

Clinical Policy Title:	lotilaner
Policy Number:	RxA.808
Drug(s) Applied:	Xdemvy®
Original Policy Date:	02/28/2024
Last Review Date:	12/11/2025
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Demodex Blepharitis (must meet all):

1. Presence of at least mild erythema of the upper eyelid margin;
2. Presence of mites upon examination of eyelashes by light microscopy or presence of collarettes on slit lamp examination;

Approval duration

All Lines of Business (except Medicare): 3 months

II. Continued Therapy Approval

A. Demodex Blepharitis

1. Re-authorization is not permitted. Members must meet the initial approval criteria.

Approval duration:

All Lines of Business (except Medicare): N/A

References

1. Xdemvy [package insert]. Irvine, CA: Tarsus Pharmaceuticals, Inc. July 2023.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy established.	02/28/2024	02/28/2024
Policy was reviewed: 1. Removed prescriber criteria.	03/24/2025	04/10/2025
Policy reviewed.	12/11/2025	12/11/2025

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.