



Transplant Overview by Prior Authorization Approval or Denial 4th Quarter 2016

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	10/12/2016	Transplant	Allogeneic	Acute Myeloid Leukemia	Yes	Medical Policy
HA	10/17/2016	Transplant	Allogeneic	Chronic Myelomonocytic Leukemia	Yes	Medical Policy
HA	10/10/2016	Transplant	Allogeneic	MDS	Yes	Medical Policy
HA	10/27/2016	Transplant	Tandem Autologous	Multiple Myeloma	Yes	Medical Policy