

| OptumRx* Prior Authorization Summary 01/01/2021 TO 03/31/2021 | | | |
|---|----------|--|--|
| PA Type | Approved | | |
| Medications | 3818 | | |

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

| OptumRx* Prior Authorization Summary 01/01/2021 TO 03/31/2021 | | | |
|---|----------------|--|---------|
| PA Type | Quantity Limit | Denied Medical Neccesity/ PA Denial | Non FDA |
| Medications | 77 | 1235 | 76 |

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