

Chapter 12a: Discrimination—Clinical Appropriateness Review: Supporting Documentation and Justification

Please fill in the following information. Please complete one form for each benefit design justification.

Date: _____

HIOS Issuer ID: _____

Drug List ID(s): _____

Medical Condition: _____

Class: _____

Drug: _____

Justification for Benefit Design: _____

If this provides insufficient space to list your justifications, please print out another form and add additional reasons there.