

## Transplant Overview by Prior Authorization Approval or Denial 4th Quarter 2020

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
BC	10/2/2020	Transplant	Tandem Autologous	Refractory Testicular Cancer	Yes	Medical Policy
BC	10/21/2020	Transplant	Liver	Alcoholic Cirrhosis	Yes	Medical Policy
BC	10/23/2020	Transplant	Liver	Hepatitis C Cirrhosis	Yes	Medical Policy
BC	11/3/2020	Transplant	Liver	Ischemic Cholangiopathy	Yes	Medical Policy
BC	11/13/2020	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	11/17/2020	Transplant	Allogeneic	Acute Lymphocytic Leukemia	Yes	Medical Policy
BC	11/23/2020	Transplant	Autologous	T Cell Lymphoma	Yes	Medical Policy
BC	11/24/2020	Transplant	Allogeneic	Myelodysplastic Syndrome/Myeloproliferative Neoplasm	Yes	Medical Policy
BC	11/25/2020	Transplant	Liver	Cirrhosis 2nd to NASH	Yes	Medical Policy
BC	12/11/2020	Transplant	Allogeneic	Relapsed Myelogenous Leukemia	Yes	Medical Policy
BC	12/21/2020	Transplant	Heart/Kidney	Mixed Ischemic/Nonischemic Cardiomyopathy/CKD	Yes	Medical Policy
BC	12/23/2020	Transplant	Autologous	Amyloidosis	Yes	Medical Policy
BC	12/23/2020	Transplant	Tandem Autologous	High Risk Multiple Myeloma	Yes	Medical Policy
BC	12/28/2020	Transplant	CAR-T Therapy	Relapsed Refractory Diffuse Large B-Cell Lymphoma	Yes	Medical Policy