



## Transplant Overview by Prior Authorization Approval or Denial 2nd Quarter 2024

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	4/16/2024	Transplant	Liver	Nonalcoholic steatohepatitis	Yes	Medical Policy
HA	4/18/2024	Transplant	Allogeneic	Cutaneous T-cell Lymphoma	Yes	Medical Policy
HA	6/20/2024	Transplant	Autologous	Multiple Myeloma	Yes	Medical Policy