

Prior Authorization (PA) Documentation Checklist for XDEM VY®

Tarsus Connect™

Some payers will require a PA for XDEM VY. Specific requirements may vary.

Use this checklist to ensure that sufficient information is documented to help your appropriate patients access XDEM VY. In addition, see helpful PA submission tips on the next page.

Patient Demographic & Insurance Information

- ✓ Patient name, gender, and date of birth
- ✓ Pharmacy benefit policy number and group number

Eye Care Professional Information

- ✓ Prescriber name and provider identification number
- ✓ Specialty (eg, ophthalmology, optometry)

Prescribed Treatment

- ✓ Medication - XDEM VY
- ✓ Dosing and duration - 1 drop into each eye twice daily (approximately 12 hours apart) for 6 weeks¹
- ✓ Initial PA or Reauthorization

Clinical Diagnosis

- ✓ For your patients with *Demodex* blepharitis, it is important to indicate the diagnosis and related ICD-10 diagnosis code(s), for example²:
 - H01.00_ (Unspecified blepharitis_)
 - B88.0 (Other acariasis)
- ✓ Date of diagnosis
- ✓ Clinician-observed signs and symptoms associated with *Demodex* blepharitis (if required by payer)

Indication and Usage

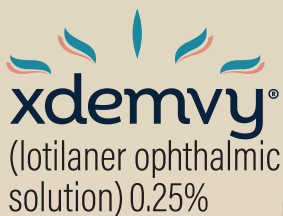
XDEM VY is indicated for the treatment of *Demodex* blepharitis.

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 the next page. Please [click](#) for full Prescribing Information.



Helpful Tips for PA Submission for XDEMZY®

Provide key information with your ePrescription to one of the following nationwide pharmacies supplying XDEMZY, so they can start the PA process

BlinkRx Phone: 1-833-919-4942 Fax: 1-866-585-4631	Carepoint Pharmacy Phone: 1-855-237-9112 Fax: 1-855-237-9113
CenterWell Specialty Pharmacy Phone: 1-800-486-2668 Fax: 1-877-405-7940	CVS Specialty Pharmacy Phone: 1-800-237-2767 Fax: 1-800-323-2445
Walgreens Specialty Pharmacy Phone: 1-800-424-9002 Fax: 1-800-874-9179	Walmart Specialty Pharmacy Phone: 1-877-453-4566 Fax: 1-866-537-0877

If a CoverMyMeds notification is received, follow up promptly by completing any missing information and signing the PA.

Providing complete information and documentation as required by a patient's payer will be critical for avoiding PA denials.

Helpful Downloadable Resources at xdemvy.com

[Sample Letter of Medical Necessity](#)

[Sample Letter of Appeal](#)

For more information and helpful resources, visit xdemvy.com or call Tarsus Connect at 1-866-846-3092

Important Safety Information (continued)

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

ADVERSE REACTIONS: The most common adverse reaction with XDEMZY 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.

References: 1. XDEMZY Prescribing Information. Tarsus Pharmaceuticals, Inc. 2023. 2. Centers for Medicare & Medicaid Services. 2023 ICD-10-CM April 1, 2023. Accessed August 2, 2023. <https://www.cms.gov/medicare/icd-10/2023-icd-10-cm>

