



Transplant Overview by Prior Authorization Approval or Denial 4th Quarter 2024

| LOB | Date Approval/Disapproval | Provider Specialty | Procedure | Diagnosis | Approval | Criteria |
|-----|---------------------------|--------------------|-------------------|------------------------------|----------|----------------|
| HA | 10/8/2024 | Transplant | Tandem Autologous | Multiple Myeloma | Yes | Medical Policy |
| HA | 10/31/2024 | Transplant | Kidney | End Stage Renal Disease | No | Medical Policy |
| HA | 11/10/2024 | Transplant | CART | Relapsed Follicular Lymphoma | Yes | Medical Policy |
| HA | 12/26/2024 | Transplant | Liver | Liver Cirrhosis | Yes | Medical Policy |