Combined Prescription Drug Supporting Documentation and Justification

Please fill in the following information. Complete one form for each deficiency identified for any of the following Formulary Non-Discrimination Reviews: Clinical Appropriateness, Formulary Outlier, and Category/Class Benchmark Count. If there are multiple deficiencies, use a separate form for each deficiency.

If a Treatment Protocol Calculator review deficiency was identified, complete the Discrimination—Treatment Protocol Supporting Documentation and Justification.

Date: _____

Health Insurance Oversight System (HIOS) Issuer ID: _____

State: _____

In which review was a deficiency identified?

Choose an item.

HIOS Plan ID(s):

Drug List ID(s): _____

Medical Condition (only applicable to Clinical Appropriateness):

Category (only applicable to Formulary Outlier and Category/Class Benchmark Count):

Class: _____

Drug(s): _____

RxNorm Concept Unique Identifiers (RXCUIs) applicable to this justification:

Justification for Benefit Design:

If you do not have enough space here to list your justifications, print out another form to augment them as needed.