MD ANDERSON CANCER CENTER

Medical Oncology — Breast Oncology
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February 01, 2026

Blue Cross Blue Shield

Federal Employee Program

Prior Authorization Department

Medical Review Unit

RE: Letter of Medical Necessity

Patient Name:	Thomas Rivera
Date of Birth:	1964-06-22
Member ID:	FEP567891234
Group Number:	FEP-STANDARD-2025
Medication Requested:	Palbociclib (Ibrance)
Diagnosis:	Malignant neoplasm of unspecified site of right male breast (C50.921)

To Whom It May Concern:

I am writing on behalf of my patient, Thomas Rivera, to document the medical necessity of Palbociclib (Ibrance) for the treatment of Malignant neoplasm of unspecified site of right male breast. 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

61-year-old Hispanic male with HR+/HER2- metastatic breast cancer. Diagnosed April 2025 with right breast mass — biopsy confirmed invasive ductal carcinoma, ER+/PR+/HER2-. Staging revealed bone metastases (T6, T9, right iliac wing). Started on tamoxifen 20 mg daily as first-line therapy. LHRH agonist (goserelin) was initiated concurrently for testicular suppression per standard male breast cancer guidelines. However, patient developed severe cardiovascular adverse effects on goserelin — significant QTc prolongation (520 ms, baseline 440 ms), symptomatic palpitations, and one episode of pre-syncope at 6 weeks. Goserelin was discontinued due to cardiac safety concerns. Continued tamoxifen monotherapy. Disease progressed by January 2026 with new liver metastases (two lesions) and rising CA 15-3. Oncologist recommends switching to palbociclib + letrozole. However, letrozole requires testicular suppression for efficacy in males, and the patient cannot safely receive an LHRH agonist. Orchiectomy was discussed but patient declined surgical castration. Oncologist proceeded with letrozole + palbociclib without concurrent LHRH, noting emerging evidence that CDK4/6 inhibitor combinations may provide clinical benefit even with incomplete hormonal suppression.

CURRENT DISEASE ACTIVITY

Most recent assessment (2026-01-28):

• Stage: IV (metastatic)

• Ecog Performance Status: 1

• Ecog Interpretation: Restricted in physically strenuous activity but ambulatory and able to carry out light work

• Metastatic Sites: ['Bone (thoracic spine T6, T9; right iliac wing)', 'Liver (two lesions, largest 2.3 cm)']

• Disease Status: progressive_on_endocrine_therapy

PRIOR TREATMENT HISTORY

The patient has tried and/or completed the following therapies:

• **Tamoxifen** (2025-05-01 to 2026-01-25)

Outcome: Progressive disease at 9 months — new liver metastases and rising CA 15-3 (42→98 U/mL). Tamoxifen initially given with goserelin but LHRH was discontinued at 6 weeks due to cardiac toxicity.

• **Goserelin (Zoladex)** (2025-05-15 to 2025-06-30)

Outcome: Discontinued after 6 weeks due to QTc prolongation (440→520 ms), symptomatic palpitations, and pre-syncope. Cardiology recommended immediate cessation.

MEDICAL NECESSITY SUMMARY

Based on the clinical evidence presented, Palbociclib (Ibrance) is medically necessary for Thomas Rivera. The patient has a confirmed diagnosis of Malignant neoplasm of unspecified site of right male breast (ICD-10: C50.921). Key criteria met: Advanced/metastatic breast cancer — Stage IV with bone and liver metastases; ER 85%, PR 40% — strongly HR-positive; HER2 IHC 1+, FISH not amplified — HER2-negative; Patient is 61 years old (>=18). 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. Rachel Kim, MD, FASCO

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Date: 02/01/2026