

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/01/2026	Request ID:	PA2026799586
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SECTION 1: MEMBER INFORMATION

Member Last Name:	RIVERA	First Name:	THOMAS	MI:	
Date of Birth:	1964-06-22	Gender:	■ Female ■ Male	Phone:	713-555-0487
Member ID:	FEP567891234	Group Number:	FEP-STANDARD-2025	Plan Type:	PPO
Address:	3214 Westheimer Road, Apt 5B, Houston, TX 77098				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Rachel Kim, MD, FASCO
Specialty:	Medical Oncology (Breast Oncology)
Practice Name:	MD Anderson Cancer Center
NPI:	1654321897
Address:	1515 Holcombe Boulevard, Houston, TX 77030
Phone:	713-555-0600
Fax:	713-555-0601

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:	2026-03-15

SECTION 4: DIAGNOSIS INFORMATION

	ICD-10 Code	Diagnosis Description
Primary	C50.921	Malignant neoplasm of unspecified site of right male breast
Secondary	C79.51	Secondary malignant neoplasm of bone
Secondary	C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

Medication	Dose/Route	Start Date	End Date	Outcome
Tamoxifen	20 mg daily	2025-05-01	2026-01-25	Progressive Disease
Goserelin (Zoladex)	3.6 mg subcutaneous monthly	2025-05-15	2025-06-30	Discontinued Adverse Effects

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Thomas Rivera is a 61-year-old male — HR+/HER2- metastatic male breast cancer progressing on tamoxifen, requesting palbociclib + letrozole. Cannot tolerate LHRH agonist due to severe cardiovascular adverse effects.

61-year-old Hispanic male with HR+/HER2- metastatic breast cancer. Diagnosed April 2025 with right breast mass — biopsy confirmed invasive ductal carcinoma, ER+/PR+/HER2-. Staging revealed bone metastases (T6, T9, right iliac wing). Started on tamoxifen 20 mg daily as first-line therapy. LHRH agonist (goserelin) was initiated concurrently for testicular suppression per standard male breast cancer guidelines. However, patient developed severe cardiovascular adverse effects on goserelin — significant QTc prolongation (520 ms, baseline 440 ms), symptomatic palpitations, and one episode of pre-syncope at 6 weeks. Goserelin was discontinued due to cardiac safety concerns. Continued tamoxifen monotherapy. Disease progressed by January 2026 with new liver metastases (two lesions) and rising CA 15...

Disease Activity: Stage: IV (metastatic) | Ecog Performance Status: 1 | Disease Status: progressive_on_endocrine_therapy

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 KIM

NPI: 1654321897

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