

Discrimination—Treatment Protocol Supporting Documentation and Justification

Use one form for each deficiency identified in the Treatment Protocol Calculator review.

For Clinical Appropriateness, Formulary Outlier, Essential Health Benefit (EHB) Category/Class Benchmark Count, please complete the Combined Prescription Drug Supporting Documentation and Justification form.

Date:

Health Insurance Oversight System (HIOS) Issuer ID:

State:

HIOS Plan IDs:

Medical Condition:

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.