Xdemvy Step Therapy with Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

This is a FlexRx Standard and GenRx Standard program.

The BCBS MN Step Therapy Supplement also applies to this program for all Commercial/HIM lines of business.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
04-01-2024	11-09-2023

FDA APPROVED INDICATIONS AND DOSAGE

Agent(s)	FDA Indication(s)	Notes	Ref#
Xdemvy™ (lotilaner) Ophthalmic solution	An ectoparasiticide (anti-parasitic) indicated for the treatment of Demodex blepharitis.		1

See package insert for FDA prescribing information: https://dailymed.nlm.nih.gov/dailymed/index.cfm

CLINICAL RATIONALE

Demodex blepharitis	Demodex blepharitis is a common disease of the eyelid, affecting approximately 25 million Americans.(3) Blepharitis is a chronic inflammation of the eyelid margin and a common cause of chronic ocular inflammation.(2) It is characterized by erythema, ocular irritation and discomfort, discharge and debris on the eyelids and lashes and eyelash anomalies. In more advanced stages, there may be corneal involvement. Although blepharitis can have various etiologies, including allergic, staphylococcal and seborrheic, one of the most common is Demodex mite infestation and accounts for more than 60% of those with blepharitis. It has long been accepted that the prevalence of Demodex increase with age, affecting more than 80% of those older than 60 years and 100% of those older than 70 years. Demodex prevalence is lower among younger university-based populations and reported between 2% and 27%. Demodex blepharitis is equally present in both sexes and infestation was similar regardless of ethnicity.(3) Collarettes are the pathognomonic sign of Demodex blepharitis. They are waxy in texture and composed of accumulated undigested material, keratinized cells, dead or living mites, eggs and egg casings of mites that form a cylindrical collar that remain at the base of the eyelash follicle. Collarettes can be readily identified at the base of the upper lash margin on downward gaze using a slitlamp. Ocular itching is the symptom most commonly associated with Demodex blepharitis, and evidence suggests that patients consider this to be one of the most bothersome symptoms associated with the disease. It is more likely to occur at night or early morning after periods of mite activity, distinguishing it from daytime, allergy-related itching. In addition to itching, other symptoms include dryness, discharge, eye redness, burning, tearing, foreign body sensation, pain, and blurred (or fluctuating) vision.(3) The American Academy of Ophthalmology notes that a cure is usually not possible for blepharitis but many treatments or treatment combinations may be helpful including: warm compresses, eyelid cleansing, topical and/or systemic antibiotics, and topical

	anti-inflammatory agents. Patients with recalcitrant blepharitis have responded to therapy directed at decreasing or eradicating the Demodex mites. Oral ivermectin has been reported to be of benefit in some cases of recalcitrant Demodex blepharitis.(2) Ivermectin has long been used safely by dermatologists to treat Demodex-related skin conditions and is known to have an acaricidal effect. Ivermectin improves the signs and symptoms of Demodex blepharitis along with reducing the mite density.(3)
Efficacy	The safety and efficacy of Xdemvy for the treatment of Demodex blepharitis was evaluated in a total of 833 patients (415 of which received Xdemvy) in two 6-week, randomized, multicenter, double-masked, vehicle-controlled studies (Saturn-1 and Saturn-2). Patients with Demodex blepharitis were randomized to either Xdemvy or Vehicle at a 1:1 ratio dosed twice daily in each eye. Efficacy was demonstrated by improvement in lids (reduction of collarettes to no more than 2 collarettes per upper lid) in each study (Saturn-1 and Saturn-2) by Day 43. The endpoints of mite eradication (mite density of 0 mites/lash) and erythema cure (Grade 0) of Xdemvy vs. Vehicle demonstrated statistically significant improvement at Day 43 across both Saturn-1 (Table 1) and Saturn-2 (Table 2) studies.(1)
Safety	Xdemvy has no FDA labeled contraindications for use.

REFERENCES

Number	Reference
1	Xdemvy prescribing information. Tarsus Pharmaceuticals, Inc. July 2023.
2	Amescua, G., Akpek, E. K., Farid, M., Garcia-Ferrer, F. J., Lin, A., Rhee, M. K., Varu, D. M., Musch, D. C., Dunn, S. P., & Mah, F. S. (2019). Blepharitis Preferred Practice pattern®. American Academy of Ophthalmology, 126(1), 56–93. https://doi.org/10.1016/j.ophtha.2018.10.019
3	Rhee, M. K., Yeu, E., Barnett, M., Rapuano, C. J., Dhaliwal, D. K., Nichols, K. K., Karpecki, P., Mah, F. S., Chan, A., Mun, J., & Gaddie, I. B. (2023). Demodex Blepharitis: A Comprehensive Review of the Disease, Current Management, and Emerging Therapies, 49(8), 311–318. https://doi.org/10.1097/icl.0000000000001003

POLICY AGENT SUMMARY STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Xdemvy	lotilaner ophth soln	0.25 %	M ; N ; O ; Y	N		

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Xdemvy	lotilaner ophth soln	0.25 %	1	Bottle	50	DAYS			

CLIENT SUMMARY – STEP THERAPY

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Xdemvy	lotilaner ophth soln	0.25 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Xdemvy	lotilaner ophth soln	0.25 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

STEP THERAPY CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
Step Therapy	

TARGET AGENT(S)	PREREQUISITE AGENT(S)
Xdemvy	ivermectin oral tablet

Target Agent(s) will be approved when ONE of the following is met:

1. The patient is currently being treated with the requested agent as indicated by ALL of the following:
   A. A statement by the prescriber that the patient is currently taking the requested agent **AND**
   B. A statement by the prescriber that the patient is currently receiving a positive therapeutic outcome on requested agent **AND**
   C. The prescriber states that a change in therapy is expected to be ineffective or cause harm **OR**
2. The patient has a medication history of use in the past 90 days with ONE prerequisite agent **OR**
3. BOTH of the following:
   A. The prescriber has stated that the patient has tried a prerequisite agent **AND**
   B. The prerequisite agent was discontinued due to lack of effectiveness or an adverse event **OR**
4. The patient has an intolerance or hypersensitivity to ONE prerequisite agent **OR**
5. The patient has an FDA labeled contraindication to ALL prerequisite agents **OR**
6. The prescriber has provided documentation that the prerequisites cannot be used due to a documented medical condition or comorbid condition that is likely to cause an adverse reaction, decrease ability of the patient to achieve or maintain reasonable functional ability in performing daily activities or cause physical or mental harm

Length of Approval: 2 months

NOTE: if Quantity Limit applies, please refer to Quantity Limit criteria.

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	**Quantity limit for the Target Agent(s)** will be approved when ONE of the following is met: 1. The requested quantity (dose) does NOT exceed the program quantity limit **OR** 2. BOTH of the following: A. The requested quantity (dose) exceeds the program quantity limit **AND**

Module	Clinical Criteria for Approval
	B. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication **Length of Approval:** 2 months