

Transplant Overview by Prior Authorization Approval or Denial 1st Quarter 2019

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
BC	1/8/2019	Transplant	Allogeneic	Acute Myelogeneous Leukemia	Yes	Medical Policy
BC	1/31/2019	Transplant	Allogeneic	Relapsed AML	Yes	Medical Policy
BC	3/8/2019	Transplant	Allogeneic-Mini	Chronic Myelogenous Leukemia Blast Phase	Yes	Medical Policy
BC	2/14/2019	Transplant	Autologous	Diffuse Large B Cell Lymphoma	Yes	Medical Policy
BC	3/25/2019	Transplant	Liver	Alcoholic Cirrhosis	Yes	Medical Policy
BC	1/8/2019	Transplant	Liver	Autoimmune Hepatitis	Yes	Medical Policy
BC	1/7/2019	Transplant	Liver	Hepatocellular Carcinoma/End Stage Renal Disease	Yes	Medical Policy
BC	1/3/2019	Transplant	Liver	NASH	Yes	Medical Policy
BC	2/12/2019	Transplant	Liver	NASH	Yes	Medical Policy
BC	3/1/2019	Transplant	Liver	NASH Cirrhosis	Yes	Medical Policy
BC	2/26/2019	Transplant	Liver	Polycystic Liver	Yes	Medical Policy
BC	1/7/2019	Transplant	Liver	Primary Biliary Cirrhosis/CKD	Yes	Medical Policy
BC	2/13/2019	Transplant	Lung	COPD	Yes	Medical Policy
BC	2/8/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	2/19/2019	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy