



## Preauthorization Statistics for Arkansas Plans with Wellfleet Rx/ESI

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