

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/05/2026	Request ID:	PA2026173887
------------------	------------	-------------	--------------

SECTION 1: MEMBER INFORMATION

Member Last Name:	BELL	First Name:	MARCUS	MI:	
Date of Birth:	1978-08-23	Gender:	■ Female ■ Male	Phone:	404-555-0291
Member ID:	FEP678123945	Group Number:	FEP-STANDARD-2025	Plan Type:	PPO
Address:	2145 Peachtree Road NE, Unit 8, Atlanta, GA 30309				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Nadine Okafor, MD, PhD
Specialty:	Hematology-Oncology (Lymphoma)
Practice Name:	Winship Cancer Institute of Emory University
NPI:	1298745632
Address:	1365 Clifton Road NE, Atlanta, GA 30322
Phone:	404-555-0700
Fax:	404-555-0701

SECTION 3: MEDICATION/SERVICE REQUESTED

Drug Name (Brand/Generic):	Breyanzi (Lisocabtagene maraleucel)
NDC / J-Code / HCPCS:	Q2054
Strength / Dose:	Single infusion, patient-specific dose
Route of Administration:	Intravenous infusion
Frequency:	Single dose — lymphodepleting chemotherapy followed by CAR-T infusion
Duration of Therapy:	One-time infusion authorization
Quantity Requested:	1 infusion
Site of Service:	Certified REMS treatment center
Requested Start Date:	2026-04-01

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C83.10	Mantle cell lymphoma, unspecified site

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Outcome
R-CHOP / R-DHAP + ASCT	Intensive chemoimmunotherapy + autologous transplant	2023-02-15	2023-09-30	Complete Response Then Relapsed
Ibrutinib	560 mg daily	2024-12-01	2025-07-31	Partial Response Then Progressed

Lenalidomide + Rituximab (R2)	Immunomodulatory agent + anti-CD20 (4 cycles)	2025-09-01	2026-01-15	Progressive Disease
-------------------------------	---	------------	------------	---------------------

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Marcus Bell is a 47-year-old male — Relapsed mantle cell lymphoma refractory to BTK inhibitor therapy, requesting CAR-T cell therapy

47-year-old African American male with relapsed/refractory mantle cell lymphoma diagnosed January 2023. Initially presented with generalized lymphadenopathy, splenomegaly, and GI involvement. First-line R-CHOP/R-DHAP followed by autologous stem cell transplant (ASCT) — achieved complete response lasting 13 months. Relapsed November 2024 with nodal and extranodal disease. Second-line ibrutinib (BTK inhibitor) for 8 months — initial partial response but then progressed with rising LDH and new splenic lesions. Third-line lenalidomide/rituximab x4 cycles with progressive disease. Now referred for CAR-T cell therapy. CD19 positivity confirmed on most recent biopsy.

Disease Activity: Ann Arbor Stage: IVA | Ecog Performance Status: 1 | Disease Status: relapsed_refractory | Lines Of Therapy Completed: 3

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: 02/05/2026

Print Name: DR. NADINE OKAFOR

NPI: 1298745632

SUBMIT TO: BCBS FEP Prior Authorization Department | Fax: 1-800-XXX-XXXX | Portal: provider.bcbs.com
Standard Review: 5 business days | Expedited Review: 72 hours | Effective: 01/2026 | Form Version 10.1