UNIVERSITY OF MINNESOTA MASONIC CANCER CENTER

Hematology-Oncology — Multiple Myeloma and Amyloidosis
420 Delaware Street SE, Minneapolis MN 55455
Phone: 612-555-0800 | Fax: 612-555-0801
NPI: 1376542198

February 05, 2026

Blue Cross Blue Shield

Federal Employee Program

Prior Authorization Department

Medical Review Unit

RE: Letter of Medical Necessity

Patient Name:	Diana Kowalczyk
Date of Birth:	1970-03-17
Member ID:	FEP512347896
Group Number:	FEP-STANDARD-2025
Medication Requested:	Ciltacabtagene autoleucel (Carvykti)
Diagnosis:	Multiple myeloma not having achieved remission (C90.00)

To Whom It May Concern:

I am writing on behalf of my patient, Diana Kowalczyk, to document the medical necessity of Ciltacabtagene autoleucel (Carvykti) for the treatment of Multiple myeloma not having achieved remission. This letter provides clinical documentation supporting the need for this medication and demonstrates that my patient meets the coverage criteria for this therapy.

CLINICAL HISTORY AND DIAGNOSIS

55-year-old Polish American female with relapsed/refractory multiple myeloma, IgG kappa subtype, diagnosed September 2023. Received first-line VRd (bortezomib/lenalidomide/dexamethasone) x8 cycles — partial response only. Lenalidomide maintenance initiated but progressed after only 4 months with rising M-protein from 0.8 to 2.4 g/dL while ON lenalidomide — meets IMWG definition of lenalidomide-refractory. Second-line carfilzomib/dexamethasone (Kd) x6 cycles with minimal response then progression. BCMA expression confirmed at 88% on latest bone marrow biopsy. Patient has failed a proteasome inhibitor (bortezomib, refractory) and an immunomodulatory agent (lenalidomide, refractory) but has only completed 2 lines of therapy.

CURRENT DISEASE ACTIVITY

Most recent assessment (2026-01-22):

• Iss Stage: II

• Revised Iss Stage: II

• Ecog Performance Status: 1

• Disease Status: relapsed_refractory

• Lines Of Therapy Completed: 2

• Refractory To: ['lenalidomide', 'bortezomib']

• Cytogenetics: Standard risk — no high-risk features

PRIOR TREATMENT HISTORY

The patient has tried and/or completed the following therapies:

• **VRd (Bortezomib/Lenalidomide/Dexamethasone)** (2023-10-01 to 2024-05-30)

Outcome: Partial response only (M-protein 3.1 to 0.8 g/dL). Did not achieve VGPR.

• **Lenalidomide maintenance** (2024-06-15 to 2024-10-30)

Outcome: Primary refractory to lenalidomide maintenance — M-protein rose from 0.8 to 2.4 g/dL while on active therapy. Discontinued for progression.

• **Carfilzomib/Dexamethasone (Kd)** (2025-01-15 to 2025-10-30)

Outcome: Minimal response (15% M-protein reduction). Progressed at 10 months with new lytic lesions and rising light chains.

MEDICAL NECESSITY SUMMARY

Based on the clinical evidence presented, Ciltacabtagene autoleucel (Carvykti) is medically necessary for Diana Kowalczyk. The patient has a confirmed diagnosis of Multiple myeloma not having achieved remission (ICD-10: C90.00). Key criteria met: Multiple myeloma (ICD-10 C90.00) confirmed by bone marrow biopsy. BCMA 88% positive.; 55 years old (>=18); Received bortezomib (VRd) and carfilzomib (Kd); Received lenalidomide (VRd + maintenance). I respectfully request approval of this prior authorization.

Please contact my office if you require any additional clinical information.

Sincerely,

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Dr. Gregory Hanson, MD

Hematology-Oncology — Multiple Myeloma and Amyloidosis

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Date: 02/05/2026