



OptumRx* Prior Authorization Summary 01/01/2019 TO 03/31/2019

PA Type	Approved
Medications	3521

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

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PA Type	Denied		
	Quantity Limit	Medical Neccessity/ PA Denial	Non FDA
Medications	261	1610	34

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