

Discrimination - Adverse Tiering Tool

Supporting Documentation and Justification

**Formulary for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ quarter, 20\_\_**

**Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***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.***

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| --- | --- | --- | --- | --- | --- |
| **HIOS Plan ID** | **Medical Conditions** | **Class(es)** | **Drugs** | **Applicable RXCUIs** | **Justification\*** |
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**\*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.