



Transplant Overview by Prior Authorization Approval or Denial 1st Quarter 2024

LOB	Date Approval/Disapproval	Provider Specialty	Procedure	Diagnosis	Approval	Criteria
HA	1/4/2024	Transplant	Kidney	Chronic Kidney Disease	Yes	Medical Policy
HA	2/20/2024	Transplant	Allogeneic	Aplastic Anemia	Yes	Medical Policy
HA	3/21/2024	Transplant	Kidney	End Stage Renal Disease	Yes	Medical Policy
HA	3/22/2024	Transplant	Autologous	Angioimmunoblastic T-Cell Lymphoma	Yes	Medical Policy