

	
AETNA BETTER HEALTH® Coverage Policy/Guideline	
Name: Xdemvy	Page: 1 of 1
Effective Date: 7/14/2025	Last Review Date: 6/12/2025
Applies to: <input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Maryland <input checked="" type="checkbox"/> Florida Kids <input checked="" type="checkbox"/> Pennsylvania Kids <input checked="" type="checkbox"/> Virginia	

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Xdemvy under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

Xdemvy is indicated for the treatment of Demodex blepharitis.

Applicable Drug List:

Xdemvy

Policy/Guideline:

Criteria for Initial Approval:

Demodex Blepharitis

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

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

Approval Duration and Quantity Restrictions:

Approval: Xdemvy (lotilaner ophthalmic solution): 1 bottle (10 mL) / 6 weeks.

These drugs are for short-term acute use.

Quantity Level Limit: Reference Formulary for drug specific quantity level limits

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.