

BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

| | | | |
|------------------|------------|-------------|--------------|
| Date of Request: | 02/01/2026 | Request ID: | PA2026615740 |
|------------------|------------|-------------|--------------|

SECTION 1: MEMBER INFORMATION

| | | | | | |
|-------------------|---------------------------------------|---------------|--|------------|--------------|
| Member Last Name: | THOMPSON | First Name: | MARGARET | MI: | |
| Date of Birth: | 1953-09-28 | Gender: | <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male | Phone: | 912-555-0345 |
| Member ID: | FEP234567891 | Group Number: | FEP-RETIREE-2024 | Plan Type: | PPO |
| Address: | 156 Magnolia Lane, Savannah, GA 31401 | | | | |

SECTION 2: PRESCRIBER/FACILITY INFORMATION

| | |
|------------------|---|
| Prescriber Name: | Dr. William Barnes, MD, FACP |
| Specialty: | Internal Medicine |
| Practice Name: | Savannah Internal Medicine Associates |
| NPI: | 1678912345 |
| Address: | 4700 Waters Avenue, Suite 300, Savannah, GA 31404 |
| Phone: | 912-555-0200 |
| Fax: | 912-555-0201 |

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 fulvestrant 500 mg IM monthly |
| 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 | C50.911 | Malignant neoplasm of unspecified site of right female breast |
| Secondary | C79.51 | Secondary malignant neoplasm of bone |

SECTION 5: PRIOR TREATMENT HISTORY / STEP THERAPY

| Medication | Dose/Route | Start Date | End Date | Outcome |
|------------|--------------|------------|------------|---------------------|
| Letrozole | 2.5 mg daily | 2023-07-15 | 2026-01-30 | Progressive Disease |

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Margaret Thompson is a 72-year-old female — HR+/HER2- metastatic breast cancer progressing on first-line endocrine therapy, requesting palbociclib + fulvestrant

72-year-old postmenopausal Caucasian female with HR+/HER2- metastatic breast cancer. Originally diagnosed June 2023 with Stage IIA right breast invasive lobular carcinoma, treated with lumpectomy and adjuvant radiation. Started adjuvant letrozole July 2023. Developed bone metastases (L2, L4, right femoral neck) detected on routine follow-up CT scan January 2025 — disease recurrence on adjuvant endocrine therapy. Continued letrozole with addition of denosumab for bone metastases. Progressed on letrozole by January 2026 with new L4 lesion and rising tumor markers. Oncologist at Memorial Health (via telehealth consultation) recommended switching to fulvestrant + palbociclib. However, patient's primary prescription is being written by her long-time internist Dr. Barnes, as she declined regular...

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. WILLIAM BARNES

NPI:

1678912345

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