



## Transplant Overview by Prior Authorization Approval or Denial 1st Quarter 2021

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	2/3/2021	Transplant	Allogeneic	Relapsed T-Cell Lymphoblastic Lymphoma	Yes	Medical Policy
HA	2/5/2021	Transplant	Lung	Idiopathic Pulmonary Fibrosis	Yes	Medical Policy
HA	3/3/2021	Transplant	Lung	Pulmonary Fibrosis	Yes	Medical Policy