

# UnitedHealthcare Pharmacy Clinical Pharmacy Programs

Program Number	2024 P 2316-2
Program	Prior Authorization/Medical Necessity
Medication	Xdemvy <sup>TM</sup> (lotilaner) ophthalmic solution 0.25%
P&T Approval Date	11/2023, 11/2024
Effective Date	2/1/2025

## 1. Background:

Xdemvy (lotilaner) ophthalmic solution 0.25% is indicated for the treatment of Demodex blepharitis.

## 2. Coverage Criteria<sup>a</sup>:

## A. Authorization

- 1. **Xdemvy** will be approved based on <u>all</u> of the following criteria:
  - a. Diagnosis of *Demodex* blepharitis

#### -AND-

- b. Patient demonstrates one of the following signs of Demodex infestation
  - 1) Cylindrical cuff at the root of the eyelashes
  - 2) Lid margin erythema
  - 3) Eyelash anomalies (eyelash misdirection)

### -AND-

- c. Patient demonstrates **two** of the following symptoms of *Demodex* infestation
  - 1) Itching/Burning
  - 2) Foreign body sensation
  - 3) Crusting/matter lashes
  - 4) Blurry vision
  - 5) Discomfort/irritation

### -AND-

d. Patient is practicing good eye-lid hygiene (e.g., non-prescription tree-tea oil)

#### -AND-

- e. Prescribed by or in consultation with <u>one</u> of the following:
  - 1) Ophthalmologist



### 2) Optometrist

## Authorization will be issued for 3 months

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

### 3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

#### 4. References:

- 1. Xdemvy [package insert]. Irvine, CA: Tarsus Pharmaceuticals, Inc. July 2023.
- 2. M.T Yen. Demodex Infestation. American Academy of Ophthalmology. EyeWiki. April 25, 2023.

Program	Prior Authorization/Medical Necessity – Xdemvy
Change Control	
Date	Change
11/2023	New program
11/2024	Annual review. No changes