MARVIX AI

SAMPLE PRIOR AUTHORIZATION LETTER

INFLIXIMAB (REMICADE) FOR MODERATE-TO-SEVERE CROHN'S DISEASE

Questions? Visit us at www.marvix.ai

1 PATIENT INFORMATION

PATIENT NAME
Marcus T. Holloway

DATE OF SERVICE
January 9, 2025

DOB
04/17/1981 (43 yrs)

INSURANCE / PAYER
BlueCross BlueShield PPO

AGE / SEX
43 / Male

MEMBER ID
XZG884120571

MRN / PATIENT ID
GA-559024

GROUP NUMBER
GRP-40218

POLICY NUMBER
POL-77120934

2 PROVIDER INFORMATION

PROVIDER NAME
Priya Nair, MD

NPI
1487203956

CREDENTIALS
MD, Board-Certified Gastroenterologist

TAX ID
82-1749305

SPECIALTY
Gastroenterology

PHONE
(404) 555-0182

PRACTICE / FACILITY NAME
Peachtree Digestive Health Associates

FAX
(404) 555-0199

ADDRESS
1450 Peachtree Rd NE, Suite 320, Atlanta, GA 30309

3 RECIPIENT / PAYER INFORMATION

INSURANCE COMPANY / PAYER NAME
BlueCross BlueShield of Georgia

PHONE
(800) 555-2273

PRIOR AUTHORIZATION DEPARTMENT
Specialty Pharmacy Prior Authorization

FAX / PORTAL SUBMISSION
Fax (866) 555-4410 / Availity Portal

ADDRESS

PO Box 9048, Atlanta, GA 30319

4 REQUESTED SERVICE / TREATMENT

REQUESTED MEDICATION / PROCEDURE / SERVICE / DEVICE

Infliximab (Remicade) IV infusion

DOSE / STRENGTH / QUANTITY / FREQUENCY

5 mg/kg per infusion; weeks 0, 2, 6, then every 8 weeks

ROUTE OF ADMINISTRATION

Intravenous infusion

DURATION OF TREATMENT

12 months (maintenance therapy)

PLACE OF SERVICE

Outpatient hospital infusion center

REQUESTED START DATE

January 20, 2025

5 DIAGNOSIS INFORMATION

PRIMARY DIAGNOSIS

Crohn's disease of large intestine with fistula, moderate-to-severe

ICD-10 CODE

K50.113

SECONDARY DIAGNOSIS

Iron deficiency anemia secondary to chronic blood loss

ICD-10 CODE

D50.0

6 CLINICAL SUMMARY

Reason for Request:

Patient has moderate-to-severe Crohn's disease that remains active despite conventional therapy. Anti-TNF biologic therapy is indicated to induce and maintain remission and reduce the risk of complications.

Relevant History:

Diagnosed with Crohn's disease in 2019. Course complicated by a perianal fistula and recurrent flares. Colonoscopy in December 2024 demonstrated active inflammation in the terminal ileum and ascending colon.

Current Symptoms / Functional Limitations:

Reports 6–8 loose stools daily with intermittent hematochezia, abdominal cramping, fatigue, and a 12-lb unintentional weight loss over three months. Symptoms limit work attendance and daily functioning.

Disease Severity / Clinical Status:

Harvey-Bradshaw Index of 11 (moderate-to-severe). Fecal calprotectin markedly elevated at 640 µg/g. CRP 24 mg/L.

7 PRIOR TREATMENTS / FAILED THERAPIES

Medication / Treatment Trial 1:

Oral mesalamine 4.8 g/day for 4 months — inadequate response, continued active disease.

Medication / Treatment Trial 2:

Budesonide 9 mg/day for 8 weeks — partial, transient improvement with relapse on taper.

Medication / Treatment Trial 3:

Azathioprine 150 mg/day for 5 months — discontinued due to leukopenia and persistent symptoms.

Reason for Discontinuation / Inadequate Response:

Conventional and immunomodulator therapy failed to control disease activity; azathioprine additionally caused a dose-limiting adverse effect. Escalation to anti-TNF biologic therapy is warranted.

8 MEDICAL NECESSITY RATIONALE

Infliximab is medically necessary for this patient with moderate-to-severe fistulizing Crohn's disease that has failed aminosalicylate, corticosteroid, and immunomodulator therapy. Per ACG and AGA guidelines, anti-TNF agents are first-line for moderate-to-severe Crohn's disease and are specifically indicated for fistulizing disease. Objective markers (elevated fecal calprotectin and CRP, endoscopic inflammation) confirm active disease. Delay in initiating effective therapy risks progression to stricturing or penetrating complications, hospitalization, and the need for surgical intervention. The expected benefit is induction and maintenance of clinical remission, fistula closure, mucosal healing, and restoration of functional status.

9 SUPPORTING DOCUMENTATION

PROGRESS NOTES Attached — GI office visits 10/2024, 12/2024	PRIOR AUTHORIZATION FORMS Payer PA form completed and attached
LAB RESULTS CBC, CRP, fecal calprotectin, TB/hepatitis screening	SPECIALIST RECOMMENDATIONS GI consult note recommending anti-TNF therapy
IMAGING REPORTS CT enterography 11/2024	THERAPY NOTES N/A
PROCEDURE REPORTS Colonoscopy with pathology, 12/2024	OTHER ATTACHMENTS Medication trial history summary

10 REQUESTED DETERMINATION

AUTHORIZATION REQUESTED	REQUESTED APPROVAL PERIOD

Approval of infliximab infusions as prescribed	12 months
URGENCY LEVEL	**CONTACT FOR ADDITIONAL INFORMATION**
Standard	Priya Nair, MD — (404) 555-0182

CS CLOSING STATEMENT

Provider Request for Approval:

Based on the documented clinical history, failure of conventional therapy, and objective evidence of active moderate-to-severe fistulizing Crohn's disease, I respectfully request approval of infliximab therapy as outlined. Please contact my office should any additional information be required to process this request.

Follow-Up Contact Information:

Priya Nair, MD — Peachtree Digestive Health Associates, (404) 555-0182, fax (404) 555-0199.

SO SIGNATURE

PROVIDER NAME	CREDENTIALS	SIGNATURE	DATE	TIME
Priya Nair, MD	MD, Gastroenterology	Priya Nair, MD	01/09/2025	09:30