Formulary – Non-Discrimination Clinical Appropriateness Tool

Supporting Documentation and Justification

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

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

***Instructions****: Each Formulary ID must be listed on a separate row. You may add additional rows to the table below as needed.*

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Formulary ID(s) – (WAF00s)** | **Condition** | **Test Description** | **Threshold** | **Count of Drugs covered without restriction** | **Justification\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

# \*Justification

This tool flags formulary designs that are potentially discriminatory on the basis of health status by analyzing a formulary’s coverage of drugs for certain conditions. The tool measures the number of unrestricted drugs covered for those conditions against a threshold. (Washington uses the threshold calculated and pre-loaded into the tool by CCIIO.) “Unrestricted” means covered without prior authorization or step therapy requirements. The tool flags all plans that cover fewer unrestricted drugs for a particular

# condition than the threshold. Your justification must clearly explain why this formulary design is not discriminatory despite covering fewer unrestricted drugs for the condition than the threshold.

**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.