

Combined Prescription Drug Supporting Documentation and Justification

Issuers must fill in the following information about each correction identified for the following Formulary Non-Discrimination Reviews: Clinical Appropriateness, Formulary Outlier, and Category/Class Benchmark Count. If there are multiple corrections, a separate form for each correction should be used.

If there is a Treatment Protocol Calculator review correction, issuers must complete the Discrimination—Treatment Protocol Supporting Documentation and Justification.

If there is an Adverse Tiering review correction, issuers must complete the Discrimination—Adverse Tiering Supporting Documentation and Justification.

Date:

Health Insurance Oversight System (HIOS) Issuer ID:

State:

In which review was a correction identified?

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: