

# Preauthorization Statistics for Arkansas Plans with Wellfleet Rx/ESI

# <u>Q2 2022</u>

No Preauthorization Requests for Arkansas plans during Q2 2022 (4/1/22-6/30/22)

#### Q1 2022

No Preauthorization Requests for Arkansas plans during Q1 2022 (1/1/22-3/31/22)

#### Q4 2021

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

## <u>Q3 2021</u>

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

## <u>Q2 2021</u>

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

## <u>Q1 2021</u>

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

#### <u>Q4 2020</u>

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

#### Q3 2020

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