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1. Formulary and On-Demand Formulary

Your central resource for accessing formulary and coverage data on the Surescripts network.

Formulary services provide:

- Medication coverage details
- Cost and tier insights
- Payer-preferred alternatives
- Data to support prescribing decisions

Documentation

[Formulary Guide](#)

Provides bulk, plan-level coverage data for local storage and lookup

[On-Demand Formulary Guide](#)

Provides real-time coverage, cost, and alternatives via request/response

[Formulary Download Guide](#)

Access bulk formulary data files for offline use and system ingestion

[Formulary IDs and Eligibility Fields Guide](#)

Understand how formulary identifiers are used across eligibility and formulary workflows

How It Works (High-Level)

- Request formulary data
- Receive payer-specific coverage details
- Use Formulary IDs to align across eligibility and benefit workflows

Key Resources

Access Workbench (Staging)

Get connected to your testing environment and key implementation tools

Message Search (Staging)

Search for, troubleshoot, and review On-Demand Formulary transactions

Certification Tester

The self-driving Certification built by Surescripts to support NCPDP Standards

Support

Open a ticket to troubleshoot the issue

Formulary Insights

Validate, troubleshoot, and visualize formulary data

Standards Information

NCPDP Formulary & Benefit Standard

Formulary data is aligned with NCPDP standards for coverage, benefit, and alternative medication information.

- Use official NCPDP guides for full implementation details
- Surescripts documentation highlights how those standards are applied within the network
- Official standards documentation and NCPDP membership information are available at ncdp.org

You'll see NCPDP referenced in milestone names, descriptions, and acceptance criteria. These references indicate *which industry standard the milestone supports*, not a full list of technical requirements. Always use the official NCPDP implementation guides for detailed specifications.

X12 Eligibility (270/271) Standard

Eligibility transactions are based on the ASC X12N 270 Health Care Eligibility Benefit Inquiry and 271 Health Care Eligibility Benefit Response standards, which support real-time exchanges of patient eligibility and benefit information.

- Use official X12 implementation guides for complete transaction requirements and technical specifications.
- Surescripts documentation highlights how the X12 standards are implemented within the Surescripts network.
- Official standards documentation and licensing information are available at <https://x12.org/>