

# BLUE CROSS BLUE SHIELD

Federal Employee Program

## PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/01/2026	Request ID:	PA2026408001
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### SECTION 1: MEMBER INFORMATION

Member Last Name:	NAKAMURA	First Name:	LINDA	MI:	
Date of Birth:	1956-07-19	Gender:	■ Female ■ Male	Phone:	408-555-0289
Member ID:	FEP723456189	Group Number:	FEP-STANDARD-2024	Plan Type:	PPO
Address:	2310 Saratoga Avenue, San Jose, CA 95129				

### SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Sanjay Mehta, MD
Specialty:	Hematology-Oncology
Practice Name:	Stanford Cancer Center
NPI:	1876543219
Address:	875 Blake Wilbur Drive, Palo Alto, CA 94304
Phone:	650-555-0700
Fax:	650-555-0701

### SECTION 3: MEDICATION/SERVICE REQUESTED

Drug Name (Brand/Generic):	Carvykti (Ciltacabtagene autoleucel)
NDC / J-Code / HCPCS:	Q2056
Strength / Dose:	Single infusion, 0.5-1.0 x 10 <sup>6</sup> CAR-positive viable T cells/kg
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:	2026-04-15

### SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C90.00	Multiple myeloma not having achieved remission
Secondary	M80.08XA	Age-related osteoporosis with pathological fracture, vertebrae

### SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Outcome
VRd (Bortezomib/Lenalidomide/Dexamethasone)	Proteasome inhibitor + Immunomodulatory agent (8 cycles)	2020-04-01	2020-12-15	Very Good Partial Response

Lenalidomide maintenance	Immunomodulatory agent maintenance	2021-01-01	2022-06-30	Sustained Partial Response
Pomalidomide/Bortezomib /Dexamethasone (PVD)	Immunomodulatory agent + Proteasome inhibitor (6 cycles)	2022-08-01	2023-03-30	Partial Response Then Progressed
Daratumumab/Pomalidomide/Dexamethasone (DPd)	Anti-CD38 + Immunomodulatory agent (8 cycles)	2023-06-01	2024-02-28	Minimal Response Then Progressed
Isatuximab/Carfilzomib/Dexamethasone (IsaKd)	Anti-CD38 + Proteasome inhibitor (8 cycles)	2024-05-01	2024-12-31	Progressive Disease

## SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Linda Nakamura is a 69-year-old female — Progressive multiple myeloma after 4 prior lines of therapy, rising M-protein with new compression fracture

69-year-old Japanese American female with relapsed multiple myeloma, IgA lambda subtype, diagnosed March 2020. Has received 4 prior lines of therapy. Key clinical detail: patient had an 18-month PARTIAL RESPONSE to lenalidomide-based induction (VRd) — she is NOT refractory to lenalidomide. She tolerated lenalidomide well and had a good response; disease progression occurred only after lenalidomide was switched to pomalidomide in the second line. She is refractory to bortezomib and pomalidomide but had a durable partial response to lenalidomide. Current M-protein 2.1 g/dL with new T12 compression fracture.

**Disease Activity:** Iss Stage: II | **Ecog Performance Status:** 1 | **Disease Status:** relapsed\_refractory | **Lines Of Therapy Completed:** 4

## 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:** 02/01/2026

**Print Name:** DR. SANJAY MEHTA

**NPI:** 1876543219

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