xdemvy™
(lotilaner ophthalmic solution) 0.25%

Prescription Form

for Nationwide Pharmacies Supplying XDEMVY™

Prescriber Information

Prescriber Name _____ NPI # _____

Specialty ☐ Ophthalmologist ☐ Optometrist

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Office Contact Name _____ Email _____

Patient Information

Patient Name _____ Date of Birth _____

Gender ☐ Male ☐ Female

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Preferred Contact ☐ Text ☐ Phone ☐ Email

Attach a copy of the front and back of the patient's prescription benefit card

Diagnosis Information (Please complete both of the below boxes)

☐ ***Demodex* blepharitis**	**Related ICD-10 codes (Check all that apply):** ☐ H01.00_ (Unspecified blepharitis) ☐ B88.0 (Other acariasis) ☐ Other ICD-10 code(s) _____

Prescription Information

XDEMVY (lotilaner ophthalmic solution) 0.25%

Quantity: ___ 10 mL fill in a 11mL container ___ Refills

Sig: Instill one drop in each eye twice daily (approximately 12 hours apart) for 6 weeks

Other Instructions _____

"Dispense As Written" / Brand Medically Necessary / Do Not Substitute / No Substitution / DAW / May Not Substitute	May Substitute / Product Selection Permitted / Substitute Permissible
Prescriber's Signature: _____ **Date:** _____	**Prescriber's Signature:** _____ **Date:** _____
CA, MA, NC & PR: Interchange is mandated unless Prescriber writes the words "**No Substitution**"	
ATTN: New York and Iowa providers, please submit electronic prescription.	

Submit to the Nationwide Pharmacy Selected to Supply XDEMVY to Your Patient

☐ **AllianceRx Walgreens Pharmacy**	Phone: 1-800-424-9002 Fax: 1-800-874-9179	☐ **BlinkRx**	Phone: 1-833-919-4942 Fax: 1-866-585-4631
☐ **Carepoint Pharmacy**	Phone: 1-855-237-9112 Fax: 1-855-237-9113	☐ **CVS Specialty Pharmacy**	Phone: 1-800-237-2767 Fax: 1-800-323-2445

For questions regarding this XDEMVY prescription form,
contact Tarsus Connect at **www.xdemvy.com** or **1-866-846-3092**

Indication and Usage

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

Important Safety Information

WARNINGS AND PRECAUTIONS

Risk of Contamination: Do not allow the tip of the dispensing container to contact the eye, surrounding structures, fingers, or any other surface in order to minimize contamination of the solution. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

Use with Contact Lenses: XDEMVY contains potassium sorbate, which may discolor soft contact lenses. Contact lenses should be removed prior to instillation of XDEMVY and may be reinserted 15 minutes following its administration.

ADVERSE REACTIONS: The most common adverse reaction with XDEMVY was instillation site stinging and burning which was reported in 10% of patients. Other ocular adverse reactions reported in less than 2% of patients were chalazion/hordeolum and punctate keratitis.

Please click for full Prescribing Information.

This Patient Authorization will enable Tarsus Connect to assist the eye care practice with insurance support for the patient's XDEMVY prescription coverage.
It is NOT REQUIRED by a nationwide pharmacy to process the patient's XDEMVY prescription.

HIPAA Authorization

By signing this authorization, I authorize my health plans, physicians, long-term care and other healthcare providers, pharmacies, and health insurance companies, and each of their respective representatives, employees, staff, and agents (collectively "Providers") to use and disclose my Protected Health Information ("PHI"), which is defined to mean all information regarding my health care, including but not limited to, my name, address and phone number, information relating to my medical condition, treatment, care management, and health insurance, as well as information provided on this form and any prescription to Tarsus Pharmaceuticals and its representatives or agents (collectively "Tarsus"). I authorize and direct my Providers to use my PHI to make disclosures of PHI to Tarsus for the following purposes:

- Reimbursement support associated with the filling of my prescription for XDEMVY™ (lotilaner ophthalmic solution) 0.25%, including the performance of an insurance verification and assisting in securing of any insurance coverage for XDEMVY to which I am entitled.
- Facilitating the provision of patient assistance, reduced cost medication and/or other XDEMVY-related services offered by Tarsus.
- Receiving marketing and promotional communications related to my disease condition, *Demodex* blepharitis, and other information from Tarsus via the contact information I have provided.

With respect to any disclosures by my pharmacies, I understand that my pharmacies will receive remuneration (payment) from Tarsus for making disclosures of PHI and/or support services to Tarsus.

I understand that once my PHI is disclosed under this authorization, it is no longer protected by Federal privacy laws, including HIPAA, and may be further disclosed by Tarsus.

I understand that I may refuse to sign this authorization and that treatment, payment, or eligibility for benefits is not conditioned on my signing this authorization.

I understand that this authorization is valid for a period of 10 years or for a shorter period dictated by applicable state law.

I understand that I may cancel (revoke) this authorization at any time by mailing a letter requesting such cancellation to Tarsus Connect at P.O Box: 220645, Charlotte, NC 28222, but that this cancellation will not apply to any information already used or disclosed through this authorization before notice of the cancellation is received by my Providers.

Name (please print) _____

Signature _____

Describe Relationship to Patient and Authority to Sign if Not the Patient _____

_____ Date____/____/____