

## 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 CCIO.) “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.