

Office Guide for XDEMVY® Prescription Access



Diagnose:

For access to XDEMVY, a prescriber must diagnose and include diagnosis on the Rx:

- For patients diagnosed with *Demodex* blepharitis, write *Demodex* blepharitis in the prescription notes section
- List ICD-10 Codes of H01.00_ and B88.0 or other appropriate codes in the prescription diagnosis field and/or prescription notes section. For a **full list of codes**, please see back page.



ePrescribe: ePrescribe XDEMVY to any one of the following 4 pharmacies (Prescription Form is available via **xdemvyhcp.com** for faxing):

Phone: 1-800-424-9002 Fax: 1-800-874-9179

Address: 41460 Haggerty Circle South

Canton, MI 48188 NPI #: 1942303110

Carepoint Pharmacy

Phone: 855-237-9112 Fax: 1-855-237-9113

Address: 9 E. Commerce Drive

Schaumburg, IL 60173 NPI #: 1598013864

BlinkRx

Phone: 844-926-2480 Fax: 1-866-585-4631

Address: 4696 West Overland Road, Suite 274

Boise, ID 83705 NPI #: 1891461885

CVS Specialty Pharmacy (2 locations)

Phone: 1-800-237-2767 Fax: 1-800-323-2445

Address 1: 800 Biermann Court

Suite B

Mount Prospect, IL 60056

NPI #: 1134100134

Address 2: 105 Mall Boulevard

Monroeville, PA 15146 NPI #: 1043382302

Accurate Patient Information: Please include patient DOB, contact phone number, prescription plan name, and pharmacy member ID

- If a PA is needed, the pharmacy you selected will initiate the PA form with CoverMyMeds
- Office must complete, sign, and submit PA

Prescription Information: XDEMVY (lotilaner ophthalmic solution) 0.25%

- Quantity: 10 mL fill in a 11mL container
- Sig: Instill one drop in each eye twice daily (approximately 12 hours apart) for 6 weeks



Set Patient Expectations:

IMPORTANT: Office informs patients that the pharmacy will be contacting them. Share the details so the patient knows what to expect:

- Pharmacy will call from an unknown number, so please advise patient to answer the call
- If a copay is needed, pharmacy will obtain payment from patient
- Pharmacy will work with patient to arrange delivery

Indication and Usage

XDEMVY° 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.

Please see additional Important Safety Information on page 2. Please click for full Prescribing Information.



Should you have access challenges and/or wish to get additional support and information, please reach out to your Tarsus Support Team:

Name:	
Title:	
Phone Number:	
Email:	

Tarsus Connect™

We make XDEMVY° access easy

For XDEMVY access support, contact Tarsus Connect at xdemvy.com or 1-866-846-3092

For your patients with *Demodex* blepharitis, it is important to indicate the diagnosis and related ICD-10 diagnosis code(s), for example¹:

- B88.0 (Other acariasis)
- H01.00 (Unspecified blepharitis)
 - H01.001: Unspecified blepharitis right upper eyelid
 - H01.002: Unspecified blepharitis right lower eyelid
 - H01.003: Unspecified blepharitis right eye, unspecified eyelid
 - H01.004: Unspecified blepharitis left upper eyelid
 - H01.005: Unspecified blepharitis left lower eyelid
 - H01.006: Unspecified blepharitis left eye, unspecified eyelid
 - H01.009: Unspecified blepharitis unspecified eye, unspecified eyelid
 - H01.00A: Unspecified blepharitis right eye, upper and lower eyelids
 - H01.00B: Unspecified blepharitis left eye, upper and lower eyelids¹

Important Safety Information (continued)

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 <u>click</u> for full Prescribing Information.

Reference: 1. Centers for Medicare & Medicaid Services. 2023 ICD-10-CM: April 1, 2023 UPDATE. Accessed July 10, 2023. https://www.cms.gov/medicare/coding-billing/icd-10-codes/2023-icd-10-cm

