

Reference number(s) 6968-C

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) AND mild eyelid margin erythema.

Xdemvy PA with Limit 6968-C P05-2025.docx

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 The requested drug is being prescribed by, or in consultation with an optometrist or ophthmologist.

Quantity Limits Apply

Xdemvy (lotilaner ophthalmic solution): 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 May 07, 2025.
- 3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 05/07/2025).
- 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.