

## **Discrimination—Treatment Protocol Supporting Documentation and Justification**

Use a separate form for each deficiency identified in the Treatment Protocol Calculator 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.

**Date:** \_\_\_\_\_

**Health Insurance Oversight System (HIOS) Issuer ID:** \_\_\_\_\_

**State:** \_\_\_\_\_

**HIOS Plan IDs:**

**Medical Condition:**

**Justification for Benefit Design:**