



Transplant Overview by Prior Authorization Approval or Denial 3rd Quarter 2019

Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
7/10/2019	Transplant	Allogeneic	Myelodysplastic Syndrome	Yes	Medical Policy
7/12/2019	Transplant	Liver	Alcoholic Cirrhosis/End Stage Renal Disease	Yes	Medical Policy
8/2/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
8/8/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
8/12/2019	Transplant	Liver	Cryptogenic Cirrhosis	Yes	Medical Policy
8/16/2019	Transplant	Liver	Hepatocellular Carcinoma	Yes	Medical Policy
8/29/2019	Transplant	Allogeneic	Acute B-Cell Lymphocytic Leukemia	Yes	Medical Policy

