

## Transplant Overview by Prior Authorization Approval or Denial 3rd Quarter 2020

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
BC	8/4/2020	Transplant	Tandem Autologous	Testicular Cancer	Yes	Medical Policy
BC	8/25/2020	Transplant	Liver	Cirrhosis/HCC/HCV	Yes	Medical Policy
BC	8/27/2020	Transplant	Liver	Hepatocellular Carcinoma	Yes	Medical Policy
BC	9/8/2020	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	9/8/2020	Transplant	Autologous	Relapsed Multiple Myeloma	Yes	Medical Policy
BC	9/8/2020	Transplant	Liver	Cryptogenic Cirrhosis	Yes	Medical Policy
BC	9/11/2020	Transplant	Lung	COPD/Emphysema	Yes	Medical Policy
BC	9/22/2020	Transplant	Liver	Cirrhosis 2nd NASH	Yes	Medical Policy
BC	7/14/2020	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	7/14/2020	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
BC	7/15/2020	Transplant	Heart	Congestive Heart Failure	Yes	Medical Policy
BC	7/29/2020	Transplant	Allogeneic	Refractory Acute Myloid Leukemia	Yes	Medical Policy
BC	7/30/2020	Transplant	Liver	Alcoholic Cirrhosis/End Stage Renal Disease	Yes	Medical Policy

