

# Chapter 12b: Discrimination—Formulary Outlier Review: Supporting Documentation and Justification

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Please fill in the following information. Please complete one form for each deficient drug category and class.

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

**HIOS Issuer ID:** \_\_\_\_\_

\_\_\_\_\_

**Drug List ID(s):** \_\_\_\_\_

\_\_\_\_\_

**Category:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Justification for Benefit Design:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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