



## OptumRx\* Prior Authorization Summary

07/01/2020 TO 09/30/2020

PA Type	Approved
Medications	3269

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

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07/01/2020 TO 09/30/2020

PA Type	Denied		
	Quantity Limit	Medical Neccesity/ PA Denial	Non FDA
Medications	51	1026	73

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