

**XDEMZY**  
**(lotilaner) ophthalmic solution**

## **Pre - PA Allowance**

None

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## **Prior-Approval Requirements**

**Age** 18 years of age or older

### **Diagnosis**

Patient must have the following:

Demodex blepharitis

**AND ALL** of the following:

1. Presence of Demodex mites has been confirmed
2. Prescriber has determined the presence and density of Demodex mites is causing or contributing to the patient's blepharitis symptoms
3. Patient remains symptomatic for Demodex blepharitis after an adequate trial of **ONE** of the following:
  - a. Eye lid hygiene regimen (e.g., lid scrubbing wipes, debridement)
  - b. Topical tea tree oil
4. Prescribed by or in consultation with an optometrist, ophthalmologist, dermatologist, or a specialist in the treatment of the patient's diagnosis

## **Prior - Approval Limits**

**Quantity** 4 bottles

**Duration** 12 months

*Every 12 months patient may be approved for a quantity sufficient for 24 weeks of therapy*

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## **Prior – Approval *Renewal* Requirements**

Same as above

## **Prior - Approval *Renewal* Limits**

Same as above