Discrimination—Adverse Tiering Supporting Documentation and Justification

Fill in the following information for each correction identified in the Adverse Tiering review.

Use the Combined Prescription Drug Supporting Documentation and Justification Form for Clinical Appropriateness, Formulary Outlier, and Essential Health Benefit (EHB) Category/Class Benchmark Count justifications. If there is a Treatment Protocol Calculator review correction, complete the Discrimination—Treatment Protocol Supporting Documentation and Justification.

Date:

Health Insurance Oversight System (HIOS) Issuer ID:

State:

HIOS Plan IDs:

Medical Condition(s):

Class(es):

Drug(s):

RxNorm Concept Unique Identifiers (RXCUIs) Applicable to this Justification:

Justification to address Adverse Tiering issues as identified in the Correction Notice: