

Policy Name:	Xdemvy (lotilaner)	Policy#:	3206P
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Purpose of the Policy

The purpose of this policy is to define coverage criteria for Xdemvy (lotilaner)

Statement of the Policy

Health Alliance Medical Plans will approve the use of Xdemvy (lotilaner) under the specialty pharmacy benefit if the following criteria are met.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of demodex blepharitis infection as evidenced by presence of mites on eyelashes or eyelids
- 1.2 Age 18 years or older
- 1.3 Documented previous trial and failure with oral (by mouth) doxycycline

2. Approval Period

- 2.1 Approve 1 six week treatment regimen within 6 months

CPT Codes

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HCPCS Codes

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References

1. Xdemvy (lotilaner) [prescribing information]. Irvine, CA: Tarsus Pharmaceuticals Inc; July 2023.
2. Amescua G, Akpek EK, Farid M, et al (American Academy of Ophthalmology Preferred Practice Pattern Cornea/External Disease Committee). Blepharitis preferred practice pattern. *Ophthalmology*. 2019 Jan;126(1):P56-P93.
3. Gaddie IB, Donnenfeld ED, Karpecki P, et al. Lotilaner Ophthalmic Solution 0.25% for Demodex Blepharitis: Randomized, Vehicle-Controlled, Multicenter, Phase 3 Trial (Saturn-2). *Ophthalmology*. 2023 Jun 5;S0161-6420(23);392-5.

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.