



Transplant Overview by Prior Authorization Approval or Denial 4th Quarter 2019

Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
10/8/2019	Transplant	Liver	Cirrhosis/NASH	Yes	Medical Policy
10/15/2019	Transplant	Heart	Acquired Cardiomyopathy 2nd Ebstein Anomaly	Yes	Medical Policy
10/17/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
10/21/2019	Transplant	Pancreas/Kidney	End Stage Renal Disease/Diabetes Mellitus	Yes	Medical Policy
10/23/2019	Transplant	Autologous	Hodgkins Lymphoma	Yes	Medical Policy
10/28/2019	Transplant	Tandem Autologous	Metastatic Testicular Cancer	Yes	Medical Policy
11/1/2019	Transplant	Autologous	Relapsed Grade 3 Follicular Lymphoma	Yes	Medical Policy
11/1/2019	Transplant	Liver	Alcoholic Cirrhosis/HCV	Yes	Medical Policy
11/6/2019	Transplant	Allogeneic	Myelodysplastic Syndrome	Yes	Medical Policy
11/8/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
11/8/2019	Transplant	Liver	Alcoholic Cirrhosis	Yes	Medical Policy
10/28/2019	Transplant	Tandem Autologous	Metastatic Testicular Cancer	Yes	Medical Policy
11/27/2019	Transplant	Liver	Liver Cirrhosis 2nd to NASH	Yes	Medical Policy
11/27/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
12/5/2019	Transplant	Liver	End Stage Liver Disease due to Alcoholic Cirrhosis	Yes	Medical Policy
12/9/2019	Transplant	Autologous	Hodgkins Lymphoma	Yes	Medical Policy
12/20/2019	Transplant	Autologous	Multiple Myeloma	Yes	Medical Policy
12/27/2019	Transplant	Lung	Chronic Obstructive Pulmonary Disease	Yes	Medical Policy