



OptumRx* Prior Authorization Summary

04/01/2021 TO 06/30/2021

PA Type	Approved
Medications	3270

*The information contained within the document covers OptumRx commercial business where applicable, including UnitedHealthcare

OptumRx* Prior Authorization Summary

04/01/2021 TO 06/30/2021

PA Type	Denied		
	Quantity Limit	Medical Neccesity/ PA Denial	Non FDA
Medications	100	1231	85

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