

Discrimination - Adverse Tiering Tool

Supporting Documentation and Justification

**Formulary for
Issuer:**

quarter, 20

Instructions: Fill in the following information for each correction identified in the Adverse Tiering review final results.

Note: Justification forms must be converted to a PDF format prior to uploading in SERFF. DO NOT upload the WORD version.

HIOS Plan ID	Medical Conditions	Class(es)	Drugs	Applicable RXCUIs	Justification*

***Justification**

Justifications must clearly and completely address all adverse tiering issues identified in the tool’s final results. If a plan does not pass the review requirements for the Recommended Drug Therapy for any condition, then the plan does not pass the review. Note: Plans with less than four Effective Number of Tiers and/or have one Effective Number of Cost-Share Tiers will have results of "N/A" for the Final Result and all Condition Results.

Please Note: OIC cannot accept clinically based justifications, such as opinions regarding the efficacy of particular drugs on the EHB Rx Crosswalk, or whether a particular drug should or should not be used as a first-line treatment for a particular condition.