

2020 Preauthorization Statistics for Arkansas Plans with ESI

QUARTER 3

Carrier	Prescriber Primary Specialty Description	Drug Label Name	Indication	Decision	Count
9331	Dermatology	COSENTYX PEN (2 PENS) 150 MG/ML PEN INJCTR	Psoriatic Arthritis	Approved	1

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QUARTER 4

No cases reported