BLUE CROSS BLUE SHIELD

Federal Employee Program

PRIOR AUTHORIZATION REQUEST FORM

Date of Request:	02/05/2026	**Request ID:**	PA2026777278

SECTION 1: MEMBER INFORMATION

Member Last Name:	KOWALCZYK	**First Name:**	DIANA	**MI:**	
Date of Birth:	1970-03-17	**Gender:**	■ Female ■ Male	**Phone:**	612-555-0178
Member ID:	FEP512347896	**Group Number:**	FEP-STANDARD-2025	**Plan Type:**	PPO
Address:	3891 Nicollet Avenue South, Minneapolis, MN 55409				

SECTION 2: PRESCRIBER/FACILITY INFORMATION

Prescriber Name:	Dr. Gregory Hanson, MD
Specialty:	Hematology-Oncology (Multiple Myeloma and Amyloidosis)
Practice Name:	University of Minnesota Masonic Cancer Center
NPI:	1376542198
Address:	420 Delaware Street SE, Minneapolis, MN 55455
Phone:	612-555-0800
Fax:	612-555-0801

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 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:	2026-04-15

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)	2023-10-01	2024-05-30	Partial Response
Lenalidomide maintenance	Immunomodulatory agent maintenance	2024-06-15	2024-10-30	Progressive Disease On Therapy

Carfilzomib/Dexamethasone (Kd)	Proteasome inhibitor (6 cycles)	2025-01-15	2025-10-30	Minimal Response Then Progressed

SECTION 6: CLINICAL INFORMATION / MEDICAL NECESSITY

Diana Kowalczyk is a 55-year-old female — Early relapsed/refractory multiple myeloma, refractory to both lenalidomide and bortezomib after 2 prior lines

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.

Disease Activity: Iss Stage: II | Ecog Performance Status: 1 | Disease Status: relapsed_refractory | Lines Of Therapy Completed: 2

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:**	02/05/2026
Print Name:	DR. GREGORY HANSON	**NPI:**	1376542198