

Prescription Guide



Starting a Demodex blepharitis patient is as easy as 1-2-3

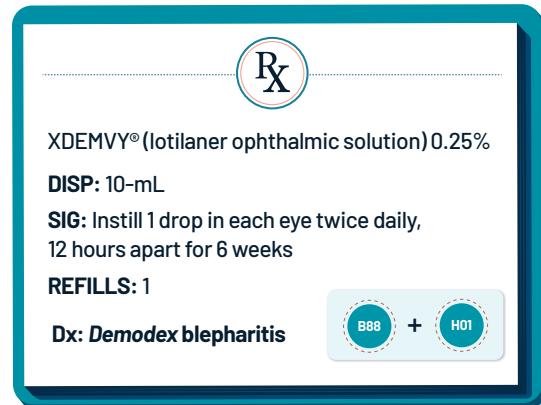
1 Include the following key information on the Rx:

QUANTITY: 10-mL fill in an 11-mL container

DOSAGE: Instill 1 drop in each eye twice daily (approximately 12 hours apart for 6 weeks)

DIAGNOSIS: Indicate **“Demodex blepharitis”** and provide the appropriate ICD-10 codes (see tables below)

REFILLS: If appropriate for the patient, add refill details



2 Indicate **“Demodex blepharitis”** and provide the appropriate ICD-10 codes

For an example, see below¹:

B88 Code	
B88.01	Infestation of Demodex mites New as of October 1, 2025



At Least One H01 Code:			
H01.001	Unspecified blepharitis right upper eyelid	H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.002	Unspecified blepharitis right lower eyelid	H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid	H01.00A	Unspecified blepharitis right eye, upper and lower eyelids
H01.004	Unspecified blepharitis left upper eyelid	H01.00B	Unspecified blepharitis left eye, upper and lower eyelids
H01.005	Unspecified blepharitis left lower eyelid	H01.8	Other specified inflammations of eyelid

It is the responsibility of the healthcare provider to clinically diagnose each patient, verify the available codes, and select the codes that accurately reflect each patient's diagnosis. The information in this guide is for informational purposes only and should not be interpreted as a guarantee of coverage or payment. Contact payers directly for the latest coverage and claims guidance. For current information on ICD-10 codes, please refer to an ICD-10-CM resource. All information is subject to change.

3 Prescribe XDEMvy to an authorized pharmacy that is activated to assist

BlinkRx Phone: 1-833-919-4942 Fax: 1-866-585-4631 NCPDP: 1310488	Carepoint Pharmacy Phone: 1-855-237-9112 Fax: 1-855-237-9113 NCPDP: 1487330	CenterWell Specialty Pharmacy Phone: 1-800-486-2668 Fax: 1-877-405-7940 NCPDP: 3677955	For local pharmacies that dispense XDEMvy, scan here :
CVS Specialty Pharmacy Phone: 1-800-237-2767 Fax: 1-800-323-2445 NCPDP: 1466033 (Mount Prospect, IL) or 3958898 (Monroeville, PA)	Walgreens Specialty Pharmacy Phone: 1-800-424-9002 Fax: 1-800-874-9179 NCPDP: 2348046 (Canton, MI)	Walmart Specialty Pharmacy Phone: 1-877-453-4566 Fax: 1-866-537-0877 NCPDP: 1097484	

INDICATION

XDEMvy is indicated for the treatment of *Demodex* blepharitis.

ICD-10=International Classification of Diseases, 10th Revision.

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 Important Safety Information throughout and accompanying full Prescribing Information.



If a PA is required, the pharmacy will start the PA on CoverMyMeds

Simply complete, sign, and submit.

Key reminder:

► Always include chart notes with your PA submission. For helpful tips, see below:

XDEMVY has an 80%+ PA approval rate³

Chart Notes			
	Diagnostic Findings	<ul style="list-style-type: none"> Evidence of collarettes on slit lamp eye exam (include images if possible) 	
	Clinical Presentation	<ul style="list-style-type: none"> Misaligned or missing eyelashes Eyelid erythema/redness or itching 	<ul style="list-style-type: none"> Inflammation or ocular irritation Fluctuating vision
	Treatment History	<ul style="list-style-type: none"> Previous prescription(s) or over-the-counter therapies (eg, tea tree oil, lid wipes) 	<ul style="list-style-type: none"> In-office procedures (eg, blepharoexfoliation, intense-pulsed light)

Set patient expectations

 If patients would like a status update, they should contact the pharmacy **48 hours** after their appointment.

 Remind patients to ask the pharmacy for available **financial assistance options**. Patients may be required to provide personal information (eg, Social Security number) to verify their eligibility.

The majority of patients pay \$30 or less for XDEMVY*

Resources and support

For downloadable resources, such as sample letters of medical necessity and appeal letter templates, visit xdemvyhcp.com

PA=prior authorization.

*With payer coverage and available assistance options, and based on eligibility requirements; see XDEMVY Savings and Access [Terms and Conditions](#).

References: 1. 2026 ICD-10-CM. Centers for Medicare & Medicaid Services website. Accessed September 12, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes>

2. New Demodex blepharitis codes available for optometrists. American Optometric Association website. Accessed November 7, 2025. <https://www.aoa.org/news/practice-management/billing-and-coding/new-demodex-blepharitis-codes-available-for-optometrists> 3. Data on file. Tarsus Pharmaceuticals, Inc.



For access support, contact your dedicated Field Reimbursement Manager or call **Tarsus Connect® at 1-866-846-3092**



For PA support, contact the pharmacy, or **covermymeds®** Live Support is available via chatbox or by calling **1-866-452-5017**

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.

To report SUSPECTED ADVERSE REACTIONS, contact Tarsus Pharmaceuticals, Inc. at 1-888-421-4002 or the FDA at 1-800-FDA-1088 (www.fda.gov/medwatch).

Please see accompanying full Prescribing Information.

Available by prescription only.