



Preauthorization Statistics for Arkansas Plans with Wellfleet Rx/ESI

Q4 2021

Provider Specialty Type	Drug	Treatment Description	Decision
INTERNAL MEDICINE	Promacta 75mg Tablet	Immune thrombocytopenic purpura	Approval

Q3 2021

Provider Specialty Type	Drug	Treatment Description	Decision
INTERNAL MEDICINE	Promacta 75mg Tablet	Immune thrombocytopenic purpura	Approval

Q2 2021

No Preauthorization Requests for Arkansas plans during Q2 2021 (4/1/21-6/30/21)

Q1 2021

No Preauthorization Requests for Arkansas plans during Q1 2021 (1/1/21-3/31/21)

Q4 2020

No Preauthorization Requests for Arkansas plans during Q4 2020 (10/1/20-12/31/20)

Q3 2020

Provider Specialty Type	Drug	Treatment Description	Decision
DERMATOLOGY	Cosentyx Pen (2 pen) 150mg/ml	Psoriatic Arthritis	Approval