



Real-Time Prescription Benefit for Provider Vendors

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1. Real-Time Prescription Benefit for Provider Vendors Overview

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

About Real-Time Prescription Benefit for Provider Vendors

Surescripts Real-Time Prescription Benefit for Provider Vendors 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 prescribers' 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 prescriber 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, prescribers and patients can make informed decisions that reduce payment obstacles and improve medication adherence.

About This Guide

The Surescripts Real-Time Prescription Benefit for Provider Vendors Companion Guide was created to assist provider vendors 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.ncdp.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.ncdp.org>

2. Integration & Production

The following section defines related technical and support elements needed to achieve certification for moving into production, along with our Integration, Compliance, and Certification processes.

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 testing is complete and the contract is approved by the Surescripts Certification Review Board, the customer is ready to move into production. Surescripts will configure the production connection and ensure 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 - A tool that helps the customer know exactly who to contact and how issues will be escalated if initial support cannot resolve them.)
- Support process and training
- Support availability

Surescripts Terminology Usage

For terminology usage throughout this guide, consider the following:

Term	Term usage
must	Requirements that are enforced as part of the production code or Surescripts business rules.
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.
PM.###	Designates a Real-Time Prescription Benefit ACR.
S.##	Designates an ACR that is shared with other Surescripts products.

Note: ACRs are summarized in the [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.

Note: Senders should include the HTTP header Accept: application/xml; charset=utf-8.

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, the transaction times out. Surescripts will then respond to the original sender with an 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	0 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.

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 Descriptions

RTPBRequest

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

RTPBResponse

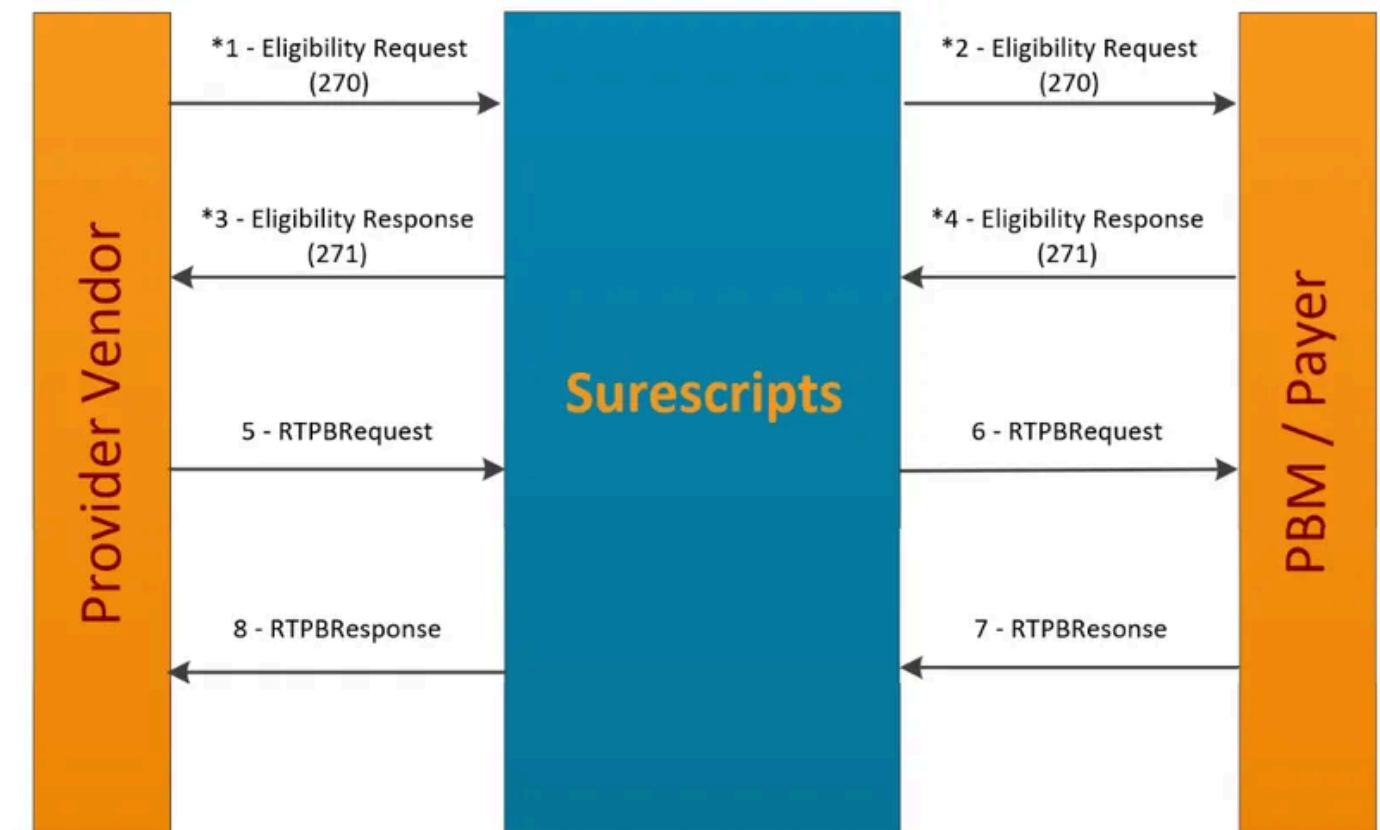
The RTPBResponse message returns patient-specific estimated cost and benefit information, or the response may return business errors (e.g., PatientNotFound, DrugNotFound, etc.) or system errors.

Error Response Message

Error

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).

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 asterisk (*) 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 a RTPBRequest for patient-specific estimated cost and benefit data.

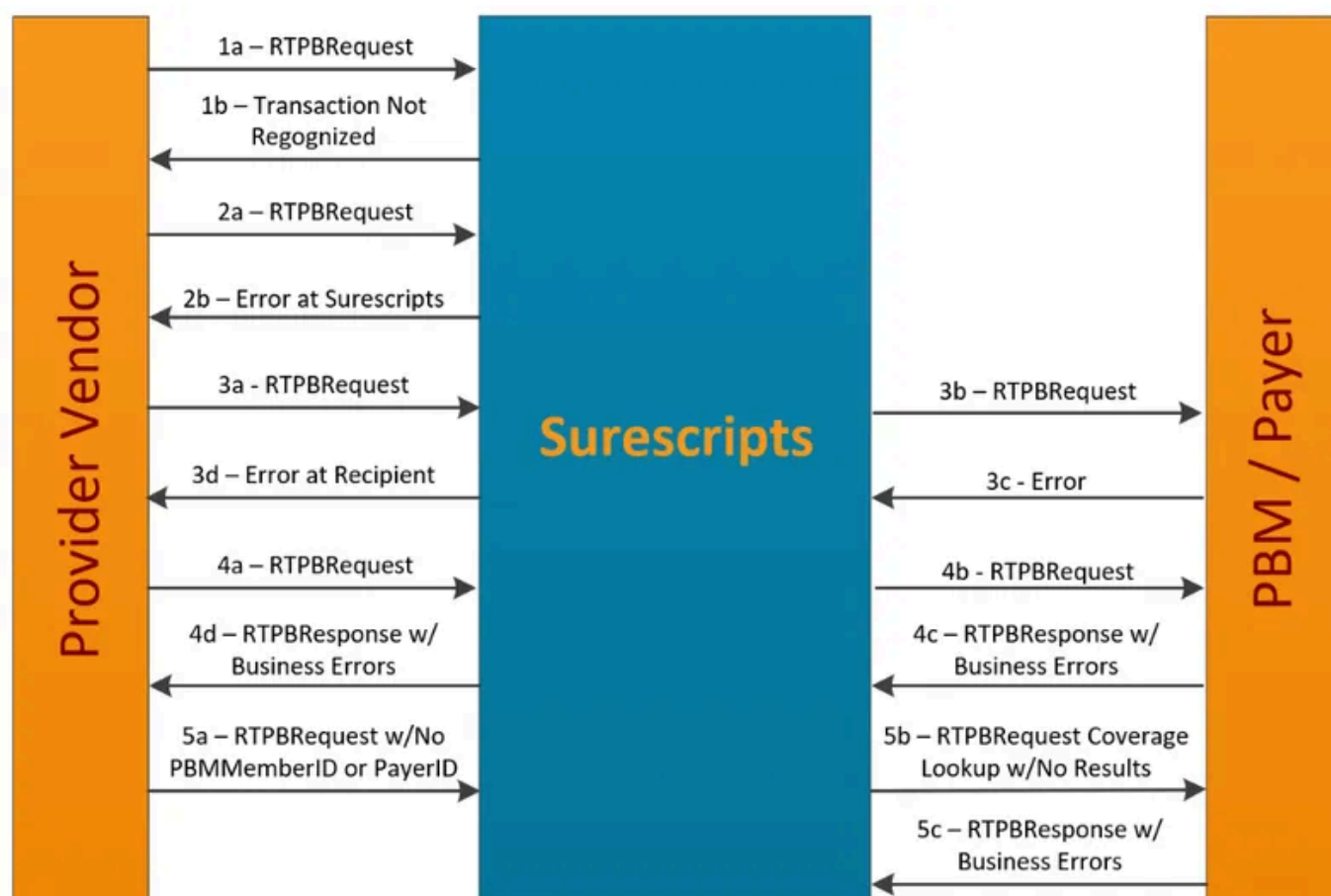
6) Surescripts receives the RTPBRequest message and then requests the patient benefit information from the PBM/payer.

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

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

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 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 NCPDP 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 NCPDP Error message to the provider vendor.

Scenario 4: PBM/payer finds Business Errors in RTPBRequest. PBM/payer returns a 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 a 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 a RTPBResponse.

5a) A pharmacy 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) Surescripts passes an Error message back with an Error Code "900" and Description: "Error Message: No benefit data available".

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.

4. Element Details

Requirement Designation

Element Attributes

Code	Description
mandatory	The element must be used per the specification (e.g., XML schema validation). Note: The term mandatory applies to mandatory and required fields in the different standards.
business rule	If sent, the element must be used per the Surescripts business rule.
conditional	The element must be used per the conditions specified. Note: The term conditional applies to conditional and situational fields in the different standards.
recommended	Surescripts recommends sending the element as a best practice.

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.

Message Header Elements

Element	Code	Comment
To/Primary	mandatory	Patient's IIN. Can be provided for better patient prescription insurance matching. Populate with the patient's IIN found in the 271 Eligibility Response in the 2110C loop REF02. Recommend using value exactly as it was received in the 271 Eligibility Response. If patient's IIN is not available, this should be the Surescripts ID, S000000000000005.
To/@Qualifier	mandatory	Value: IIN = IIN Number or PY = Payer/Processor
To/Secondary	conditional	Patient's PCN. Can be provided for better patient prescription insurance matching. Populate with the patient's PCN found in the 271 Eligibility Response in the 2110C loop REF03. Recommend using value exactly as it was received in the 271 Eligibility Response.
To/@Qualifier	mandatory	Value: PCN = Processor Control Number
To/Tertiary	mandatory	PayerIdentification (Surescripts-assigned Participant ID of the PBM/payer). This can be found in the 271 Eligibility Response from the PBM/payer in loop 2100A NM109.
To/@Qualifier	mandatory	Value: PY = Payer/Processor
From/Primary	mandatory	The identification of the sender of the message. This is the Surescripts-assigned ParticipantID.
From/@Qualifier	mandatory	Value: D = Prescriber
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). Note: The MessageID in the RTPBResponse will be populated in the RelatesToMessageID field of the NewRx. See MessageID 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 MessageID 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.

Element	Code	Comment
	y	
Software Sender CertificationID	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.

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

RTPBRequest Elements

Notes:

- 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/Last Name	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/First Name	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	mandatory	

Element	Code	Comment
	y	
DrugCoded/ NDC	mandatory	NDC of the requested medication. Note: If Surescripts identifies a more representative NDC, Surescripts may replace the NDC that was sent with the more representative NDC to ensure a successful RTPBResponse. 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. Notes: Avoid using "Unspecified" for QuantityUnitOfMeasure in the request. If "Unspecified" is sent, the PBM may not be able to process and the response may result in an error. The quantity unit of measure code "C64933 (Each)" is only to be used for products that are not measured in volume or weight and can only be expressed in unity of one/each, such as canes, wheelchairs, various braces or orthotics and other DME supplies.
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	

Element	Code	Comment
	y	
@Qualifier	mandatory	Value: ABF = ICD10
Prescriber	mandatory	
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/NationalProidentStand/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/NationalProidentStand/Downloads/NPIcheckdigit.pdf
BusinessName	mandatory	Store name.
PrimaryTelephoneNumber	mandatory	Store phone number.
SecondaryPharmacyExtension	conditional	business rule Secondary pharmacy must be an owned or contracted pharmacy affiliated with requesting organization. Customers should use the following URL: <Extension name="SecondaryPharmacy" url="http://surescripts.com/extensions/RTPBRequest/SecondaryPharmacy">
Identification/NCPDPID	conditional	business rule The NCPDPID for the secondary pharmacy must be sent in the RTPBRequest.
Identification/NPI	conditional	business rule The NPI (National Provider ID) for secondary 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/NationalProidentStand/Downloads/NPIcheckdigit.pdf

Element	Code	Comment
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.
- Surescripts may add relevant clinical or non-clinical information within existing message elements to support informed prescribing and enhance provider decision-making.

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	conditional	Provides additional patient and/or health plan savings information that may assist with medication selection.
PlanAndPatientSavings		
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. Best Practices

Real-Time Prescription Benefit Workflow

- The representative NDC of the single requested medication, days' supply, quantity and requested pharmacy are required in the RTPBRequest. Modifying any of these fields after the original request and before routing the prescription may impact the RTPBResponse, therefore a new RTPBRequest is recommended.
- The PBM/payer's ability to price a medication is based on the quantity and days' supply. When sending days' supply and/or quantity ensure that they reflect what may be dispensed at the pharmacy.
- The RTPBRequest is most effective if triggered automatically when the required data elements are available. Allowing the prescriber to trigger with the use of a prompt or button will result in lower utilization of the Real-Time Prescription Benefit information.

RTPBRequest

- The provider vendor should populate the RTPBRequest patient demographic information with the same patient demographic information from the 271 Eligibility Response to ensure patient matching by the PBM/payer. To aid in patient matching, it is recommended to use the value exactly as it was received in the 271 Eligibility Response.
- Customers can use their drug compendia and/or any other sources of drug information to find the average daily dose for the medication and use that to populate the days' supply in the RTPBRequest before sending to Surescripts.
- Customers should include ICD-10 diagnosis codes on the RTPBRequest to improve PBM/payer processing accuracy.
- Any secondary partner pharmacy (also referred to as affiliated pharmacy) provided on the RTPBRequest should be a pharmacy that is owned and operated by the requesting organization or one that the requesting organization has a contracted association with.
- To avoid unnecessary errors, RTPBRequests should be sent only to active PBM/payer customers whose directory service level supports Real-Time Prescription Benefit. The service level is called 'PatMedBenefitCheck'.
- NDC related errors are common error types. To reduce the occurrence of these errors, send the representative NDC for the requested medication. Do not send repackaged, obsolete, private label or unit does NDC unless it is the only NDC available to identify the medication concept.

RTPBResponse

Alternatives

- If the RTPBResponse contains alternative PharmacyType options or medications, the provider vendor should allow the prescriber to easily switch to that alternative. Alternatives could include medication, supplies, and pharmacies. Pharmacy alternatives can include all types (i.e., Retail, 90 Day, Mail, Specialty). If the prescriber selects a different medication, they should be given the opportunity to review the prescription details prior to routing.
 - There may be instances where the price of an alternative is higher than that of the requested medication at the time of the RTPBRequest. As deductibles are realized, it is possible for copay and the cost to the patient's prescription benefit to be more beneficial than the requested medication. Additionally, the cost to the patient's prescription benefit plan may be lower on the alternative.

Real-Time Prescription Benefit Display

EstimatedCombinedPlanAndPatientSavings/EstimatedNetPlanCost

- In certain scenarios or environments, such as Accountable Care Organizations (ACOs) or high-Medicare Part D populations, providers may want to consider the cost to the plan (Plan Pay) when making prescribing decisions.
- If either element is received in the RTPBResponse, the provider vendor can display this information.

User Interface

- Real-Time Prescription Benefit information is most effective if displayed directly to the prescriber without requiring user interaction. It is recommended that the information be displayed on the primary screen for the prescriber to view without having to click into a separate screen. Prescribers are less likely to view the information if a click or separate screen is needed to display the information.
- If space is a concern, some of the Real-Time Prescription Benefit information can be displayed with the use of a hover over or secondary screen. For example, deductible amounts may be returned on the response, but displayed using a hover over. For more information, please see [Display Requirements](#).

User Interface Examples

Example of Estimated Patient Costs (hover format)

Pricing and coverage data is a point in time calculation based upon the Quantity and Days Supply provided in the request and may vary once the prescription is filled. Any returned alternative information is informational only and not intended to replace clinical decisions.

Requested Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
Nexium 40 mg capsule, delayed release	⚠	Required	Retail	30 days	30 Capsule	\$25.65
	⚠	Required	90 Day At Retail	90 days	90 Capsule	\$76.95

Alternative Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
esomeprazole magnesium 40 mg capsule, delayed release	⚠	Not Required	Retail	30 days	30 Capsule	\$15.50
	⚠	Not Required	90 Day At Retail	90 days	90 Capsule	\$46.50
omeprazole 40 mg capsule, delayed release	⚠	Not Required	Retail	30 days	30 Capsule	\$22.15
	⚠	Not Required	90 Day At Retail	90 days	90 Capsule	\$22.15
pantoprazole 40 mg tablet, delayed release	⚠	Not Required	Retail	30 days	30 Tablet	\$6.59
	⚠	Not Required	90 Day At Retail	90 days	90 Tablet	\$18.95

Estimated Patient Cost: \$22.15

OOP Applied Amount: \$22.15

OOP Remaining Amount: \$2,977.85

Deductible Applied Amount: \$22.15

Deductible Remaining Amount: \$1,477.85

Example of Coverage Alert (hover format)

Pricing and coverage data is a point in time calculation based upon the Quantity and Days Supply provided in the request and may vary once the prescription is filled. Any returned alternative information is informational only and not intended to replace clinical decisions.

Requested Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
Nexium	⚠	Required	Retail	30 days	30 Capsule	\$25.65
Covered With Restrictions Quantity Limits - 30 for 30 days Step Therapy - This medication is part of a step therapy program	⚠	Required	90 Day At Retail	90 days	90 Capsule	\$76.95

Alternative Medication	Alert	PA Required	Type	Days Supply	Quantity	Estimated Patient Cost
esomeprazole magnesium 40 mg capsule, delayed release	⚠	Not Required	Retail	30 days	30 Capsule	\$15.50
	⚠	Not Required	90 Day At Retail	90 days	90 Capsule	\$46.50
omeprazole 40 mg capsule, delayed release	⚠	Not Required	Retail	30 days	30 Capsule	\$8.36
	⚠	Not Required	90 Day At Retail	90 days	90 Capsule	\$22.15
pantoprazole 40 mg tablet, delayed release	⚠	Not Required	Retail	30 days	30 Tablet	\$6.59
	⚠	Not Required	90 Day At Retail	90 days	90 Tablet	\$18.95

Example of Coverage Alert (list format)

Requested Medication	Prior Auth	Pharmacy Type	Days Supply	Quantity	Estimated Patient Cost
Nexium 40 mg capsule, delayed release	Required	Retail	30 days	30 tablets	\$10.00
PBM Notes • CODE: PlanLimitExclusion - The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply. • CODE: DaysSupplyExceeded - Maximum Days Supply of 90. Please update where appropriate and resubmit. • The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply.					
Nexium 40 mg capsule, delayed release	Required	Retail	90 days	90 tablets	\$20.00
PBM Notes • CODE: PlanLimitExclusion - The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply. • CODE: DaysSupplyExceeded - Maximum Days Supply of 90. Please update where appropriate and resubmit. • The medication has exceeded the plan limit allowed. Consider lowering the quantity or the days supply.					

Patient Information Unavailable for Patient

- There are some scenarios in which the provider may not be able to access Real-Time Prescription Benefit information for a patient. In these instances, the provider vendor should do the following:
 - When encountering an error, display a user-friendly message to prescriber indicating that benefit data for patient is currently unavailable. Or,
 - Continue the e-prescribing workflow without notifying the prescriber.

Extensibility

Extensibility was added to allow trading partners a consistent way to include additional information in the RTPB 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 as defined by NCPDP 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.

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 RTPBRequest. 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.

Display Requirements

PM.201: During the prescription writing process and prior to sending the NewRx, the application shall display:

PM.202: The EstimatedPatientFinancialResponsibility, Quantity (element), and DaysSupply at requested pharmacy (first <PricingAndCoverages> element) for all medications returned (including alternatives).

PM.203: The EstimatedPatientFinancialResponsibility, Quantity (element), and DaysSupply at other pharmacies (subsequent <PricingAndCoverages> elements). This concession is allowed: An indicator that pricing at other pharmacies applies. User action on this indicator presents EstimatedPatientFinancialResponsibility, Quantity (element), and DaysSupply at other pharmacies in their entirety.

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.

Note: Coverage restrictions may be communicated in various coded and text fields, beyond the <CoverageRestriction> element, within the <PricingAndCoverage> element (i.e., <CoverageStatusCode>, <CoverageStatusMessage>).

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.

PM.206: User shall be made aware that the pricing/coverage data is a point in time calculation based upon data provided in the request and may vary once the prescription is filled at the dispensing pharmacy. Any returned alternative information is informational only and not intended to replace clinical decisions.

PM.207: Alternatives shall be displayed in the order provided from the PBM.

PM.208: Pricing information shall be displayed as returned in the RTPBResponse.

PM.209: The textual description of the codified value and not the CoverageRestrictionCode itself, shall be displayed to the user.

PM.210: The textual description of the codified value and not the CoverageStatusCode itself, shall be displayed to the user.

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">
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    <To>
      <Primary>
        <Identification>017010</Identification>
        <Qualifier>IIN</Qualifier>
      </Primary>
      <Secondary>
        <Identification>0215COMM</Identification>
        <Qualifier>PCN</Qualifier>
      </Secondary>
      <Tertiary>
        <Identification>123456789</Identification>
        <Qualifier>PY</Qualifier>
      </Tertiary>
    </To>
    <From>
      <Primary>
        <Identification>D00000000123597</Identification>
        <Qualifier>D</Qualifier>
      </Primary>
    </From>
    <MessageID>SomeGeneratedEHRId</MessageID>
    <RelatesToMessageID>EligibilityIdObtainedFromEHR</RelatesToMessageID>
    <SentTime>2024-03-12T10:10:02.9587124Z</SentTime>
    <SoftwareSenderCertificationID>2233445566</SoftwareSenderCertificationID>
  </RTPBHeader>
  <RTPBBody>
    <RTPBRequest>
      <Patient>
        <Name>
          <LastName>WHITE</LastName>
          <FirstName>MARY</FirstName>
        </Name>
        <SexAndGender>
          <AdministrativeGender>F</AdministrativeGender>
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        <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>
      </RequestedProduct>
    </RTPBRequest>
  </RTPBBody>
</Message>
```

```

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  </QuantityUnitOfMeasure>
</Quantity>
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  <Qualifier>ABF</Qualifier>
</Diagnosis>
<Diagnosis>
  <Code>DiagnosisCode2</Code>
  <Qualifier>LD</Qualifier>
</Diagnosis>
</RequestedProduct>
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    <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


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<Message RTPBDatatypesVersion="PBv13" RTPBTransportVersion="PBv13" RTPBTransactionDomain="RTPB" RTPBTransactionVersion="PBv13"
RTPBStructuresVersion="PBv13" RTPBECLVersion="PBv13" RTPBVersion="PBv13">
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        <Qualifier>D</Qualifier>
      </Primary>
    </To>
    <From>
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        <Identification>434257</Identification>
        <Qualifier>IIN</Qualifier>
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        <Identification>012345</Identification>
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      <Tertiary>
        <Identification>D00000000478396</Identification>
        <Qualifier>PY</Qualifier>
      </Tertiary>
    </From>
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    <RelatesToMessageID>RequestIdSentFromEHR</RelatesToMessageID>
    <SentTime>2024-03-12T10:10:02.9587124Z</SentTime>
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  <RTPBBody>
    <RTPBResponse>
      <Response>
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        </Processed>
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      <ResponseProduct>
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          </DrugCoded>
        </Product>
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          </QuantityUnitOfMeasure>
        </Quantity>
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            <Identification>
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              <NPI>1234567890</NPI>
            </Identification>
          </Pharmacy>
        </PricingAndCoverages>
      </ResponseProduct>
    </RTPBResponse>
  </RTPBBody>
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```

```

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  </Pharmacy>
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    <FormularyStatus>U</FormularyStatus>
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      <Value>30</Value>
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      <PatientPayComponentAmount>0.3</PatientPayComponentAmount>
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    </CoverageRestriction>
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      <CoverageRestrictionCode>MR</CoverageRestrictionCode>
    </CoverageRestriction>
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</PricingAndCoverages>

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```

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  </PricingAndCoverages>
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<ResponseAlternativeProduct>
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    </DrugCoded>
  </Product>
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  <PricingAndCoverages>
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    </Pharmacy>
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  </PricingAndCoverages>

```

```

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</PricingAndCoverages>
</ResponseAlternativeProduct>
<ResponseAlternativeProduct>
    <Product>
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            <NDC>00378700110</NDC>
        </DrugCoded>
    </Product>
    <DrugDescription>SecondAlternate</DrugDescription>
    <PricingAndCoverages>
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            <EstimatedPatientFinancialResponsibility>3.6</EstimatedPatientFinancialResponsibility>
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</ResponseAlternativeProduct>
</RTPBResponse>
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```

Affiliated Pharmacy Request Example

XML

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      </Primary>
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        <Qualifier>PY</Qualifier>
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    </To>
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  </RTPBHeader>
  <RTPBBody>
    <RTPBRequest>
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          <FirstName>MARY</FirstName>
        </Name>
        <SexAndGender>
          <AdministrativeGender>F</AdministrativeGender>
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        <StateProvince>MD</StateProvince>
        <PostalCode>20850</PostalCode>
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          <String>Annapolis</String>
        </Extension>
      </Patient>
      <BenefitsCoordination>
        <PBMMemberID>123456789</PBMMemberID>
      </BenefitsCoordination>
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            <NDC>00456140230</NDC>
          </DrugCoded>
        </Product>
        <Quantity>
          <Value>30</Value>
          <CodeListQualifier>38</CodeListQualifier>
          <QuantityUnitOfMeasure>
```

```

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      <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>
  <!-- Partner / Secondary Pharmacy -->
  <Extension name="SecondaryPharmacy"
url="http://surescripts.com/extensions/RTPBRequest/SecondaryPharmacy">
    <Extension name="Identification" url="Identification">
      <Extension name="NCPDPID" url="NCPDPID">
        <String>1375426</String>
      </Extension>
      <Extension name="NPI" url="NPI">
        <String>2123112346</String>
      </Extension>
    </Extension>
    <Extension name="BusinessName" url="BusinessName">
      <String>RED LAKE BAND OF CHIPPEWA INDIANS</String>
    </Extension>
    <Extension name="PrimaryTelephoneNumber" url="PrimaryTelephoneNumber">
      <String>6122223333</String>
    </Extension>
  </Extension>
</RTPBRequest>
</RTPBBody>
</Message>

```

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.

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9. Document Change Log

▼ 2026-07-30

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