

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:

02/01/2026

Request ID:

PA2026868963

SECTION 1: MEMBER INFORMATION

Member Last Name:	HAWKINS	First Name:	ROBERT	MI:	
Date of Birth:	1971-11-03	Gender:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Phone:	720-555-0178
Member ID:	FEP891245637	Group Number:	FEP-STANDARD-2024		Plan Type:
Address:	892 Colfax Avenue, Apt 4B, Denver, CO 80218				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Kevin Patel, MD, FACP
Specialty:	Hematology-Oncology
Practice Name:	University of Colorado Cancer Center
NPI:	1567893421
Address:	1665 Aurora Court, Aurora, CO 80045
Phone:	720-555-0500
Fax:	720-555-0501

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:	2026-03-15

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C83.30	Diffuse large B-cell lymphoma, unspecified site
Secondary	I50.9	Heart failure, unspecified

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Outcome
R-Bendamustine	Standard dosing per protocol (6 cycles)	2024-07-01	2024-12-15	Partial Response Then Relapsed
R-GemOx	Standard dosing per protocol (4 cycles)	2025-07-01	2025-10-15	Progressive Disease

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Robert Hawkins is a 54-year-old male — Progressive lymphadenopathy refractory to second-line therapy

54-year-old male with relapsed/refractory DLBCL and pre-existing mild congestive heart failure (HFmrEF, LVEF 45%). Originally diagnosed June 2024 with Stage IIIA DLBCL. Due to cardiac comorbidity (LVEF 45%, borderline for anthracycline use), first-line therapy was R-bendamustine (rituximab + bendamustine) x6 cycles instead of standard R-CHOP — doxorubicin was contraindicated per cardiology consultation. Achieved partial response but relapsed at 6 months. Second-line R-GemOx (rituximab, gemcitabine, oxaliplatin) x4 cycles with progressive disease. Not eligible for autologous transplant due to cardiac status. Now referred for CAR-T cell therapy.

Disease Activity: Ann Arbor Stage: IIIA | ECOG Performance Status: 1 | Disease Status: relapsed_refractory | Lines Of Therapy Completed: 2

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. KEVIN PATEL

NPI:

1567893421

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