surescripts

Real-Time Prescription Benefit for PBMPayers

surescripts

CONTENTS

1. Real-Time Prescription Benefit for PBM/Payers Overview 3
2. Integration & Production 5
3. Messages Overview 9
4. Element Details 14
5. RTPBResponse Best Practices 23
6. Application Certification Requirements 26
7. Message Examples 27
8. Disclaimers 36
9. Document Change Log 37

1. Real-Time Prescription Benefit for PBM/Payers Overview

This is early adopter documentation. Information is subject to change.

Note: The term PBM/payer may include prescription benefit managers, third-party processors, health plans, etc.

About Surescripts Real-Time Prescription Benefit

Surescripts Real-Time Prescription Benefit is a real-time Request and Response message between the provider vendor and the processor. The Real-Time Prescription Benefit message delivers patient-specific medication cost and benefit information to the point of care to help inform prescription decisions. This may include point-in-time estimated cost, alternative medication options, pharmacy type options, and formulary information. Real-Time Prescription Benefit data is referenced prior to the NewRx to inform the provider and the patient of the specific estimated out-of-pocket cost for the selected therapy. When available, Real-Time Prescription Benefit is provided in addition to, and not a replacement of, the group/plan level formulary information.

Real-Time Prescription Benefit provides value by driving medication adherence, lowering health care costs, and improving health outcomes and patient safety. By providing accurate, up-to-date, patient-specific information and cost-effective medication options, providers and patients can make informed decisions that reduce payment obstacles and improve medication adherence.

About This Guide

The Surescripts Real-Time Prescription Benefit for PBM/Payers Companion Guide was created to assist PBM/payers in implementing RTPBRequest and RTPBResponse messages.

The audience includes any customer responsible for configuring or developing a system interface for the electronic messages.

This guide is meant to support, integrate, and further clarify the NCPDP standard schemas, implementation guides, and best practices as used through the Surescripts network. It does not reproduce the base standard in its entirety.

Requirements beyond those in the NCPDP documentation are called out in this guide and are also enforceable. Customers should read and comprehend the associated standards prior to reading this guide.

This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the NCPDP RTPB XML Schema for a complete list of fields and requirements.

Document References

Please reference the following documents when reading this guide:

Surescripts-provided materials
Connectivity and Authentication Implementation Guide
Eligibility Companion Guide
Directory Implementation Guide (latest version)

External materials to be obtained by the customer (available at www.NCPDP.org)
NCPDP RTPB v13 XML Schema
Real-Time Prescription Benefit Standard v13 Implementation Guide
Real-Time Prescription Benefit Standard Version 13 Examples Guide
Real-Time Prescription Benefit (RTPB) Standard Implementation Recommendations

NCPDP SCRIPT

This guide utilizes the NCPDP (National Council for Prescription Drug Programs) messaging standard Prescriber/Pharmacist Interface SCRIPT version 2023011 as a baseline. To become an NCPDP member, please go to **https://www.ncpdp.org/Membership.aspx**.

The NCPDP SCRIPT Standard 2023011 package contains a complete list of fields and additional requirements. Customers should read and comprehend the associated standards prior to reading this guide.

NCPDP is an American National Standards Institute (ANSI) accredited Standard Development Organization. The NCPDP "SCRIPT" standard is a copyrighted document and may be obtained by contacting:

NCPDP
9240 E. Raintree Drive
Scottsdale, AZ 85260-7518
Phone: (480) 477-1000
Fax: (480) 767-1042
https://www.ncpdp.org

2. Integration & Production

Integration Process

When a customer begins integrating a Surescripts product into their application(s), they will be provided access to all the Surescripts documentation pertaining to the product being implemented. In addition, customers will be provided access to the staging environment to design, develop and test the product integration within their application.

> **Note:** The time frame of the project can vary depending on the customer's resource allocation for the project.

Meeting Requirements

During Integration, customers will ensure their system has met all product requirements. The Certification Testing will focus on message format, application workflow and display in accordance with Surescripts documentation and the associated Application Certification Requirements (ACRs). Upon successful completion of certification and, when applicable, other pre-production network requirements (e.g., Identity Proofing, Attestations, DEA audit), customers will be enabled in production.

For requirements, consider the following:

- Surescripts ACRs are required to be met to achieve production status on the Surescripts network and will be enforced as part of certification.
- To ensure high-quality transactions, Surescripts applies additional business rules above and beyond the NCPDP schema defined requirements that will cause a message to be successful or rejected.
- Surescripts test cases do not cover all possible scenarios in production. Customers are responsible for testing any other applicable scenarios specific to their production environment.
- In accordance with the customer's legal agreement with Surescripts, each customer is responsible for ensuring compliance with all applicable laws including, but not limited to, local and state laws/regulations where doing business.

Transition to Production

Once certification and the contract are complete and approved by the Surescripts Certification Review Board, the customer is ready to move into production. Surescripts will configure the production connection and validate successful operations with the customer. Prior to the transition to production, Surescripts Account Management will work with the customer and internal Surescripts teams to discuss the following:

- Production support contacts (Escalation Matrix)
- Support process and training
- Support hours

Surescripts Terminology Usage

The following table outlines terminology usage for this guide:

Term	Term usage
must	Requirements that are enforced as part of the production code or by Surescripts business rules. **Note:** Some business rules reside in the element details section of the guide.
shall	The requirements customers are required to meet in order to be certified on the Surescripts network. These requirements will be enforced as part of certification, not through business rules.
should	Used for guidance and best practices to produce superior results and enhance electronic messaging. Best practices can also be found in the Best Practice sections. Customers are encouraged, but not required, to meet best practices in order to be certified on the Surescripts network.
S.###	Designates an application certification requirement that is shared with other Surescripts products.
PM.###	This designates a Real-Time Prescription Benefit application certification requirement.

> **Note:** Application certification requirements are summarized in **Application Certification Requirements** section.

Communication Rules

Please refer to the Connectivity and Authentication Guide for details regarding communication and security protocol requirements as well as references to all links and IP addresses associated with Surescripts services. For the network to be reliable, there are communication rules to which all customers must adhere.

Timeouts

Each transaction that Surescripts submits to a customer has a time-out parameter. If Surescripts does not get a response from the customer within the specified time period, the transaction times out. Surescripts will then respond to the original sender in the error message.

- When sending a message to Surescripts, the initiator should set the http timeout to no less than 30 seconds.
- A Receiving System must reply with a valid response within 10 seconds.

UTC Time Format

By using Coordinated Universal Time (UTC), the receiver of a message will know the time regardless of their time zone. For example: If a message was sent from Boston at 5:30PM EDT (Eastern Daylight Time), the time would be sent as 21:30 UTC time. If this message was received in Chicago CDT (Central Daylight Time), the 21:30 UTC could be converted to the local CDT time of 4:30PM. Refer to **http://en.wikipedia.org/wiki/Coordinated_Universal_Time**, or **http://www.w3.org/XML/** for more information. UTC time must be synchronized with NIST (National Institute of Standards and Technology) and the difference must be less than one minute. Drift of no more than one minute will be acceptable.

When sending only a Date (not Date and Time), it should be sent in your local time zone, and the receiver should interpret it in their local time. Neither party should attempt to convert the Date to UTC.

All standard programming languages should have a function for generating a date in the UTC time zone or displaying a date in the local time zone. The format of the date/time fields in the XML schema must use the xsd:dateTime format. Examples of that format are: CCYY-MM-DDTHH:MM:SS.FZ, where the UTC time zone may be specified as Z, + 00:00, or - 00:00. For example, 2013-01-

01T16:09:04.5Z, or 2013-01-01T16:09:04.5-00:00, or 2013-01-01T16:09:04.5+00:00, where 16:09:04.5Z would be 16 hours, 09 minutes, 04 seconds, 5 fractional seconds. UTC time is denoted by either the “Z” in the first example or the “-00:00” in the second example, or the “+00:00” in the third example. The fractional seconds is not required. Refer to xsd:dateTime for more information.

For simple date fields that do not include the time portion, the format is: CCYY-MM-DD.

Character Set

The character set contains ASCII values 32 – 126, which includes:

Character Type	Characters
Symbols	! " # $ % & ' ( ) * + , - . / : ; < = > ? @ [\ ] ^ _ ` { | } ~
Numerals	Ø to 9
Letters, upper and lower case	A to Z, a to z

Unprintable characters, such as control characters, are not used within the field sets. Defined unprintable characters are used as delimiters.

UTF-8 is the required character encoding for XML. Other encoding formats are not supported by Surescripts.

> **Note:** It is recommended that customers declare their UTF-8 formatting in the message header.

XML uses certain characters to describe the structure of the document. When an element value needs to include one of the special characters, the character must be replaced its predefined entity representation when writing the XML document. Most XML processor libraries automatically handle the character replacement. For more information see **https://en.wikipedia.org/wiki/List_of_XML_and_HTML_character_entity_references#Predefined_entities_in_XML or https://www.w3.org/TR/REC-xml/#sec-predefined-ent**

Character	Character Name	Received Value
>	Greater than	>
<	Less than	<
"	Quote	"
&	Ampersand	&
'	Apostrophe	'

Compliance

Surescripts goal is efficiency and consistency across the network so all customers can meet the highest measures of patient safety, end-to-end reliability, and quality. To ensure that customers comply with and adhere to the approved certification requirements, Surescripts:

- Monitors customers in production to ensure all network customers remain in compliance with certification requirements and contractual terms.
- Initiates a remediation process for identified compliance issues.

To ensure network and patient safety, customer agrees to notify Surescripts of any modifications through use of the Surescripts recertification form. Upon receipt of this form, changes will be reviewed, and a determination made as to what (if any) level of certification may be required before being placed into production.

When changes are made to a customer's implementation, the customer should advise their account manager. The customer will be given a recertification guide to provide details regarding the changes made. Upon receipt of the completed document, the details will be reviewed, and a determination will be made as to what (if any) level of recertification is necessary.

As a reminder, Surescripts conducts certification with customers to ensure the application adheres to network requirements. Surescripts will enforce mandatory fields as required by the Standards body and Surescripts guide requirements. To maximize interoperability, customers are recommended to support optional fields that have been created to address gaps in discrete data needs and the many solutions that are in place for the benefit of the receiver. Surescripts encourages, but does not guarantee, the use of optional discrete fields to support end user workflows.

This guide is intended for certification on our network only and is not intended to ensure compliance with state and federal law. In accordance with the customer's legal agreement with Surescripts, each customer is responsible for conducting its own due diligence to ensure compliance with all applicable laws and requirements, including, but not limited to, local and state laws and regulations in which the customer's application is deployed and used.

3. Messages Overview

Message Description(s)

RTPBRequest

The RTPBRequest message is used to request patient-specific estimated cost and benefit information.

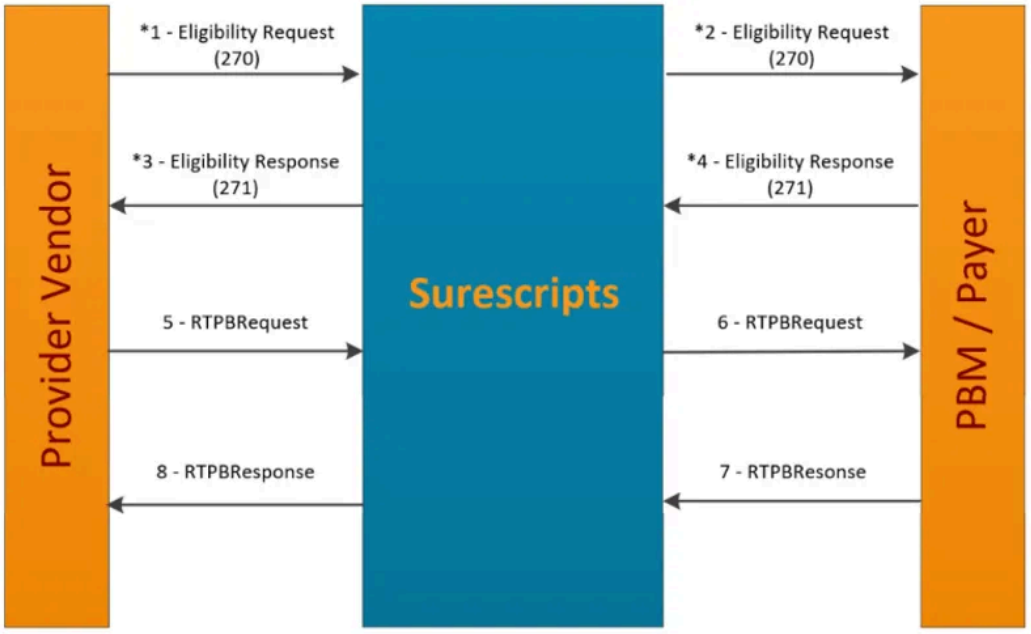
RTPBResponse

The RTPBResponse message returns patient-specific estimated cost and benefit information, or the response may return business errors (e.g., No Patient Match Found, etc.) or system errors.

Error Response Message

This NCPDP SCRIPT message indicates that an error has occurred and the RTPBRequest has been terminated. An error can be generated when there is a communication problem or when the message had an error (e.g., a formatting problem).

Real-Time Prescription Benefit Message Flow



*1) The Eligibility Request (270) is sent by the provider vendor system to Surescripts to obtain eligibility information.

*2) Surescripts validates the request, locates the patient based on demographic information, and sends the Eligibility Request (270) to the applicable PBM/payer.

*3) The PBM/payer verifies the patient and responds to Surescripts with an Eligibility Response (271) indicating the patient's eligibility status.

*4) Surescripts validates the format of the incoming Eligibility Response (271), consolidates all 271 responses, and sends the information back to the requester.

> **Note:** The information noted with an asterix (*) above is related to the Eligibility process. For more information on the Eligibility process, please see the Surescripts Eligibility Companion Guide.

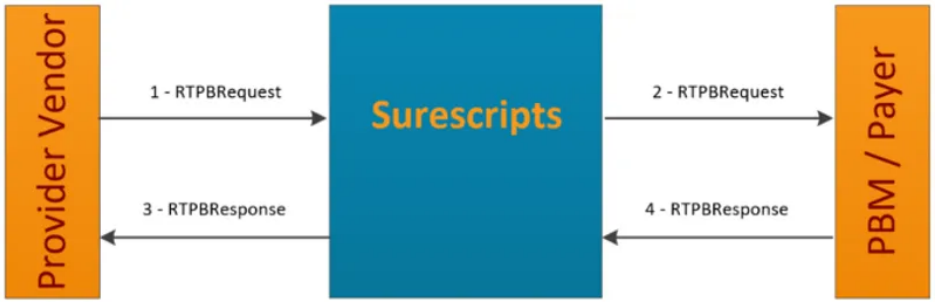
5) Once the medication, days' supply, quantity, quantity unit of measure and pharmacy have been selected, the provider vendor sends RTPBRequest for patient-specific estimated cost and benefit data.

6) Surescripts receives the RTPBRequest message and then requests the patient benefit information from the PBM/payer.

7) The PBM/payer processes the request, formats an RTPBResponse message with patient-specific estimated cost and benefit information and sends to Surescripts.

8) Surescripts forwards the RTPBResponse synchronously to the provider vendor.

Real-Time Prescription Benefit Pharmacy Message Flow



1) Once the patient, medication, days supply, quantity, and quantity unit of measure have been selected, the pharmacist sends Surescripts, via their pharmacy system, an RTPBRequest for the patient-specific estimated cost and benefit data. Surescripts receives the RTPBRequest message.

2) If the BenefitsCoordination information is present in the message, Surescripts forwards the RTPBRequest to the PBM/payer.

2a) If the BenefitsCoordination information is not present, Surescripts will look up the patient to retrieve the required data. Once obtained, Surescripts will add the necessary information to the RTPBRequest that will be sent to the PBM/payer.

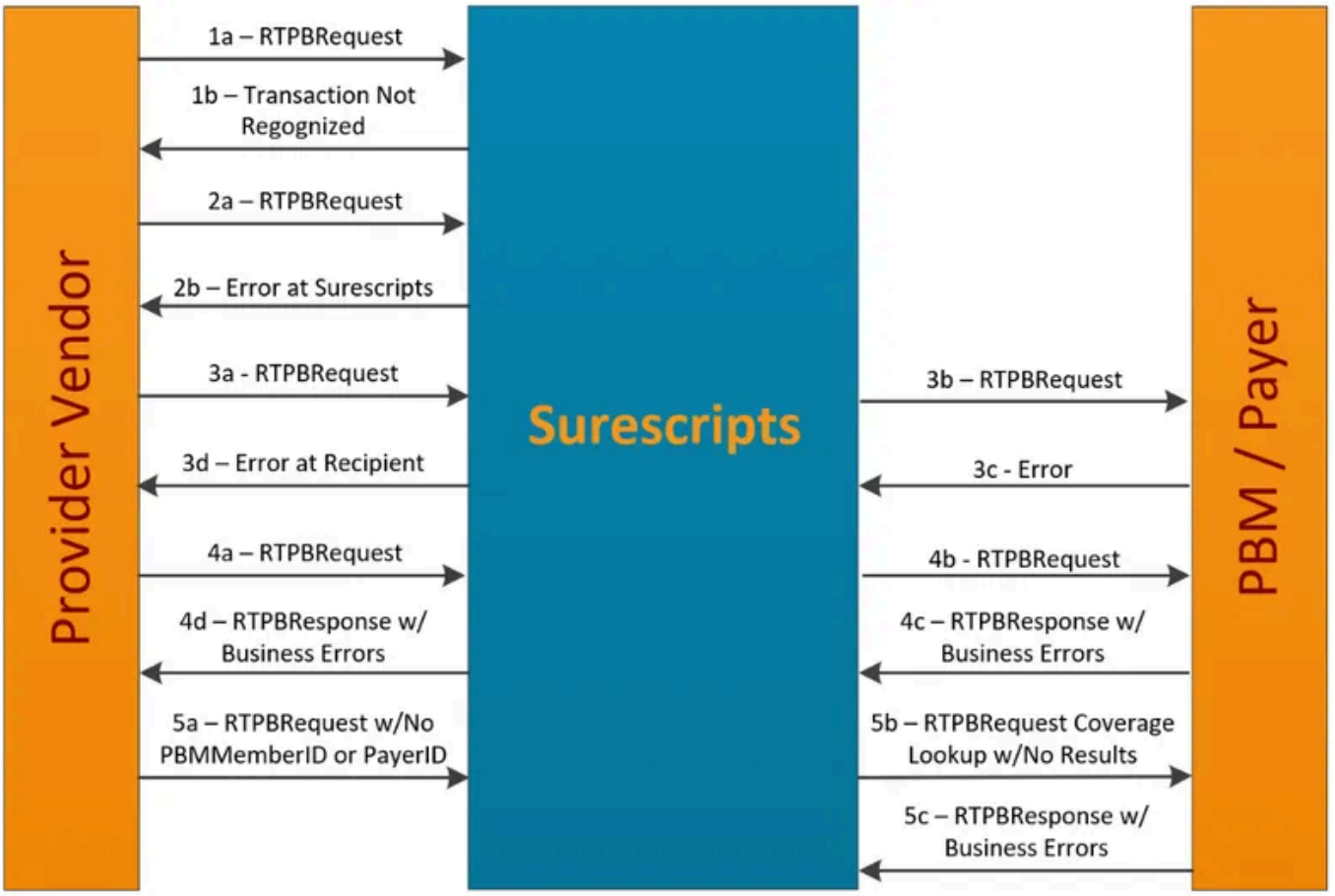
3) The PBM/payer processes the request, formats an RTPBResponse message with the patient-specific estimated cost and benefit information and sends it to Surescripts.

4) Surescripts processes the message and returns the RTPBResponse synchronously to the pharmacy system.

> **Note:** The RTPBResponse sent to the pharmacy system will not include coverage information obtained by Surescripts.

Real-Time Prescription Benefit Error Message Scenarios

The following diagram depicts various scenarios where Error messages or Error messages with business errors are sent in response to a RTPBRequest.



Scenario 1: Surescripts cannot recognize the message. Surescripts returns an Error message.

1a) A provider vendor sends a RTPBRequest to Surescripts.

1b) Surescripts cannot recognize the message (e.g., improperly formed XML) and sends an Error message back to the provider.

Scenario 2: Surescripts finds message errors in RTPBRequest. Surescripts returns an Error message.

2a) A provider vendor sends a RTPBRequest to Surescripts.

2b) Surescripts recognizes the format but finds errors (e.g., schema validation error) in the message. Surescripts returns an Error message.

Scenario 3: PBM/payer finds message errors in RTPBRequest. PBM/payer returns an Error message.

3a) A provider vendor sends a RTPBRequest message to Surescripts.

3b) Surescripts forwards the RTPBRequest to the PBM/payer.

3c) During validation, the PBM/payer finds message errors and sends an Error message to Surescripts.

3d) Surescripts forwards the Error message to the provider vendor.

Scenario 4: PBM/payer finds business errors in RTPBRequest. PBM/payer returns an RTPBResponse message with business errors.

4a) A provider vendor sends a RTPBRequest to Surescripts.

4b) Surescripts forwards the RTPBRequest to the PBM/payer.

4c) During business processing, the PBM/payer finds business errors (e.g., Patient Not Found, Drug Not Found, No Benefit Information Available, etc.) and returns an RTPBResponse message to Surescripts.

4d) Surescripts forwards the RTPBResponse to the provider vendor.

Scenario 5: Patient does not have coverage with a participating PBM. The patient demographics match a single patient in the Surescripts coverage lookup, but the patient's PBM/payer is not available to return an RTPBResponse.

5a) A system sends a RTPBRequest to Surescripts that does not contain the PBMMemberID and the PayerID.

5b) Surescripts performs a coverage lookup for the patient. The patient does not have active coverage for prescription benefit coverage, or the patient's PBM/payer is not contracted with Surescripts to obtain data, or the PBM/payer did not provide coverage for the patient.

5c) PBM/payer sends an Error message to Surescripts.

5c) Surescripts sends an Error message to the provider vendor with an Error Code "951" and Description: "Surescripts unable to locate coverage for patient.

Message Validation

Surescripts will ensure that customers are in compliance with the message specifications outlined in this guide during testing and will continue to enforce once in production.

At a minimum, Surescripts validations include:

- XML schema validation
- The sender identification and authentication
- The recipient identification
- Syntax of the message, including field lengths, data types, and code values
- Surescripts business rules

> **Note:** Surescripts ACRs are not enforced as part of validations, but instead through the certification process.

Extensibility

Extensibility was added to allow trading partners a consistent way to include additional information in the messages. It was created to enable the integration of extra information in messages in a safe and meaningful way, it can help streamline testing of new data elements, maintain the standard's simplicity while accommodating uncommon use cases, and most importantly, paves a quicker path to introducing new features that benefit patients, providers, pharmacies, and payers.

- Surescripts will not validate data in extensions beyond the schema requirements.
- It is recommended that partners do not reject transactions that include an extension that is not expected and instead ignore the information. When using extensions, the following rules must be observed:
  - The core schema must be followed.
  - Extensions must not contradict the base standard.
  - Extensions must not alter content from the base standard.

- Extensions must not be used when standard fields are available.
- External Code List values cannot be modified by extensions.

Note: Please work with your Surescripts Account Manager or Surescripts resource for more information.

4. Element Details

Requirement Designation

Element Attributes:

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation).
business rule	If sent, the element must be used per the Surescripts business rule. **Note**: Not all business rules reside in this table.
conditional	The element is to be used per the conditions specified.
recommended	Surescripts recommends sending the element as a best practice.
optional	Some fields do not have specific conditions. Data should be sent if available.
not used	Not used by Surescripts.

Message Header Elements

> **Note**: This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the NCPDP RTPB XML Schema listed in Document References for a complete list of fields.

Element	Code	Comment
To/Primary	**mandatory**	The identification of the RTPBRequest sender. This can be found in the 'From/Primary' of the RTPBRequest message.
To/@Qualifier	**mandatory**	**Value**: D = Prescriber
From/Primary	**mandatory**	The identification of the sender of the message. This is the Surescripts-assigned ParticipantID.
From/@Qualifier	**mandatory**	**Value**: PY = Payer/Processor
From/Tertiary	**conditional**	Tertiary field is populated with the Surescripts ID (S00000000000005) on the RTPBRequest.
From/@Qualifier	**mandatory**	**Value**: PY = Payer/Processor
MessageID	**mandatory**	A minimum set of standards/algorithms should be used when generating message IDs to ensure uniqueness. If possible, customers should utilize Global Unique Identifiers (GUIDs). See **Message Linkage** for more details. **S.205:** The sender shall ensure the combination of the From and MessageID elements, for all messages including Error, is unique for at least 18 months. Surescripts recommends an unformatted Globally Unique Identifier (GUID).
RelatesToMessageID	**conditional**	This element is case sensitive. RTPBRequest – Populate with value contained in the related Interchange Control Number ISA13 field from the 271 Eligibility Response. RTPBResponse – Populate with the MessageID from the RTPBRequest. See **Message Linkage** for more details. **S.210:** Customers shall support the scenarios in the Message Linkage section of this guide.
SentTime	**mandatory**	Date/time of initiation. Refer to **UTC Time Format** for information on how to properly format the date/time data.
SoftwareSenderCertificationID	**conditional**	business rule SoftwareSenderCertificationID has a max length of 10 characters. Surescripts requires sending this field. Identifies the entity responsible for the software that generated the message. The developer may be a software vendor or, if the software was developed “in-house”, the developer is the entity sending the message (e.g., a chain). The value transmitted is determined by the Sender Software Developer.
Consuming App Extension	**conditional**	**Values:** SURESCRIPTS = prescriber sender type SSHUB = hub and life sciences sender type

Element	Code	Comment
		SSPHARMACY = pharmacy sender type **Note:** This is only applicable on the request. This is not expected to be returned on the response.

Message Linkage

S.210: Customers shall support the scenarios in the Message Linkage section of this guide.

The table below illustrates how the MessageIDs in the Eligibility Response, RTPBRequest and RTPBResponse, and NewRx messages are linked.

> **Note:** Populate the RelatesToMessageID in an Error message with the MessageID sent in the original message.

Field Names	Eligibility Response	RTPBRequest	RTPBResponse	NewRx
MessageID	ELIG43211	RTPBREQ1	RTPBRES1	NEWRX
	Assigned by responding PBM/payer. Note: This is the Interchange Control Number ISA13 field from the 271 Eligibility Response	Assigned by provider vendor	Assigned by PBM/payer	Assigned by provider vendor
RelatesTo MessageID	N/A	ELIG43211	RTPBREQ1	RTPBRES1
		If available, populate with the Interchange Control Number ISA13 field from the 271 Eligibility Response	Populate with the MessageID from RTPBRequest	If available, populate with the MessageID from RTPBResponse. **Note**: Only populate if ProcessedStatus = True

RTPBRequest Elements

Notes:

- There may be instances where multiple RTPBRequests are sent in parallel to gather additional information for the provider. It is recommended to avoid rate limiting to allow for successful message processing.
- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the Real-Time Prescription Benefit Standard v13 schema listed in Document References for a complete list of fields.
- The RTPBRequest for a patient will be tied to the Eligibility Response received within the last 72 hours for that patient. This is accomplished by using the Interchange Control Number ISA13 from the 271 Eligibility Response in the RelatesToMessageID of the RTPBRequest.
- Per ACR S.201, customers shall ensure all messages are syntactically correct before transmission to Surescripts.

Element	Code	Comment
Patient	**mandatory**	
Name/LastName	**mandatory**	Patient last name. Populate with the Last Name found in the 271 Eligibility Response in the 2100C loop NM103. Recommend using value exactly as it was received in the 271 Eligibility Response.
Name/FirstName	**mandatory**	Patient first name. Populate with the First Name found in the 271 Eligibility Response in the 2100C loop NM104. Recommend using value exactly as it was received in the 271 Eligibility Response.
SexAndGender/ AdministrativeGender	**mandatory**	Patient gender. Populate with the patient's gender found in the 271 Eligibility Response in the 2100C loop DMG03. Recommend using value exactly as it was received in the 271 Eligibility Response.
DateOfBirth	**mandatory**	Date of birth of patient. Populate with the patient's date of birth found in the 271 Eligibility Response in the 2100C loop DMG02 that is qualified by the DMG01 code "D8". Recommend using value exactly as it was received in the 271 Eligibility Response.
StateProvince	**mandatory**	Patient's state or province. Populate with the patient's state or province found in the 271 Eligibility Response in the 2100C loop N402. Recommend using value exactly as it was received in the 271 Eligibility Response.
PostalCode	**mandatory**	Patient's address postal code. Populate with the patient's postal code found in the 271 Eligibility Response in the 2100C loop N403. Recommend using value exactly as it was received in the 271 Eligibility Response.
City Extension	**mandatory**	Patient's city. Populate with the patient's city found in the 271 Eligibility Response in the 2100C loop N401. Recommend using value exactly as it was received in the 271 Eligibility Response. Customers should use the following URL: <Extension name="City" url="http://surescripts.com/extensions/RTPBRequest/Patient/City">
BenefitsCoordination	**mandatory**	
PBMMemberID	**conditional**	business rule Surescripts requires this field to be sent. Unique PBMMemberID for the Patient. The ID can be found in the 271 Eligibility Response from the PBM/payer in loop 2100C NM109.
RequestedProduct	**mandatory**	
Product	**mandator**	

Element	Code	Comment
	y	
DrugCoded/NDC	**mandatory**	NDC of the requested medication. NDC must be an 11-digit numeric in the 5-4-2 format. Dashes shall not be used and leading zeros shall not be suppressed. NDC should be representative. Do not send repackaged, obsolete, private label or unit dose NDC unless it is the only NDC available to identify the medication concept.
Quantity	**mandatory**	
Value	**mandatory**	Quantity for the requested medication. To ensure successful message processing, DaysSupply and Quantity should be a numeric value and greater than zero (0).
CodeListQualifier	**mandatory**	Quantity CodeListQualifier for the requested medication. **Value**: 38 = Original Quantity
QuantityUnitOf Measure/Code	**mandatory**	The QuantityUnitCode should reflect the NCit code. If the NCit code is not sent, the provider vendor may not be able to translate the QuantityUnitCode and the response may result in an error. Example Value: C48542 = Tablet For a list of NCit codes, go to: **http://evs.nci.nih.gov/ftp1/NCPDP/About.html**. This list should be updated monthly. Use the NCPDP QuantityUnitOfMeasure Terminology rows from the downloaded data. **PM.200**: QuantityUnitOfMeasure Code Qualifiers shall be correctly associated with medication descriptions.
DaysSupply	**mandatory**	business rule DaysSupply must be sent for accurate pricing. DaysSupply is the estimated number of days the prescription will last excluding refills, based upon the prescribed quantity and directions. It is the prescribed quantity divided by the daily doses. While this is typically system calculated, the prescriber retains responsibility for the value. DaysSupply and Quantity must be a numeric value and greater than zero (0).
Diagnosis	**conditional**	ICD-10 diagnosis codes should be included on the RTPBRequest to improve PBM/payer processing accuracy.
Code	**mandatory**	
@Qualifier	**mandatory**	**Value**: ABF = ICD10
Prescriber	**mandatory**	

Element	Code	Comment
Identification/NPI	**mandatory**	NPI for the prescriber. NPI will be validated against the check digit routine. For specific information see: **https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/Downloads/NPIcheckdigit.pdf**
Pharmacy	**mandatory**	business rule Pharmacy must be sent for accurate pricing.
Identification/NCPDPID	**conditional**	business rule The NCPDPID for the pharmacy must be sent in the RTPBRequest.
Identification/NPI	**conditional**	business rule The NPI (National Provider ID) for pharmacy must be sent in the RTPBRequest. NPI will be validated against the check digit routine. For specific information see: **https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/Downloads/NPIcheckdigit.pdf**
BusinessName	**mandatory**	Store name.
PrimaryTelephoneNumber	**mandatory**	Store phone number.

RTPBResponse Elements

Notes:

- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the NCPDP RTPB XML Schema listed in Document References for a complete list of fields.
- Per ACR S.200, customers shall be able to receive syntactically valid maximum and minimum populated messages. Optional data elements (and values therein) shall not cause message failure.

Element	Code	Comment
Response	**mandatory**	
Processed	**mandatory**	Processed should only be sent in instances where benefit information is provided. Please reach out to your Surescripts representative for additional information.
Note	**conditional**	Recommended to send if needed to aid in message processing.
NotProcessed	**mandatory**	
Note	**conditional**	Additional free text information about the RejectCode. Strongly recommended to send to further explain why message was rejected.
ResponseProduct	**conditional**	
Product	**mandatory**	Contains the information on the requested medication.
DrugDescription	**mandatory**	The drug name, strength, and form associated with the NDC.
PricingAndCoverages	**mandatory**	There may be up to 6 PricingAndCoverages returned per ResponseProduct and ResponseAlternativeProduct. **PM.204**: Coverage restrictions for all <PricingAndCoverages> elements for medication combinations returned (including alternatives). This concession is allowed: An indicator that coverage restriction(s) apply to a specific combination. User action on this indicator presents all coverage restrictions in their entirety.
EstimatedCombined PlanAndPatientSavings	**conditional**	Provides additional patient and/or health plan savings information that may assist with medication selection.
EstimatedNetPlanCost	**conditional**	Provides additional health plan cost information that may assist with medication selection.

Element	Code	Comment
ResponseAlternativeProduct	**conditional**	Clinically appropriate alternatives are provided here. This would include information for an alternative medication (if provided) similar to what is supplied in the ResponseProduct element. **PM.205**: All available appropriate alternatives displayed together. If all alternatives cannot be shown together, this concession is allowed: An indicator that alternative medications are available. User interaction on this indicator presents all alternative medications together.
PricingAndCoverages/ PricingAndCoverage/ CoverageStatusMessage	**conditional**	Additional free text information about the coverage status. May be used to communicate non-benefit coverage types as well as coverage restrictions.
PricingAndCoverages/ PricingAndCoverage/ DrugStatusExtension	**conditional**	Additional free text information about the drug. May be used to communicate drug and pricing specifics.

5. RTPBResponse Best Practices

Alternatives

- Alternatives (maximum of 5 allowed) should be sent in priority order, from most preferred to least preferred.
- When available, diagnosis codes sent in the RTPBRequest (RequestedProduct/Diagnosis) should be considered to provide most therapeutically appropriate alternative medications in the RTPBResponse.

> **Note**: Before recommending an alternative medication, confirm that it aligns with the following. Carefully adhering to these factors better ensures patient safety and therapeutic effectiveness:

  - Release Mechanism: Maintains the same action profile (e.g., long-acting or short-acting).
  - Therapeutic Equivalence: Meets clinical standards for equivalence. The alternative medication should match the requested medication's dosage form (e.g., tablet, capsule, injection, topical, etc.). The medication strength should provide the same or equivalent dose.
  - Patient-Specific Needs: Accounts for allergies, co-morbidities, and special considerations. (Age, Gender, Diagnosis)
- When the requested medication is CoveredWithRestrictions due to plan limitations (e.g., day supply, quantity) and reason sent is exceeds plan limit, the medication that is covered should be sent as an alternative.
- Only alternatives that are Covered or CoveredWithRestrictions should be sent.
- When biosimilar/interchangeable alternative medications are available and the RTPBRequest includes a diagnosis code (RequestedProduct/Diagnosis), the diagnosis code should be used to better determine interchangeability of the requested medication.
- When sending biosimilar/interchangeable medication alternatives, it is recommended to do the following:
  - Use 'drug description' field to explicitly populate the biosimilar name:
    Examples:
    Clearly indicate that the medication is a biosimilar by including terms like "biosimilar" alongside the drug name (e.g., "Adalimumab-adbm (biosimilar to Humira®)")
    Include the reference biologic's name in parentheses (e.g., "Biosimilar of [Reference Product Name]")
  - Leverage the PricingAndCoverage/CoverageStatusMessage free text field to communicate that the alternative medication is a biosimilar/interchangeable medication.
    Examples:
    Coverage Transparency free text example: "This is a biosimilar medication"
    Cost Comparison free text example: "Lower-cost alternative to [Reference Biologic Name]."
- Provide medication alternatives in the RTPBResponse only when the RequestedProduct/DispensedAsWrittenProductSelectionCode cove value is set to ‘0' or '2-9’ (medication substitutions are allowed).

Alternative Pharmacies

- When the requested medication is not covered at the requested pharmacy, it is recommended to send an alternative covered pharmacy. Presenting an alternative covered pharmacy supports prescribers in selecting a fill location that avoids coverage issues and minimizes delays for the patient.

Quantity Unit of Measure

- The request may contain any Quantity Unit of Measure (FMT Code) that is valid. It should be used when calculating pricing. For a list of FMT codes, go to: **http://evs.nci.nih.gov/ftp1/NCPDP/About.html**. This list should be updated on a monthly basis. Use the NCPDP QuantityUnitOfMeasure Terminology rows from the downloaded data.
- QuantityUnitOfMeasure/Code should mirror the requested Quantity Unit of Measure if the requested Quantity Unit of Measure is already a billable code.

Pricing

- When Estimated Patient Financial Responsibility is available, it should be sent in the RTPBResponse to allow for pointed medication cost information review between provider and patient.

> **Note**: If the requested medication can be priced/covered under any condition (e.g., prior authorization approval), a price should be sent (assuming condition(s) are met). If a medication cannot be priced under any condition, price is not expected.

- Requested medication, Quantity, Quantity Unit of Measure, Days supply, and Pharmacy NCPDP ID pricing coverage should be listed as the first drug in the RTPBResponse.
- It is recommended to avoid using any default prices for medications. When RTPBRequests contain billable Quantity Unit of Measure codes, these codes should be utilized when calculating medication prices.
- The DaysSupply value should be sent every time pricing is provided.

Prior Authorization Communication

- When Prior Authorization requirements are known for requested and alternative medications, the applicable CoverageRestrictionCode should be sent for the medication(s).
- Prior Authorization communication should consider medical necessity, prior treatment, clinical indications, and total cost of therapy.
- The ePAEnabled flag should be returned only when a prior authorization is required for a medication, and the PBM/payer is able to accept an electronic submission to request a prior authorization.
- If a medication requires a prior authorization on the date of the RTPBRequest, the CoverageRestrictionCode of "75" should be sent. If the medication requires a prior authorization, medication cost is expected and should reflect the price if/when prior authorization is approved.
- When available, diagnosis codes sent in the RTPBRequest (RequestedProduct/Diagnosis) should be considered to provide the most accurate prior authorization requirements for target and alternative medications in the RTPBResponse.
- In cases where a Prior Authorization has already been approved for the requested drug, the response should indicate coverage by returning a CoverageStatusCode of CC (Covered) along with a CoverageRestrictionCode of AB8 (Prior Authorization Approval on File).
    - Use of CoverageRestrictionCode 75 (Prior Authorization Required) is not recommended in this situation because provider vendors may interpret this code as a trigger to queue prior authorization workflows.
    - This approach notifies the prescriber that a prior authorization is already on file, helping avoid unnecessary requests that could delay prescription pickup.

General

- There may be instances where multiple RTPBRequests are sent in parallel to gather additional information for the provider. It is recommended to avoid rate limiting to allow for successful message processing.
- The PBM/payer should echo the requested medication (e.g., drug description, quantity, days supply, pharmacy, QuantityUnitOfMeasure (if billable), etc.) in the RTPBResponse to ensure the requester can validate RTPBResponse content and to ensure the information is displayed to the requester.
- When possible, requested over-the-counter (OTC) medications should be processed as prescription medications.
- It is recommended for the PBM/payer to echo the NDC when possible. If the NDC that the PBM/payer received cannot be processed, it is permissible to send a different Representative NDC.
- If additional context and messaging is needed, it is recommended to avoid the use of pharmacy adjudication reject language. Clear and complete text messages present as more useful and provider friendly when making medication decisions. It is recommended to avoid sending NCPDP codes within free text fields (e.g., Reject Codes should be sent in the discreet RejectCode field, and Coverage Status Codes should be sent in the discreet CoverageStatusCode field.)When used, free text fields (e.g., NotProcessed/Note, Processed/Note, PricingAndCoverage/CoverageStatusMessage) should be used to expand upon related codified values. Free text should not simply reiterate related codified value translations.

> **Note**: In applicable situations (e.g., antibiotics that exceed 21 day supply), extended day supplies may be removed and may result in an error back to the requester.

6. Application Certification Requirements

RTPBRequest

S.201: Customers shall ensure all messages are syntactically correct before transmission to Surescripts.

PM.200: QuantityUnitOfMeasure Code Qualifiers shall be correctly associated with medication descriptions.

> **Note**: Avoid using "Unspecified" and “Each”, if possible, for QuantityUnitOfMeasure in the RTPBRrequest. If "Unspecified" or “Each” is sent, the PBM may not be able to process correctly and the response may result in an error or unintended conversions.

RTPBResponse

S.200: Customers shall be able to receive syntactically valid maximum and minimum populated messages. Optional data elements (and values therein) shall not cause message failure.

PM.211: For all medications that were priced, the PBM response shall include the Quantity (element), and DaysSupply values in the appropriate PricingCoverage element.

General Requirements

S.205: The sender shall ensure the combination of the From and MessageID elements, for all messages including Error, is unique for at least 18 months. Surescripts recommends an unformatted Globally Unique Identifier (GUID).

S.207: If an element does not have a value to be sent, the application shall not send any data. If no data is sent, the receiving application shall not display a value equal to zero, nor infer any value for that field.

> **Note**: Placeholder values such as zero or N/A should not be sent.

S.208: Codified values within a message shall not conflict with the related textual concept.

S.209: The customer shall implement and maintain a Surescripts approved drug compendia that is updated at least monthly.

> **Note**: Approved drug compendia for Real-Time Prescription Benefit include the following:
>
> - Elsevier
> - SCHOLZ DataBank
> - First Databank (FDB)
> - Oracle Health Multum
> - Wolters Kluwer Medi-Span
> - Merative (formerly IBM Truven Health Analytics)
> - Or others as approved by Surescripts

S.210: Customers shall support the scenarios in the Message Linkage section of this guide.

7. Message Examples

> **Note:** Examples are intended for schema illustration purposes only. The data supplied in the examples may not be clinically accurate.

RTPBRequest Example

> **Note:** This example includes diagnosis information.

XML

```
<?xml version="1.0" encoding="UTF-8"?>
<Message RTPBDatatypesVersion="PBv13" RTPBTransportVersion="PBv13" RTPBTransactionDomain="RTPB" RTPBTransactionVersion="PBv13"
RTPBStructuresVersion="PBv13" RTPBECLVersion="PBv13" xsi:noNamespaceSchemaLocation="RTPBtransport.xsd" RTPBVersion="PBv13"
xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <RTPBHeader>
    <To>
      <Primary>
        <Identification>PayerIdentification</Identification>
        <Qualifier>PY</Qualifier>
      </Primary>
    </To>
    <From>
      <Primary>
        <Identification>D00000000123597</Identification>
        <Qualifier>D</Qualifier>
      </Primary>
      <Tertiary>
        <Identification>S00000000000005</Identification>
        <Qualifier>PY</Qualifier>
      </Tertiary>
    </From>
    <MessageID>SomeGeneratedEHRId</MessageID>
    <RelatesToMessageID>EligibilityIdObtainedFromEHR</RelatesToMessageID>
    <SentTime>2024-03-12T10:10:02.9587124Z</SentTime>
    <SoftwareSenderCertificationID>2233445566</SoftwareSenderCertificationID>
    <Extension name="ConsumingApp" url="http://surescripts.com/extensions/RTPBHeader/ConsumingApp">
      <String>SURESCRIPTS</String>
    </Extension>
  </RTPBHeader>
  <RTPBBody>
    <RTPBRequest>
      <Patient>
        <Name>
          <LastName>WHITE</LastName>
          <FirstName>MARY</FirstName>
        </Name>
        <SexAndGender>
          <AdministrativeGender>F</AdministrativeGender>
        </SexAndGender>
        <DateOfBirth>1935-10-01</DateOfBirth>
        <StateProvince>MD</StateProvince>
        <PostalCode>20850</PostalCode>
    <Extension name="City" url="http://surescripts.com/extensions/RTPBRequest/Patient/City">
       <String>Annapolis</String>
    </Extension>
      </Patient>
      <BenefitsCoordination>
        <PBMMemberID>123456789</PBMMemberID>
      </BenefitsCoordination>
      <RequestedProduct>
        <Product>
          <DrugCoded>
            <NDC>00456140230</NDC>
          </DrugCoded>
        </Product>
        <Quantity>
```

```
            <Value>30</Value>
            <CodeListQualifier>38</CodeListQualifier>
            <QuantityUnitOfMeasure>
              <Code>C48542</Code>
            </QuantityUnitOfMeasure>
          </Quantity>
          <DaysSupply>30</DaysSupply>
          <DispensedAsWrittenProductSelectionCode>0</DispensedAsWrittenProductSelectionCode>
          <Diagnosis>
            <Code>DiagnosisCode1</Code>
            <Qualifier>ABF</Qualifier>
          </Diagnosis>
          <Diagnosis>
            <Code>DiagnosisCode2</Code>
            <Qualifier>LD</Qualifier>
          </Diagnosis>
        </RequestedProduct>
        <Prescriber>
          <Identification>
            <NPI>2256487127</NPI>
          </Identification>
          <LastName>JONES</LastName>
        </Prescriber>
        <Pharmacy>
          <Identification>
            <NCPDPID>0618097</NCPDPID>
            <NPI>2123112346</NPI>
          </Identification>
          <BusinessName>ELM STREET PHARMACY</BusinessName>
          <PrimaryTelephoneNumber>3015550120</PrimaryTelephoneNumber>
        </Pharmacy>
      </RTPBRequest>
    </RTPBBody>
  </Message>
```

RTPBResponse Example

RTPBResponse Example

```
<?xml version="1.0" encoding="utf-8"?>
<Message RTPBDatatypesVersion="PBv13" RTPBTransportVersion="PBv13" RTPBTransactionDomain="RTPB" RTPBTransactionVersion="PBv13"
RTPBStructuresVersion="PBv13" RTPBECLVersion="PBv13" RTPBVersion="PBv13">
  <RTPBHeader>
    <To>
      <Primary>
        <Identification>D00000000123597</Identification>
        <Qualifier>D</Qualifier>
      </Primary>
      <Tertiary>
        <Identification>S00000000000005</Identification>
        <Qualifier>PY</Qualifier>
      </Tertiary>
    </To>
    <From>
      <Primary>
        <Identification>S00000000000005</Identification>
        <Qualifier>PY</Qualifier>
      </Primary>
      <Tertiary>
        <Identification>D00000000478396</Identification>
        <Qualifier>PY</Qualifier>
      </Tertiary>
    </From>
    <MessageID>SomeGeneratedId</MessageID>
    <RelatesToMessageID>RequestIdSentFromEHR</RelatesToMessageID>
    <SentTime>2024-03-12T10:10:02.9587124Z</SentTime>
  </RTPBHeader>
  <RTPBBody>
    <RTPBResponse>
      <Response>
        <Processed>
          <Note>Success</Note>
        </Processed>
      </Response>
      <ResponseProduct>
        <Product>
          <DrugCoded>
            <NDC>00456401001</NDC>
          </DrugCoded>
        </Product>
        <DrugDescription>Celexa 10mg Tablet</DrugDescription>
        <Quantity>
          <Value>30</Value>
          <CodeListQualifier>38</CodeListQualifier>
          <QuantityUnitOfMeasure>
            <Code>C28254</Code>
          </QuantityUnitOfMeasure>
        </Quantity>
        <PricingAndCoverages>
          <Pharmacy>
            <PharmacyType>R</PharmacyType>
            <Identification>
              <NCPDPID>3412131</NCPDPID>
              <NPI>1234567890</NPI>
            </Identification>
```

```
            <BusinessName>UNKNOWN</BusinessName>
          </Pharmacy>
          <PricingAndCoverage>
            <PricingAndCoverageIndicator>R</PricingAndCoverageIndicator>
            <CoverageStatusCode>CC</CoverageStatusCode>
            <FormularyStatus>U</FormularyStatus>
            <Quantity>
              <Value>30</Value>
              <CodeListQualifier>38</CodeListQualifier>
              <QuantityUnitOfMeasure>
                <Code>C28254</Code>
              </QuantityUnitOfMeasure>
            </Quantity>
            <DaysSupply>30</DaysSupply>
            <EstimatedPatientFinancialResponsibility>703.39</EstimatedPatientFinancialResponsibility>
            <PatientPayComponent>
              <PatientPayComponentQualifier>01</PatientPayComponentQualifier>
              <PatientPayComponentAmount>0.3</PatientPayComponentAmount>
            </PatientPayComponent>
            <RemainingDeductibleAmount>40</RemainingDeductibleAmount>
            <EstimatedNetPlanCost>3176.67</EstimatedNetPlanCost>
          </PricingAndCoverage>
        </PricingAndCoverages>
        <PricingAndCoverages>
          <Pharmacy>
            <PharmacyType>M</PharmacyType>
            <Identification>
              <NCPDPID>2623735</NCPDPID>
              <NPI>1234567890</NPI>
            </Identification>
            <BusinessName>UNKNOWN</BusinessName>
          </Pharmacy>
          <PricingAndCoverage>
            <PricingAndCoverageIndicator>M</PricingAndCoverageIndicator>
            <CoverageStatusCode>CR</CoverageStatusCode>
            <FormularyStatus>U</FormularyStatus>
            <Quantity>
              <Value>90</Value>
              <CodeListQualifier>38</CodeListQualifier>
              <QuantityUnitOfMeasure>
                <Code>C28254</Code>
              </QuantityUnitOfMeasure>
            </Quantity>
            <DaysSupply>90</DaysSupply>
            <EstimatedPatientFinancialResponsibility>766.26</EstimatedPatientFinancialResponsibility>
            <RemainingDeductibleAmount>0</RemainingDeductibleAmount>
            <EstimatedNetPlanCost>3209.05</EstimatedNetPlanCost>
            <CoverageRestriction>
              <CoverageRestrictionCode>9G</CoverageRestrictionCode>
            </CoverageRestriction>
            <CoverageRestriction>
              <CoverageRestrictionCode>7X</CoverageRestrictionCode>
            </CoverageRestriction>
            <CoverageRestriction>
              <CoverageRestrictionCode>608</CoverageRestrictionCode>
            </CoverageRestriction>
            <CoverageRestriction>
              <CoverageRestrictionCode>MR</CoverageRestrictionCode>
            </CoverageRestriction>
```

```
            <CoverageRestriction>
              <CoverageRestrictionCode>AJ</CoverageRestrictionCode>
            </CoverageRestriction>
          </PricingAndCoverage>
        </PricingAndCoverages>
        <PricingAndCoverages>
          <Pharmacy>
            <PharmacyType>R</PharmacyType>
            <Identification>
              <NCPDPID>0100949</NCPDPID>
              <NPI>1234567890</NPI>
            </Identification>
            <BusinessName>UNKNOWN</BusinessName>
          </Pharmacy>
          <PricingAndCoverage>
            <PricingAndCoverageIndicator>D</PricingAndCoverageIndicator>
            <CoverageStatusCode>CR</CoverageStatusCode>
            <FormularyStatus>U</FormularyStatus>
            <Quantity>
              <Value>90</Value>
              <CodeListQualifier>38</CodeListQualifier>
              <QuantityUnitOfMeasure>
                <Code>C28254</Code>
              </QuantityUnitOfMeasure>
            </Quantity>
            <DaysSupply>90</DaysSupply>
            <CoverageRestriction>
              <CoverageRestrictionCode>7X</CoverageRestrictionCode>
            </CoverageRestriction>
          </PricingAndCoverage>
        </PricingAndCoverages>
      </ResponseProduct>
      <ResponseAlternativeProduct>
        <Product>
          <DrugCoded>
            <NDC>00185037101</NDC>
          </DrugCoded>
        </Product>
        <DrugDescription>FirstAlternate</DrugDescription>
        <PricingAndCoverages>
          <Pharmacy>
            <PharmacyType>R</PharmacyType>
            <Identification>
              <NCPDPID>3412131</NCPDPID>
              <NPI>1234567890</NPI>
            </Identification>
            <BusinessName>UNKNOWN</BusinessName>
          </Pharmacy>
          <PricingAndCoverage>
            <PricingAndCoverageIndicator>R</PricingAndCoverageIndicator>
            <CoverageStatusCode>CC</CoverageStatusCode>
            <FormularyStatus>U</FormularyStatus>
            <Quantity>
              <Value>30</Value>
              <CodeListQualifier>38</CodeListQualifier>
              <QuantityUnitOfMeasure>
                <Code>C28254</Code>
              </QuantityUnitOfMeasure>
            </Quantity>
```

```
            <DaysSupply>30</DaysSupply>
            <EstimatedPatientFinancialResponsibility>3.6</EstimatedPatientFinancialResponsibility>
          </PricingAndCoverage>
        </PricingAndCoverages>
      </ResponseAlternativeProduct>
      <ResponseAlternativeProduct>
        <Product>
          <DrugCoded>
            <NDC>00378700110</NDC>
          </DrugCoded>
        </Product>
        <DrugDescription>SecondAlternate</DrugDescription>
        <PricingAndCoverages>
          <Pharmacy>
            <PharmacyType>R</PharmacyType>
            <Identification>
              <NCPDPID>3412131</NCPDPID>
              <NPI>1234567890</NPI>
            </Identification>
            <BusinessName>UNKNOWN</BusinessName>
          </Pharmacy>
          <PricingAndCoverage>
            <PricingAndCoverageIndicator>R</PricingAndCoverageIndicator>
            <CoverageStatusCode>CC</CoverageStatusCode>
            <FormularyStatus>U</FormularyStatus>
            <Quantity>
              <Value>30</Value>
              <CodeListQualifier>38</CodeListQualifier>
              <QuantityUnitOfMeasure>
                <Code>C28254</Code>
              </QuantityUnitOfMeasure>
            </Quantity>
            <DaysSupply>30</DaysSupply>
            <EstimatedPatientFinancialResponsibility>3.6</EstimatedPatientFinancialResponsibility>
          </PricingAndCoverage>
        </PricingAndCoverages>
      </ResponseAlternativeProduct>
    </RTPBResponse>
  </RTPBBody>
```

8. Disclaimers

Guide Disclaimer

In the event that the Participant chooses to make any software changes based upon recommendations in this guide, the Participant acknowledges and agrees that Surescripts Network shall bear no responsibility or liability for the Participant's changes or any effects thereof. The Participant shall also be required to transition to the new guide at such time as said guide is published, which may involve different or additional parameters than are published in this guide.

Examples Disclaimer

Examples provided throughout this guide are not intended to be all-inclusive. This pertains to example workflows, element-specific (field) examples, or message examples. Participants should not restrict coding to the examples used herein.

When developing, this guide should be used along with additional documentation referenced and applicable customary coding standards.

Copyright

9. Document Change Log

2026-07-30

Sec. Title	Change Description
N/A	Developer portal - initial release