



OptumRx* Prior Authorization Summary

01/01/2020 TO 03/31/2020

PA Type	Approved
Medications	3164

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

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01/01/2020 TO 03/31/2020

PA Type	Denied		
	Quantity Limit	Medical Neccesity/ PA Denial	Non FDA
Medications	76	1063	61

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