US Family Health Plan
Prior Authorization Request Form for
lotilaner **(Xdemvy)**

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:
Attn: Pharmacy, 77 Warren St, Brighton, MA 02135

QUESTIONS? **Call 1-877-880-7007**

Prior Authorization expires in 6 months; a new PA must be submitted.

Step 1 **Please complete patient and physician information** (please print):

Patient Name:		Physician Name:	
Address:		Address:	
Sponsor ID #		Phone #:	
Date of Birth:		Secure Fax #:	

Step 2 **Please complete the clinical assessment:**

1. Is the requested medication prescribed by an ophthalmologist or optometrist?	☐ Yes **Proceed to question 2**	☐ No **STOP** **Coverage not approved**
2. Does the patient have a diagnosis of Demodex blepharitis confirmed by the presence of Demodex mites on microscopic examination? **Note: Non-FDA approved uses are NOT approved, including for dry eye disease or meibomian gland dysfunction.**	☐ Yes **Proceed to question 3**	☐ No **STOP** **Coverage not approved**
3. Does the patient have Demodex infestation with at least 10 eyelashes with collarettes?	☐ Yes **Proceed to question 4**	☐ No **STOP** **Coverage not approved**
4. Is the patient greater than or equal to 18 years of age?	☐ Yes **Proceed to question 5**	☐ No **STOP** **Coverage not approved**
5. Has the patient tried and failed an adequate treatment course with topical tea tree oil?	☐ Yes **Proceed to question 6**	☐ No **STOP** **Coverage not approved**

6. Will the patient continue to practice good eyelid hygiene including eyelid wipes (for example, Ocusoft)?	☐ Yes **Sign and date below**	☐ No **STOP** **Coverage not approved**

Step 3

I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature _____ Date _____

[14 Feb 2024]