



Xiidra Coverage Determination (FOR PROVIDER USE ONLY)

MEMBER INFORMATION REQUIRED (Please Write Legibly)	
Customer Name:	Customer ID:
Customer DOB:	Customer Address:
Phone (Home):	Phone (Cell):

PROVIDER INFORMATION REQUIRED (Please Write Legibly)		
License Number:	DEA Number:	NPI Number:
Provider Name:	Provider Address:	
Provider Phone:	Provider Fax:	
Provider Specialty:	Office Contact Name:	

DRUG & PRESCRIPTION INFORMATION REQUIRED (Please Write Legibly)	
Drug Name: _____	Dosage: _____
Frequency: _____	Quantity: _____ Days Supply: _____ Refills: _____
<input type="checkbox"/> Do Not Substitute-Dispense As Written	<i>Please check whether this is a new medication or therapy continuation</i>
	<input type="checkbox"/> New Medication <input type="checkbox"/> Continuation If you have checked "Continuation", Provide Start Date-----> _____

DIAGNOSIS INFORMATION REQUIRED (Please Write Legibly)
<input type="checkbox"/> Dry eye syndrome <input type="checkbox"/> Other Diagnosis/ICD-10 codes: _____



Mail requests To: Cigna
 8455 University Place # HQ2L-04
 St. Louis, MO 63121
 Fax Requests To: (886) 845-7267
 Request By Phone: (877) 813-5595

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CLINICAL INFORMATION REQUIRED (Please Write Legibly)						
<p>ATTENTION: PLAN REQUIRES A TRIAL OF AT LEAST 1 FORMULARY ALTERNATIVE; FAILURE TO PROVIDE CLINICAL INFORMATION SUPPORTING RATIONALE MAY RESULT IN THIS REQUEST BEING DENIED, OR AN ADDITIONAL OUTREACH TO OBTAIN MISSING CLINICAL INFORMATION.</p> <p><i>SELECT ALL FORMULARY AGENTS THAT THE CUSTOMER HAS TRIED/FAILED; PLEASE INCLUDE THE DOSAGE, FREQUENCY, QUANTITY, DURATION OF THERAPY (START AND END DATES), AND OUTCOME/RATIONALE FOR NON USE :</i></p>						
Drug Name	Dosage	Frequency	Quantity	Start Date	End Date	Treatment Outcome/Rationale for Non Use
Restasis						
Other:						

Other Questions:
<p>Is this request for an inpatient that is awaiting discharge? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If the customer is unable to meet the criteria required for the requested medication, please provide a clinical explanation as to why an exception should be made:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

<input style="width: 20px; height: 15px; vertical-align: middle;" type="checkbox"/> <i>Request for expedited review [24 hours]. By checking this box, I certify that applying the 72 hour standard review time frame may seriously jeopardize the life or health of the Customer or the Customer's ability to regain maximum function</i>

Provider Signature:	Date:
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