



Preauthorization Statistics for Arkansas Plans with Wellfleet Rx/ESI

Q3 2021

Provider Specialty Type	Drug	Treatment Description	Decision
Internal Medicine	Promacta 75mg Tablet	Chronic Immune Thrombocytopenia purpura (ITP), Thrombocytopenia, or Severe Aplastic Anemia	Approval

Q2 2021

No Preauthorization Requests for Arkansas plans during Q2 2020 (4/1/21-6/30/21)

Q1 2021

No Preauthorization Requests for Arkansas plans during Q1 2020 (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