



Preauthorization Statistics for Arkansas Plans with Wellfleet Rx/ESI

Q4 2024

No Preauthorization Requests for Arkansas plans during Q4 2024 (10/1/24-12/31/24)

Q3 2024

No Preauthorization Requests for Arkansas plans during Q3 2024 (7/1/24-9/30/24)

Q2 2024

Provider Specialty Type	Drug	Treatment Description	Decision
Internal Medicine - Endocrinology	Mounjaro 5mg/0.5mL Pen	Type II Diabetes	Denied
Family Medicine	Mounjaro 2.5mg/0.5mL Pen	Type II Diabetes	Approved
Internal Medicine - Endocrinology	Synjardy 5mg/1000mg tab	Type II Diabetes	Approved
Internal Medicine - Endocrinology	Victoza 0.6mg/0.1mL Pen	Type II Diabetes	Approved

Q1 2024

No Preauthorization Requests for Arkansas plans during Q1 2024 (1/1/24-3/31/24)

Q4 2023

No Preauthorization Requests for Arkansas plans during Q4 2023 (10/1/23-12/31/23)

Q3 2023

Provider Specialty Type	Drug	Treatment Description	Decision
FAMILY MEDICINE	Myrbetriq 25mg ER tab	Overactive Bladder	Denied
PODIATRY	Hydrocodone/APAP 5mg/325mg tab	Moderate to Severe pain	Approved

Q2 2023

No Preauthorization Requests for Arkansas plans during Q2 2023 (4/1/23-6/30/23)

Q1 2023

No Preauthorization Requests for Arkansas plans during Q1 2023 (1/1/23-3/31/23)



Q4 2022

No Preauthorization Requests for Arkansas plans during Q4 2022 (10/1/22-12/31/22)

Q3 2022

Provider Specialty Type	Drug	Treatment Description	Decision
INTERNAL MEDICINE	Winlevi 1% cream	Acne Vulgaris	Denied

Q2 2022

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

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
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DERMATOLOGY	Cosentyx Pen (2 pen) 150mg/ml	Psoriatic Arthritis	Approval
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