy	lotilaner ophthalmic solution

## Indications

### FDA-approved Indications

Xdemvy is indicated for the treatment of Demodex blepharitis.

## Coverage Criteria

### Demodex Blepharitis

Authorization may be granted when the requested drug is being prescribed for the treatment of Demodex blepharitis when ALL of the following criteria are met:

- The patient displays cylindrical dandruff at the base of the lash (collarettes).
- The patient has mild eyelid margin erythema.
- The requested drug is being prescribed by, or in consultation with an optometrist or ophthalmologist.

Reference number(s)
6968-C

## Quantity Limits Apply

1 bottle (10 mL) / 6 weeks.

These drugs are for short-term acute use.

## Duration of Approval (DOA)

- 6968-C: DOA: 6 weeks.

## References

1. Xdemvy [package insert]. Irvine, CA: Tarsus Pharmaceuticals, Inc.; July 2023.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2025. <https://online.lexi.com>. Accessed September 05, 2025.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/05/2025).
4. Rhee MK, Yeu E, Barnett M, et al. Demodex Blepharitis: A Comprehensive Review of the Disease, Current Management, and Emerging Therapies. Eye Contact Lens. 2023 Aug 1;49(8):311-318.