BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/01/2026	**Request ID:**	PA2026272052

SECTION 1: MEMBER INFORMATION

Member Last Name:	MITCHELL	**First Name:**	SARAH	**MI:**	
Date of Birth:	1973-08-14	**Gender:**	■ Female ■ Male	**Phone:**	503-555-0234
Member ID:	FEP334829176	**Group Number:**	FEP-STANDARD-2024	**Plan Type:**	PPO
Address:	1425 Hawthorne Boulevard, Portland, OR 97201				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Rachel Nguyen, MD, FACP
Specialty:	Hematology-Oncology
Practice Name:	Oregon Cancer Institute
NPI:	1987654321
Address:	3181 SW Sam Jackson Park Road, Portland, OR 97239
Phone:	503-555-0400
Fax:	503-555-0401

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:	2026-03-01

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C83.30	Diffuse large B-cell lymphoma, unspecified site
Secondary	C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Outcome
R-CHOP	Standard dosing per protocol (6 cycles)	2024-03-15	2024-08-20	Complete Response Then Relapsed
R-ICE	Standard dosing per protocol (3 cycles)	2025-05-01	2025-07-15	Partial Response

GemOx-R	Third-line chemoimmunotherapy (4 cycles)	2025-09-01	2025-12-15	Progressive Disease

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Sarah Mitchell is a 52-year-old female — Progressive lymphadenopathy with constitutional symptoms after third-line therapy failure

52-year-old female with relapsed/refractory DLBCL. Originally diagnosed March 2024 with Stage IIIB disease. Received first-line R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone) x6 cycles with initial complete response. Relapsed at 8 months. Received second-line R-ICE (rituximab, ifosfamide, carboplatin, etoposide) x3 cycles — partial response but not eligible for autologous stem cell transplant due to insufficient stem cell mobilization. Third-line gemcitabine/oxaliplatin/rituximab x4 cycles with progressive disease on restaging PET/CT. Now referred for CAR-T cell therapy.

Disease Activity: Ann Arbor Stage: IIIB | 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:**	02/01/2026
Print Name:	DR. RACHEL NGUYEN	**NPI:**	1987654321