

# lotilaner (Xdemvy®)

# **Commercial Pharmacy Benefit Drug Policy**

## **Drug Details**

USP Category: OPHTHALMIC AGENTS

Mechanism of Action: ectoparasiticide (anti-parasitic)

Label Name	Quantity Limit
Xdemvy 0.25 % SOLUTION	10 mL per 30 days

### Condition(s) listed in policy (see coverage criteria for details)

• Demodex blepharitis

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

# Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

# The following condition(s) require Prior Authorization/Preservice:

### Demodex blepharitis

- 1. Prescribed by or in consultation with an ophthalmologist or optometrist, and
- 2. Dose does not exceed FDA-approved maximum.

### Coverage Period:

6 weeks

# Additional Information

Demodex is a genus of microscopic mites (arachnids) that live in human hair follicles. Demodex Blepharitis is blepharitis associated with Demodex species infestation and is suggested by the presence of cylindrical dandruff or 'sleeves' (collarettes) on the eyelashes or by severe or refractory blepharitis. The diagnosis is confirmed by the presence of Demodex mites on microscopic examination.



#### References

1. Xdemvy. Prescribing Information. Tarsus Pharmaceuticals, Inc. Irvine, CA 92618. 2023

**Review History** 

Date of Last Annual Review: Date of last revision: 01/03/2024 Changes from previous policy version:

• Updated specialist requirement

Blue Shield of California Medication Policy to Determine Medical Necessity Reviewed by P&T Committee