

Effective Date: 8/1/2024
Reviewed: 5/2024, 7/2025, 6/2026
Scope: Medicaid

Xdemvy (lotilaner) ophthalmic solution 0.25%

POLICY

I. CRITERIA FOR APPROVAL

An authorization of one fill for 3 months may be granted if all of the following are met:

- A. Member is 18 years of age or older; AND
- B. Xdemvy is prescribed by or in consultation with an optometrist or ophthalmologist; AND
- C. Member has a documented diagnosis of Demodex Blepharitis verified by both of the following:
 - A. Presence of collarettes on more than 10 lashes on the upper lid; AND
 - B. Presence of at least mild erythema of the upper eyelid margin; AND
- D. Member demonstrates at least **two** of the following symptoms of Demodex infestation:
 - A. Itching/burning
 - B. Foreign body sensation
 - C. Crusting/matter lashes
 - D. Blurry vision
 - E. Discomfort/irritation; AND
- E. Member remains symptomatic for Demodex blepharitis after an adequate trial of ONE of the following:
 - A. Eye lid hygiene regimen (e.g., warm compress, eyelid cleansing, artificial tears, lid scrubbing wipes, debridement)
 - B. Topical tea tree oil

II. QUANTITY LIMIT

- A. One 10 mL bottle per 42 days

III. REFERENCES

1. Xdemvy [Package Insert]. Irvine, CA: Tarsus Pharmaceuticals, Inc. August 2024. Accessed May 2026.