



Transplant Overview by Prior Authorization Approval or Denial 4th Quarter 2017

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	12/15/2017	Transplant	Allogeneic	Acute Myeloid Leukemia	Yes	Medical Policy
HA	12/18/2017	Transplant	Allogeneic	Acute Myeloid Leukemia	Yes	Medical Policy
HA	10/2/2017	Transplant	Allogeneic	Relapsed AML	Yes	Medical Policy
HA	10/3/2017	Transplant	Autologous	T-Cell Lymphoma	Yes	Medical Policy