

CIGNA
PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	01/25/2026	Request ID:	PA2026411639
Request Type:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Continuation <input type="checkbox"/> Expedited	Urgency:	<input type="checkbox"/> Standard <input checked="" type="checkbox"/> Urgent

SECTION 1: MEMBER INFORMATION

Member Last Name:	CHEN	First Name:	DAVID	MI:	
Date of Birth:	1985-08-14	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Phone:	713-555-0234
Member ID:	CIG123789456	Group Number:	TX-OAP-2024	Plan Type:	HMO-POS
Address:	1542 Riverside Drive, Houston, TX 77002				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Michelle Park, MD, FACG	NPI:	1987654321
Specialty:	Gastroenterology	Tax ID:	XX-XXX1195
Practice Name:	Houston Gastroenterology Associates	DEA #:	XX9597672
Address:	6550 Fannin Street, Suite 1800, Houston, TX 77030		
Phone:	713-555-0100	Fax:	713-555-0101
Contact Person:	Clinical Coordinator	Email:	pacoordinator@gastrocare.com

SECTION 3: MEDICATION/SERVICE REQUESTED

Drug Name (Brand/Generic)	Inflectra (Infliximab)
NDC / J-Code / HCPCS	Q5103
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	2024-11-01

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	K50.10	Crohn's disease of large intestine without complications

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Duration	Outcome
Budesonide (Entocort EC)	9mg	2022-06-15	2022-09-15	13 wks	Partial Respons
Prednisone	40mg taper	2023-01-15	2023-06-30	24 wks	Steroid Depend
Azathioprine (Imuran)	150mg (2mg/kg)	2023-07-01	2024-07-01	52 wks	Inadequate Resp

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

David Chen is a 39-year-old male with moderate-to-severe Crohn's disease (CDAI 265, SES-CD 12) who has failed an adequate trial of conventional therapy.

Treatment history demonstrating conventional therapy failure: 1. Budesonide 9mg x 13 weeks - partial response, unable to taper 2. Prednisone 40mg x 24 weeks - steroid-dependent (multiple taper failures) 3. Azathioprine 150mg x 52 weeks (12 months) - inadequate response despite therapeutic 6-TGN levels (285 pmol)

The patient has completed the required trial of thiopurine immunomodulator therapy per ACG guidelines, with documented therapeutic drug levels confirming adequate drug exposure. Despite 12 months of optimized azathioprine therapy, disease activity has persisted with CDAI >220 and moderate endoscopic inflammation o

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. MICHELLE PARK

NPI:

1987654321

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