



Transplant Overview by Prior Authorization Approval or Denial 2nd Quarter 2021

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	4/23/2021	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
HA	4/5/2021	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
HA	5/12/2021	Transplant	Allogeneic	Primary Refractory Acute Lymphoblastic Leukemia	Yes	Medical Policy
HA	4/5/2021	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy
HA	6/1/2021	Transplant	Liver	Cryptogenic Cirrhosis	Yes	Medical Policy
HA	6/7/2021	Transplant	Liver	Liver Cirrhosis	Yes	Medical Policy