

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/01/2026	Request ID:	PA2026186000
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SECTION 1: MEMBER INFORMATION

Member Last Name:	PARK	First Name:	CATHERINE	MI:	
Date of Birth:	1967-12-05	Gender:	■ Female ■ Male	Phone:	310-555-0423
Member ID:	FEP891234567	Group Number:	FEP-STANDARD-2024	Plan Type:	PPO
Address:	8834 Wilshire Boulevard, Apt 12C, Beverly Hills, CA 90211				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Lisa Chang, MD, FASCO
Specialty:	Medical Oncology (Breast Oncology)
Practice Name:	UCLA Jonsson Comprehensive Cancer Center
NPI:	1345678921
Address:	2825 Santa Monica Boulevard, Suite 200, Santa Monica, CA 90404
Phone:	310-555-0600
Fax:	310-555-0601

SECTION 3: MEDICATION/SERVICE REQUESTED

Drug Name (Brand/Generic):	Ibrance (Palbociclib)
NDC / J-Code / HCPCS:	J8999
Strength / Dose:	125 mg once daily
Route of Administration:	Oral
Frequency:	21 days on, 7 days off (28-day cycle); Combination: With letrozole 2.5 mg daily
Duration of Therapy:	12 months initial authorization
Quantity Requested:	21 capsules per 28-day cycle
Site of Service:	Outpatient — oral medication, specialty pharmacy
Requested Start Date:	2026-03-01

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C50.912	Malignant neoplasm of unspecified site of left female breast
Secondary	C79.51	Secondary malignant neoplasm of bone

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

No prior systemic therapy — de novo presentation.

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Catherine Park is a 58-year-old female — Newly diagnosed HR+/HER2- metastatic breast cancer with bone metastases

58-year-old postmenopausal Korean American female presenting with back pain and found to have de novo metastatic breast cancer. Left breast mass detected on screening mammogram December 2025. Core biopsy confirmed invasive ductal carcinoma, Grade 2, ER+/PR+/HER2-. Staging CT and bone scan revealed osseous metastases in T8, T10, and left iliac crest. No visceral metastases. ECOG 0. Recommended first-line therapy: palbociclib + letrozole (aromatase inhibitor). No prior systemic therapy for breast cancer. No prior endocrine therapy.

Disease Activity: Stage: IV (metastatic) | Ecog Performance Status: 0 | Disease Status: newly_diagnosed_metastatic

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. LISA CHANG

NPI: 1345678921

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