

Transplant Overview by Prior Authorization Approval or Denial 3rd Quarter 2024

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
BC	7/5/2024	Transplant	Autologous	Nodular Lymphocyte Predominant B-Cell Lymphoma	Yes	Medical Policy
BC	7/15/2024	Transplant	Allogeneic	Relapsed Acute Myeloid Leukemia	Yes	Medical Policy
BC	7/22/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
BC	7/23/2024	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	7/26/2024	Transplant	Allogeneic	Myelodysplastic Syndrome	Yes	Medical Policy
BC	8/1/2024	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	8/1/2024	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	8/5/2024	Transplant	Autologous	Peripheral T-Cell Lymphoma	Yes	Medical Policy
BC	8/8/2024	Transplant	Liver	Primary Sclerosing Cholangitis	Yes	Medical Policy
BC	8/12/2024	Transplant	Pancreas	DM II & HTN, s/p kidney transplant	Yes	Medical Policy
BC	8/15/2024	Transplant	Allogeneic	Acute Myeloid Leukemia	Yes	Medical Policy
BC	8/15/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
BC	8/15/2024	Transplant	Kidney	ESRD	Yes	Medical Policy
BC	8/16/2024	Transplant	Kidney	ESRD	Yes	Medical Policy
BC	8/22/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
BC	8/23/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
BC	8/27/2024	Transplant	Autologous	Multiple Myeloma	Yes	Medical Policy
BC	8/28/2024	Transplant	Liver	Liver Cirrhosis	Yes	Medical Policy
BC	8/30/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
BC	9/20/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
BC	9/23/2024	Transplant	Liver	Alcoholic Cirrhosis	Yes	Medical Policy
BC	9/24/2024	Transplant	Allogeneic	Relapsed Acute Myelogenous Leukemia	Yes	Medical Policy