



OptumRx* Prior Authorization Summary

07/01/2021 TO 09/30/2021

| PA Type | Approved |
|-------------|----------|
| Medications | 3074 |

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

OptumRx* Prior Authorization Summary

07/01/2021 TO 09/30/2021

| PA Type | Denied | | |
|-------------|----------------|---------------------------------|---------|
| | Quantity Limit | Medical Neccesity/ PA Denial | Non FDA |
| Medications | 92 | 1274 | 69 |

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