HOUSTON GASTROENTEROLOGY ASSOCIATES

Gastroenterology
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January 25, 2026

Cigna

Prior Authorization Department

Medical Review Unit

RE: Letter of Medical Necessity

Patient Name:	David Chen
Date of Birth:	1985-08-14
Member ID:	CIG123789456
Group Number:	TX-OAP-2024
Medication Requested:	Infliximab (Inflectra)
Diagnosis:	Crohn's disease of large intestine without complications (K50.10)

To Whom It May Concern:

I am writing on behalf of my patient, David Chen, to document the medical necessity of Infliximab (Inflectra) for the treatment of Crohn's disease of large intestine without complications. 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

39-year-old Asian male with moderate-to-severe Crohn's disease diagnosed May 2022, presenting with persistent disease activity despite adequate trial of conventional immunomodulator therapy. Patient reports 4-5 loose stools daily, mild to moderate cramping abdominal pain localized to periumbilical and right lower quadrant areas, and significant fatigue affecting daily function. Has been compliant with azathioprine 150mg daily for 12 months with normal TPMT activity, but disease activity has persisted with CDAI remaining above 220. Failed initial steroid induction and taper. Colonoscopy shows moderate endoscopic activity in transverse and descending colon. Patient has completed all required pre-biologic screenings (TB negative, Hepatitis B negative). Ready to initiate biologic therapy with Inflectra (biosimilar per UHC formulary preference for cost-effectiveness).

CURRENT DISEASE ACTIVITY

Most recent assessment (2024-10-12):
• CDAI Score: 265 - Moderate active disease (CDAI 220-450)
• Harvey-Bradshaw Index: 9 - Moderate disease activity (HBI 8-16)

PRIOR TREATMENT HISTORY

The patient has tried and failed the following conventional therapies:

• **Budesonide (Entocort EC)** 9mg (2022-06-15 to 2022-09-15)
Duration: 13 weeks | Outcome: Partial Response
Reason discontinued: Initial partial response with symptom improvement during induction. However, sym

• **Prednisone** 40mg taper (2023-01-15 to 2023-06-30)
Duration: 24 weeks | Outcome: Steroid Dependent
Reason discontinued: Multiple taper failures demonstrating steroid-dependent disease. Disease activit

• **Azathioprine (Imuran)** 150mg (2mg/kg) (2023-07-01 to 2024-07-01)
Duration: 52 weeks | Outcome: Inadequate Response
Reason discontinued: Adequate 12-month trial at therapeutic dose with confirmed therapeutic 6-TGN lev

PRE-BIOLOGIC SCREENING

• TB Screening: QuantiFERON-TB Gold Plus - Negative (2024-09-25)
• Hepatitis B Panel: HBV negative, immune via vaccination
• Status: Patient has completed all required pre-biologic screenings. CLEARED to initiate TNF inhibitor therapy.

MEDICAL NECESSITY SUMMARY

Based on the clinical evidence presented, Infliximab (Inflectra) is medically necessary for David Chen. The patient has: 1. A confirmed diagnosis of Crohn's disease of large intestine without complications (ICD-10: K50.10) 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. Michelle Park, MD, FACG

Gastroenterology

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Date: 01/25/2026