

# Chapter 12d: Formulary—Inadequate Category/Class Count Supporting Documentation and Justification

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Please fill in the following information.

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

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

**Plan Name:** \_\_\_\_\_

<b>Drug List ID</b>	<b>Drug Name</b>	<b>RxCUI</b>	<b>Category</b>	<b>Class</b>	<b>Number of Drugs Needed to Meet Standard</b>	<b>Justification*</b>

\* Choose the appropriate letter in the Justification column or use free text to describe an “other” justification.

A = Drugs in this category and class have been discontinued by the manufacturer.

B = Drugs in this category or class have been deemed unsafe by the FDA or removed from market by the manufacturer due to safety concerns.

C = Drugs in this category and class have a DESI classification.

D = Drugs in this category or class have become available as generics during or after November 2014.

E = Drugs in this category and class are covered under the medical benefit.

G = The number of chemically distinct drugs available in this category or class is less than the EHB benchmark count.

H = Other (attach a separate sheet to submit a free-form justification explanation if extra space is needed).