



Transplant Overview by Prior Authorization Approval or Denial 4th Quarter 2021

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
BC	10/1/2021	Transplant	Lung	idiopathic Pulmonary Fibrosis	Yes	Medical Policy
BC	10/1/2021	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	10/1/2021	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	10/11/2021	Transplant	Liver	Autoimmune Hepatitis	Yes	Medical Policy
BC	10/21/2021	Transplant	Allogeneic	High Risk Acute Lymphoblastic Leukemia	Yes	Medical Policy
BC	10/25/2021	Transplant	Liver	End Stage Liver Disease 2nd NASH	Yes	Medical Policy
BC	10/25/2021	Transplant	Liver	End Stage Liver Disease 2nd NASH	Yes	Medical Policy
BC	10/29/2021	Transplant	Allogeneic-Mini	Myelodysplastic Syndrome	Yes	Medical Policy
BC	11/1/2021	Transplant	Heart	Ischemic Cardiomyopathy	Yes	Medical Policy
BC	11/1/2021	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	11/3/2021	Transplant	Autologous	Diffuse Large B-Cell Non-Hodgkins Lymphoma	Yes	Medical Policy
BC	11/18/2021	Transplant	Allogeneic	Acute Myelogeneous Leukemia	Yes	Medical Policy
BC	12/7/2021	Transplant	Autologous	Diffuse Large B Cell Lymphoma	Yes	Medical Policy
BC	12/8/2021	Transplant	Allogeneic	Primary Relapsed/Refractory Burkitt's Lymphoma	Yes	Medical Policy
BC	12/13/2021	Transplant	Allogeneic	High Risk Myelodysplastic Syndrome with Excess Blast	Yes	Medical Policy
BC	12/20/2021	Transplant	Liver	Hepatocellular Carcinoma	Yes	Medical Policy
BC	12/20/2021	Transplant	Liver	Hepatocellular Carcinoma	Yes	Medical Policy
BC	12/29/2021	Transplant	Lung	Interstitial Lung Disease	Yes	Medical Policy