# STANFORD CANCER CENTER

Hematology-Oncology
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February 01, 2026

Blue Cross Blue Shield

Federal Employee Program

Prior Authorization Department

Medical Review Unit

**RE: Letter of Medical Necessity**

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|---|---|
| **Patient Name:** | Linda Nakamura |
| **Date of Birth:** | 1956-07-19 |
| **Member ID:** | FEP723456189 |
| **Group Number:** | FEP-STANDARD-2024 |
| **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, Linda Nakamura, 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**

69-year-old Japanese American female with relapsed multiple myeloma, IgA lambda subtype, diagnosed March 2020. Has received 4 prior lines of therapy. Key clinical detail: patient had an 18-month PARTIAL RESPONSE to lenalidomide-based induction (VRd) — she is NOT refractory to lenalidomide. She tolerated lenalidomide well and had a good response; disease progression occurred only after lenalidomide was switched to pomalidomide in the second line. She is refractory to bortezomib and pomalidomide but had a durable partial response to lenalidomide. Current M-protein 2.1 g/dL with new T12 compression fracture.

**CURRENT DISEASE ACTIVITY**

Most recent assessment (2026-01-20):

• Iss Stage: II

• Revised Iss Stage: II

• Ecog Performance Status: 1

• Disease Status: relapsed_refractory

• Lines Of Therapy Completed: 4

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

• Not Refractory To: ['lenalidomide']

**PRIOR TREATMENT HISTORY**

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

• **VRd (Bortezomib/Lenalidomide/Dexamethasone)** (2020-04-01 to 2020-12-15)

Outcome: VGPR achieved — M-protein decreased from 3.2 to 0.3 g/dL. Transitioned to lenalidomide maintenance.

• **Lenalidomide maintenance** (2021-01-01 to 2022-06-30)

Outcome: Sustained partial response for 18 months on lenalidomide maintenance. M-protein stable at 0.4 g/dL. Lenalidomide was TOLERATED WELL — discontinued to switch to next-line therapy, not due to progression on lenalidomide itself.

• **Pomalidomide/Bortezomib/Dexamethasone (PVd)** (2022-08-01 to 2023-03-30)

Outcome: Partial response initially, then progressed at 8 months. Refractory to bortezomib.

• **Daratumumab/Pomalidomide/Dexamethasone (DPd)** (2023-06-01 to 2024-02-28)

Outcome: Minimal response, progressed at 9 months. Refractory to pomalidomide and daratumumab.

• **Isatuximab/Carfilzomib/Dexamethasone (IsaKd)** (2024-05-01 to 2024-12-31)

Outcome: Progressive disease with rising M-protein (0.8 to 2.1 g/dL) and new T12 compression fracture.

**MEDICAL NECESSITY SUMMARY**

Based on the clinical evidence presented, Ciltacabtagene autoleucel (Carvykti) is medically necessary for Linda Nakamura. 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 with 35% plasma cells. BCMA 95% positive.; Patient is 69 years old (>=18); Received bortezomib (VRd, PVd) and carfilzomib (IsaKd); Received lenalidomide (VRd, maintenance) and pomalidomide (PVd, DPd). 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. Sanjay Mehta, MD**

Hematology-Oncology

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Date: 02/01/2026