

Prescription Guide



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

1 Include the following **key** information on the Rx¹:

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: Consider adding a refill in case symptoms return

XDEMZY® (lotilaner ophthalmic solution) 0.25%

DISP: 10-mL

SIG: Instill 1 drop in each eye twice daily, 12 hours apart for 6 weeks

Dx: Demodex blepharitis

REFILLS: 1

B88 + H01

Key reminders:



- > Over time, **Demodex blepharitis may reoccur** after initial treatment²
- > A Tarsus-sponsored survey* found that **ECPs routinely add a refill** for XDEMZY to support timely retreatment when needed³

***Survey Design:** Based on a cross-sectional survey of 100 US ECPs (optometrists [n=53] and ophthalmologists [n=47]) assessing clinicians' decision-making related to retreatment of Demodex blepharitis with XDEMZY. Retreatment was defined as an additional course of therapy after completing the initial full regimen (6-week course/full bottle of XDEMZY). 54 out of 100 ECPs reported prescribing XDEMZY with refills.³

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

For an example, see below⁴:

B88 Code	
B88.01	Infestation by <i>Demodex</i> mites <i>New as of October 1, 2025</i>



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

Key reminders:

- > Consider using the **most specific diagnosis code** possible⁵
- > Use the notes section to add the **second code** if only one ICD-10 code is permitted

ECPs=eye care professionals; ICD-10=International Classification of Diseases, 10th Revision.

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 XDEMZY 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 XDEMZY, **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

XDEMZY 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 Important Safety Information throughout and accompanying full **Prescribing Information**.

Once XDEMZY is prescribed, **a prior authorization (PA) may be required.** (See next page for PA support.)



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

Simply complete, sign, and submit.

Key reminders:

- > Complete and submit XDEMZY PA if required (**some plans do not require a second PA for refills**)
- > **Include chart notes with your PA submission.** For helpful tips, see below:

**XDEMZY has
an 80%+ PA
approval rate³**

Chart Notes	
Diagnostic Findings	Evidence of collarettes on slit lamp eye exam (include images if possible)
Clinical Presentation	- Misaligned or missing eyelashes - Eye lid erythema/redness or itching - Inflammation or ocular irritation - Fluctuating vision
Treatment History	- Previous prescription(s) or over-the-counter therapies (eg, tea tree oil, lid wipes) - In-office procedures (eg, blepharoexfoliation, intense-pulsed light)

Set patient expectations



Patients should expect a text or phone call directly from the pharmacy. They should **reach out to the pharmacy** if they don't hear from them, so their treatment is not delayed.



Remind patients to **ask the pharmacy for ways to save on XDEMZY**. Patients may be required to provide personal information (eg, Social Security number) to verify their eligibility.



Let patients know when you've **included a refill** and that they should **expect a call from the pharmacy**.

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

Resources and support



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



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

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 XDEMZY Savings and Access [Terms and Conditions](#).

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.

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.

References: 1. XDEMZY Prescribing Information. Tarsus Pharmaceuticals, Inc. 2023. 2. Sadri E, Paauw JD, Colin JB, et al. Long-term outcomes of 6-week treatment of lotilaner ophthalmic solution, 0.25%, for Demodex blepharitis: a noninterventional extension study. *Cornea*. 2024;43(11):1368-1374. 3. Data on file. Tarsus Pharmaceuticals, Inc. 4. 2026 ICD-10-CM. Centers for Medicare & Medicaid Services website. Accessed September 3, 2026. <https://www.cms.gov/medicare/coding-billing/icd-10-codes> 5. New Demodex blepharitis codes available for optometrists. American Optometric Association website. Accessed September 3, 2026. <https://www.aoa.org/news/practice-management/billing-and-coding/new-demodex-blepharitis-codes-available-for-optometrists>