

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

Please fill in the following information. Complete one form for each deficient drug category and class identified in the Non-Discrimination Formulary Outlier Review.

Date: _____

Health Insurance Oversight System (HIOS) Issuer ID: _____

State: _____

Drug List IDs: _____

Category: _____

Class: _____

Justification for Benefit Design: _____

If you do not have enough space here to list your justifications, print out another form to augment them as needed.