Combined Prescription Drug Supporting Documentation and Justification

Fill in the following information about each deficiency identified for 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 there is a Treatment Protocol Calculator review deficiency, 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?

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: