

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:

02/01/2026

Request ID:

PA2026395574

SECTION 1: MEMBER INFORMATION

Member Last Name:	O'BRIEN	First Name:	JAMES	MI:	
Date of Birth:	1960-04-12	Gender:	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Phone:	617-555-0312
Member ID:	FEP456782134	Group Number:	FEP-STANDARD-2024		Plan Type:
Address:	78 Beacon Street, Unit 3, Boston, MA 02108				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Elizabeth Warren, MD, PhD
Specialty:	Hematology-Oncology (Multiple Myeloma)
Practice Name:	Dana-Farber Cancer Institute
NPI:	1234598765
Address:	450 Brookline Avenue, Boston, MA 02215
Phone:	617-555-0600
Fax:	617-555-0601

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 10^6 CAR-positive viable T cells/kg
Route of Administration:	Intravenous infusion
Frequency:	Single dose — lymphodepleting chemotherapy (cyclophosphamide + fludarabine) 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:	2026-04-01

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C90.00	Multiple myeloma not having achieved remission

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)	2020-01-15	2020-09-30	Very Good Partial Response

Lenalidomide maintenance	Immunomodulatory agent maintenance	2020-10-01	2021-12-15	Progressed
Carfilzomib/Pomalidomide /Dexamethasone (KPd)	Proteasome inhibitor + Immunomodulatory agent (8 cycles)	2022-01-10	2022-10-20	Partial Response Then Progressed
Daratumumab/Bortezomib /Dexamethasone (DVd)	Anti-CD38 + Proteasome inhibitor (8 cycles)	2023-01-05	2023-08-15	Partial Response Then Progressed
Isatuximab/Carfilzomib/De xamethasone (IsaKd)	Anti-CD38 + Proteasome inhibitor (8 cycles)	2023-11-01	2024-06-30	Minimal Response Then Progressed
Selinexor/Dexamethasone (Sd)	XPO1 inhibitor (6 cycles)	2024-09-01	2025-02-28	Progressive Disease

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

James O'Brien is a 65-year-old male — Progressive multiple myeloma refractory to 5 prior lines of therapy

65-year-old male with relapsed/refractory multiple myeloma, IgG kappa subtype, diagnosed December 2019. Has received 5 prior lines of therapy. Triple-class refractory (refractory to proteasome inhibitor, immunomodulatory agent, and anti-CD38 monoclonal antibody). Specifically refractory to lenalidomide — progressed on lenalidomide maintenance after 14 months. Current M-protein rising at 2.8 g/dL with new lytic lesions on skeletal survey. ECOG 1.

Disease Activity: Iss Stage: II | Ecog Performance Status: 1 | Disease Status: relapsed_refractory | Lines Of Therapy Completed: 5

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. ELIZABETH WARREN

NPI:

1234598765

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