

CIGNA
PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	01/25/2026	Request ID:	PA2026969259
Request Type:	<input type="checkbox"/> Initial <input type="checkbox"/> Continuation <input type="checkbox"/> Expedited	Urgency:	<input type="checkbox"/> Standard <input type="checkbox"/> Urgent

SECTION 1: MEMBER INFORMATION

Member Last Name:	RODRIGUEZ	First Name:	MARIA	MI:	
Date of Birth:	1988-05-22	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Phone:	214-555-0198
Member ID:	CIG789456123	Group Number:	TX-PPO-2024	Plan Type:	PPO
Address:	2847 Maple Creek Drive, Dallas, TX 75201				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. James Wilson, MD, FACG	NPI:	1234567890
Specialty:	Gastroenterology	Tax ID:	XX-XXX7578
Practice Name:	Dallas Digestive Disease Associates	DEA #:	XX5411550
Address:	3500 Gaston Avenue, Suite 450, Dallas, TX 75246		
Phone:	214-555-0100	Fax:	214-555-0101
Contact Person:	Clinical Coordinator	Email:	pacoordinator@gastrocare.com

SECTION 3: MEDICATION/SERVICE REQUESTED

Drug Name (Brand/Generic)	Remicade (Infliximab)
NDC / J-Code / HCPCS	J1745
Strength / Dose	5mg/kg
Route of Administration	Intravenous infusion
Frequency	Induction: Weeks 0, 2, 6; Maintenance: Every 8 weeks
Duration of Therapy	12 months initial authorization
Quantity Requested	4 infusions
Site of Service	Outpatient infusion center
Requested Start Date	2024-11-15

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	K50.913	Crohn's disease, unspecified, with fistula
Secondary #1	K60.30	Anal fistula, unspecified (perianal)
Secondary #2	D50.9	Iron deficiency anemia, unspecified

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Duration	Outcome
Mesalamine (Pentasa)	1g QID (4g total daily)	2023-02-15	2023-08-01	24 wks	Inadequate Resp
Prednisone	40mg initially, multiple taper	2023-01-01	2024-06-15	67 wks	Steroid Depende

Azathioprine (Imuran)	100mg (1.7mg/kg)	2023-08-01	2023-09-15	6 wks	Intolerance
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SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Maria Rodriguez is a 36-year-old female with moderate-to-severe Crohn's disease (CDAI 378, SES-CD 18) complicated by perianal fistula. She has high-risk disease features: young age, fistulizing phenotype, and steroid-dependent course.

She has failed conventional therapy: 1. Mesalamine 4g/day x 24 weeks - inadequate response 2. Prednisone - steroid-dependent (4 failed taper attempts over 67 weeks) 3. Azathioprine - severe intolerance (hepatotoxicity, ALT 3x ULN)

Infliximab is FDA-approved for both moderate-to-severe Crohn's disease AND fistulizing Crohn's disease. Per ACG Clinical Guidelines (2018) and AGA Clinical Practice Update (2021), TNF inhibitors including infliximab are recommended as first-line biologic therapy for: - Moderate-to-severe Crohn's disease with inadeq

SECTION 7: PRESCRIBER ATTESTATION

I certify that the information provided on this form is accurate and complete to the best of my knowledge. I attest that the requested medication/service is medically necessary for this patient. I understand that payment of claims will be from Federal and/or State funds, and that any false claims, statements, or documents may be prosecuted under applicable Federal and State laws.

Prescriber

Signature:

Date Signed: 01/25/2026

Print Name:

DR. JAMES WILSON

NPI:

1234567890

SUBMIT TO: CIGNA Prior Authorization Department | Fax: 1-800-XXX-XXXX | Portal: provider.cigna.com Standard Review: 5 business days | Expedited Review: 72 hours
| Effective: 01/2026 | Form Version 9.2