DALLAS DIGESTIVE DISEASE ASSOCIATES

Gastroenterology

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January 25, 2026

Cigna

Prior Authorization Department

Medical Review Unit

RE: Letter of Medical Necessity

Patient Name:	Maria Rodriguez
Date of Birth:	1988-05-22
Member ID:	CIG789456123
Group Number:	TX-PPO-2024
Medication Requested:	Infliximab (Remicade)
Diagnosis:	Crohn's disease, unspecified, with fistula (K50.913)

To Whom It May Concern:

I am writing on behalf of my patient, Maria Rodriguez, to document the medical necessity of Infliximab (Remicade) for the treatment of Crohn's disease, unspecified, with fistula. This letter provides clinical documentation supporting the need for this medication and demonstrates that my patient meets the coverage criteria for this therapy.

CLINICAL HISTORY AND DIAGNOSIS

36-year-old Hispanic female with known moderate-to-severe Crohn's disease diagnosed February 2023, now presenting with progressive disease activity despite conventional therapy. Patient reports 6-8 loose stools daily, often with visible blood, moderate to severe cramping abdominal pain primarily in RLQ, and significant fatigue affecting work performance. Developed perianal fistula in August 2024 confirmed by MRI, with persistent drainage causing significant distress. Two ED visits in past 45 days for severe symptoms requiring IV hydration. Failed multiple steroid tapers with disease flare upon reduction below 20mg prednisone. Azathioprine discontinued after 6 weeks due to severe intolerance (hepatotoxicity). Mesalamine provided inadequate response at maximum dose.

CURRENT DISEASE ACTIVITY

Most recent assessment (2024-10-18):
• CDAI Score: 378 - Moderate-to-severe active disease (CDAI 220-450)
• Harvey-Bradshaw Index: 12 - Moderate disease activity (HBI 8-16)

PRIOR TREATMENT HISTORY

The patient has tried and failed the following conventional therapies:

• **Mesalamine (Pentasa)** 1g QID (4g total daily) (2023-02-15 to 2023-08-01)
Duration: 24 weeks | Outcome: Inadequate Response
Reason discontinued: Inadequate response for moderate-to-severe Crohn's disease. Patient had persiste

• **Prednisone** 40mg initially, multiple taper attempts (2023-03-01 to 2024-06-15)
Duration: 67 weeks | Outcome: Steroid Dependent

Reason discontinued: Steroid-dependent disease confirmed after 4 failed taper attempts. Disease activ

• **Azathioprine (Imuran)** 100mg (1.7mg/kg) (2023-08-01 to 2023-09-15)
Duration: 6 weeks | Outcome: Intolerance
Reason discontinued: Severe intolerance within 6 weeks of initiation. Patient developed intractable n

PENDING DOCUMENTATION

• Tuberculosis (TB) screening result not attached to submission

• Hepatitis B screening panel not attached to submission

MEDICAL NECESSITY SUMMARY

Based on the clinical evidence presented, Infliximab (Remicade) is medically necessary for Maria Rodriguez. The patient has: 1. A confirmed diagnosis of Crohn's disease, unspecified, with fistula (ICD-10: K50.913) 2. Failed adequate trials of conventional therapy (documented above) 3. Moderate-to-severe disease activity requiring escalation to biologic therapy 4. No contraindications to anti-TNF therapy This request is consistent with current American College of Gastroenterology (ACG) guidelines for the management of inflammatory bowel disease. I respectfully request approval of this prior authorization.

Please contact my office if you require any additional clinical information.

Sincerely,

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Dr. James Wilson, MD, FACG

Gastroenterology

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Date: 01/25/2026