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Formulary IDs and Eligibility Fields Overview

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1. Formulary IDs and Eligibility Fields Overview

🟪 **Audience: PBMs/Payers + Provider/EHR Vendors**

This content applies to both trading partner types and includes requirements or workflows shared across both sides of the transaction.

As part of the upgrade to Formulary v60, new Formulary IDs must be communicated by PBM/payer partners to support the newly added list types. These IDs will be communicated by the PBM/payers in the existing 5010A1 Eligibility Response (271) message as depicted in Field Mapping.

Notes:

- This change may impact Real-Time Prescription Benefit, Electronic Prior Authorization, etc. as this is a change to the Eligibility Response (271).
- The BIN (IIN) and PCN will not be moved or relocated, but the expected Formulary Identifiers will.

Disclaimer: The data in the Eligibility Response (271) is changing to accommodate Formulary NCPDP Formulary upgrade (v60+). Customers will see this immediately in staging and in production in the future.

About This Overview

The Formulary IDs and Eligibility Fields Overview explains how Formulary IDs and key Eligibility fields are used within Surescripts workflows. It provides definitions, data requirements, and integration guidelines to help ensure accurate identification of patient coverage and formulary alignment. This guide is designed to support vendors and partners in implementing these fields effectively for the Formulary Version 60 upgrade.

Key Identifiers at a Glance

This table defines each one and notes whether it is a consolidated v3.0 identifier or maps to granular v60 files.

Identifier	Carried in	v3.0 vs. v60 role
Formulary Status ID	REF*FO Element 2	Consolidated in both; must be ≤10 chars for v3.0 translation. Its REF03 carries the v60 Product Exclusion (PE) file ID.
Coverage List ID	REF*CLI Element 2	v3.0-consolidated: one identifier may back many coverage rules. In v60 those rules are split into granular files; REF03 carries the Prior Authorization (PA) file ID.
Copay ID	REF*IG Element 2	v3.0 copay identifier. In v60 its REF03 carries the Pharmacy Network (PN) file ID; product-specific copay moves to the PS MSG segment.
Alternatives ID	REF*ALS Element 2	Consolidated in both; must be ≤10 chars for v3.0 translation. Its REF03 carries the v60 Step Therapy Products (ST) file ID.

Who Is Affected and How

Because the Formulary identifiers ride in the Eligibility Response (271), this single change propagates to every downstream transaction that consumes 271 data.

Transaction / workflow	Who is affected	Impact of the v60 identifier change
Eligibility Response (271)	PBMs/Payers (send) · EHR/Provider Vendors (receive)	Direct change: v60 file IDs added in REF03 and MSG segments alongside the v3.0 REF02 values.
Real-Time Prescription Benefit (RTPB)	EHR/Provider Vendors · PBMs/Payers	Consumes 271 formulary identifiers; expect the new REF03/MSG file IDs to flow through.
Electronic Prior Authorization (ePA)	EHR/Provider Vendors · PBMs/Payers	Prior Authorization file is now identified via REF*CLI Element 3 (PA) in v60.
On-Demand Formulary (ODF)	Receiving systems	Maps a v3.0-only 271 (no REF03/MSG) into granular requests — see the ODF integration guidance and the absence rule in: **For PBMs / Payers - Populating the 271**

Document References

> **Note:** This document is meant to support, integrate, and further clarify the standards, 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 standard documentation are called out in this document and are also enforceable. Customers should read and comprehend the associated standards prior to reading this document.

Please reference the following documents when reading this guide:

Surescripts-provided materials
Eligibility Companion Guide
Formulary Companion Guide

External materials to be obtained by the customer (available at www.NCPDP.org)
NCPDP Formulary and Benefit Standard Implementation Guide (v60 Republished May 2024)
ASC X12N/005010X279A1 Health Care Eligibility Benefit Inquiry and Response (270/271)

NCPDP:

This guide utilizes the NCPDP Formulary and Benefit Standard Implementation Guide (Version v60 Republished May 2024) as a baseline. To become a member, please go to **http://ncpdp.org/membership/Apply-Online.aspx**.

The NCPDP Formulary and Benefit Standard Implementation Guide (Version v60 Republished May 2024) 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 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

http://www.ncpdp.org

X12

For sections of this guide pertaining to X12 Standards:

“MATERIALS REPRODUCED WITH THE CONSENT OF”

2. Field Mapping Reference

> 🟪 **Audience: PBMs/Payers + Provider/EHR Vendors**
>
> *This content applies to both trading partner types and includes requirements or workflows shared across both sides of the transaction.*

The following tables explains the use of the Formulary IDs and the corresponding REF Segments in the 2100C/D Loops of the X12 271.

How the two tables relate: In v60, every legacy v3.0 REF segment carries two identifiers - the original v3.0 value in Element 2 (REF02) for v3.0 EHRs, plus one additional v60 file ID in Element 3 (REF03). The four v60 file types carried in REF03 are Step Therapy Products (ST), Prior Authorization (PA), Product Exclusion (PE), and Pharmacy Networks (PN). All other v60 file types are carried in their own MSG segments (second table). The two tables together cover the complete v60 file set; no file type appears in both.

Located in X12 271 2110C1 Loop (REF Segment)

Segment	Element 1	Element 2	Element 3
REF	18	Plan ID	-
REF	6P	Group Number	Group Name
REF	FO	Drug Formulary Number ID (Formulary Status ID)	Product Exclusion (PE)
REF	CLI	Coverage List ID*	Prior Authorization File (PA)
REF	IG	Copay ID*	Pharmacy Network (PN)
REF	ALS	Alternatives(v3)/Alt Trigger File (AT)*	Step Therapy Products (ST)
REF	N6	BIN (IIN)	PCN

Located in X12 271 2110C1 Loop (MSG Segment)

Segment	Element 1 (MSG01 Type-Code Prefix)	Element 2 (v60 File)
MSG	AG	Alternative Product Groups
MSG	AL	Age Limit coverage File
MSG	PS	Copay Product-Specific File
MSG	GL	Gender Limit Coverage File
MSG	GM	General Message File (GM)
MSG	ME	Message File (ME)
MSG	PC	Pharmacy Chain File
MSG	QL	Quantity Limit Coverage File
MSG	SP	Specialty Products File
MSG	SM	Step Therapy Product Groups

Notes:

- Data must be included in fields marked with an asterisk (*), if fields are sent.
- For legacy files (e.g., files that exist in v3.0 and continue in v60+), use the same File IDs for the Lists that were previously grouped together. For example, these files will all use the same File ID individually: the Prior Authorization File ID, Quantity Limit File ID, Age Limit File ID, etc. For more information, see Eligibility Response Message Details and Full Eligibility Message Example.

Identifier Requirements

All related files in Formulary Version 60, such as Age Limit, Gender Limit, Prior Authorization, Step Therapy, Alternatives, and Alternative Product Groups, must share the same identifiers. Consistent IDs ensure smooth translation between older versions (e.g., v3.0) and v60. Without this alignment, EHRs and PBMs cannot accurately map legacy data to the new structure.

Version 3.0 List Type	Version 60 File Equivalent
Formulary Status (FS)	Formulary Status (FS)
Alternatives List (ALT)	Alternatives List
	Alternative Product Triggers (APT)
	Alternative Product Groups (APG)
Coverage Lists	Benefit Coverage Files
Prior Authorization (PA)	Prior Authorization (PA)
Quantity Limits (QL)	Quantity Limits (QL)
Age Limits (AL)	Age Limits (AL)
Gender Limits (GL)	Gender Limits (GL)
Drug Exclusion (DE)	Product Exclusion (PE)
Step Therapy (ST)	Step Therapy Products (ST)
Step Medication (SM)	Step Therapy Product Groups (STPG)
	Specialty Products (SP)
	Messaging
Text Message (TM)	General Message (GM)
Resource Links (Web)	Message (ME)
Copay	Copay
Copay Product-Specific (PS)	Copay Product-Specific (CP)
	Pharmacy Networks
	Pharmacy Network (PN)
	Pharmacy Chain (PC)

The example below details how an Eligibility Response can vary with Version 60 fields.

Version 3.0	Version 60
REF*6P*GROUPID*GROUPNAME	REF*6P*GROUPID*GROUPNAME
REF*ALS*ALT-PL50	REF*ALS*ALT-PL50*COV-PL50
REF*CLI*COV-PL50	REF*CLI*COV-PL50*COV-PL50
REF*FO*FSL-PL50	REF*FO*FSL-PL50*COV-PL50
REF*IG*COP-PL50	REF*IG*COP-PL50*PN67890ut-hg
REF*N6*004655*PCNNUMBER	REF*N6*004655*PCNNUMBER
DTP*291*RD8*20250701-20991231	DTP*291*RD8*20250701-20991231
	MSG*AGALT-PL50
	MSG*ALCOV-PL50
	MSG*PSCOP-PL50
	MSG*GLCOV-PL50
	MSG*GMCOV-PL50
	MSG*MECOV-PL50
	MSG*PC234567890fs
	MSG*QLCOV-PL50
	MSG*SP234567890fs
	MSG*SMCOV-PL50

Note: Max values for all per Version 60 are 40 characters.

Key (used for):		
v3.0	v3.0 and v60	v60 only

For a complete Eligibility Transaction example, see Full Eligibility Message Example.

Field Mapping Best Practices

In order to successfully use existing Formulary File IDs, other REF03 fields, and MSG field (MSG01) found in the “Message Text” Segment within the 2110C Loop in the Eligibility (X12 271) response:

- Include the first two characters to clearly identify the file type (e.g., for Age Limits, an example value for the MSG segment would be AL234G567890).
- Must be unique across all Files of the specified type.
- Valid characters are (A-Z, a-z, Numeral 0-9, period “.”, and a dash “-“)
- Formulary Status & Alternatives Product Triggers can be reused to ensure support across both standards

Note: This enables Surescripts to support translation from Version 60+ down to Version 3.

How to read an MSG segment

Unlike REF (where the file is identified by position — REF02 vs. REF03), an MSG segment carries everything in a single element, MSG01. The first two characters are the file-type code; the rest is the File ID:

JS

```
MSG * AL COV-PL50
      |  └──────── File ID  = "COV-PL50"
      └─────────── Type code = "AL" (Age Limits)
```

So `MSG*ALCOV-PL50` means *"the Age Limits file is COV-PL50."* The type code (`AL`) and the File ID's own prefix (e.g., `COV-` , `COP-` , `FSL-`) are independent: the type code tells the receiver which v60 file this is; the File ID is whatever value you assigned to that file.

Clarification on File Type Identification in the 271

For Formulary v60, Coverage List ID and Copay List ID are used only for Formulary v3.0, where a single identifier may represent multiple files.

For v60, individual formulary files are identified as follows:

- REF03 values in the 2110C loop are used for:
  - Step Therapy Products (ST)
  - Prior Authorization (PA)
  - Product Exclusion (PE)
  - Pharmacy Networks (PN)
- MSG segments in the 2110C loop (MSG01) are used for all other formulary coverage file types.

Example: For MSG*ALCOV-PL50, the Age Limit file name is "COV-PL50"

> **Note:** The current version (v3.0) limit on Formulary Status ID (FO) and Alternatives ID (ALS) is 10 characters, v60+ customers will need to also limit these to 10 characters to support translation. All other File IDs can be 40 characters in length.

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3. For PBMs / Payers - Populating the 271

> 🟩 **Audience: PBMs/Payers**
>
> *This content is intended for pharmacy benefit managers (PBMs), payers, and organizations supporting pharmacy benefit operations.*

One Eligibility Response (271) can support both v3.0 and v60 EHRs simultaneously. Rather than sending separate messages, populate both the v3.0 and v60 identifiers in the same 2110C1 loop. EHRs on v3.0 use the legacy identifiers, while v60 EHRs use the newer identifiers. To maintain compatibility during migration, Surescripts uses the v60 identifiers and translates them for EHRs that have not yet upgraded.

PBM Quick Reference (populate-this / get-that)

You populate…	With…	So that…
REF Element 2 (REF02) on FO, CLI, IG, ALS	Your existing v3.0 identifiers	v3.0 EHRs resolve coverage
REF Element 3 (REF03) on FO, CLI, IG, ALS	The four v60 REF-borne file IDs (PE, PA, PN, ST)	v60 EHRs resolve those four files
One MSG segment per remaining v60 file	2-char type code + File ID in MSG01	v60 EHRs resolve all other files
REF*N6	BIN (IIN) + PCN — unchanged	Never moves

What Every PBM Must Do

1. Keep sending your v3.0 identifiers in REF Element 2 (REF02). Do not move or remove them. These are what v3.0 EHRs read.

- `REF*FO*` Element 2 = Formulary Status ID
- `REF*CLI*` Element 2 = Coverage List ID (your consolidated coverage identifier)
- `REF*IG*` Element 2 = Copay ID
- `REF*ALS*` Element 2 = Alternatives ID
- `REF*N6*` = BIN (IIN) and PCN — unchanged; these never move.

2. Add your v60 file identifiers in REF Element 3 (REF03) for the four files that ride in REF segments:

Existing REF segment	Element 2 (v3.0, keep)	Element 3 (add for v60)
`REF*FO`	Formulary Status ID	Product Exclusion (PE) file ID
`REF*CLI`	Coverage List ID	Prior Authorization (PA) file ID
`REF*IG`	Copay ID	Pharmacy Network (PN) file ID
`REF*ALS`	Alternatives ID	Step Therapy Products (ST) file ID

3. Add MSG segments for every other v60 file, one segment per file. The first two characters of MSG01 are the file-type code; the remaining characters are the file ID:

MSG type code	v60 file
AG	Alternative Product Groups
AL	Age Limits
GL	Gender Limits
QL	Quantity Limits
SM	Step Therapy Product Groups
SP	Specialty Products
PS	Copay Product-Specific
GM	General Message
ME	Message
PC	Pharmacy Chain

4. Reuse one identifier value across every file it covers. If, in v3.0, a single Coverage List file backs several coverage rules (Age, Gender, Quantity, Prior Authorization, Product Exclusion, Step Therapy, Specialty), send that same value in each corresponding REF03 / MSG field. This is what lets Surescripts collapse the granular v60 files back into your single v3.0 Coverage List for v3.0 EHRs.

5. Constrain the two translatable IDs to 10 characters. Formulary Status ID (`REF*FO` Element 2) and Alternatives ID (`REF*ALS` Element 2) must be ≤10 characters so they remain valid v3.0 identifiers after translation. All other v60 file IDs may be up to 40 characters.

6. Reuse your existing v3.0 file identifiers wherever the file persists. For files that exist in both v3.0 and v60 (Prior Authorization, Quantity Limits, Age Limits, Gender Limits, Step Therapy, etc.), send the same File ID you already use. New file IDs are only needed for the v60 list types that did not exist in v3.0.

Decision Summary

Your situation	What to send
Single coverage file backs many rules (typical v3.0 PBM)	One value in REF02 of `REF*CLI`, repeated across all coverage REF03/MSG fields
Distinct file per rule (granular v60 PBM)	Each file's own ID in its REF03 / MSG field; still populate REF02 for v3.0
File exists in both standards	Reuse the existing v3.0 File ID
File is new in v60 (e.g., Specialty Products, Alt Product Groups)	Assign a new ID; ≤40 chars

Absence rule (important): A PBM that has not upgraded sends only REF02 values, with no REF03 and no MSG segments. Surescripts treats the absence of REF03/MSG as a v3.0-only sender. (For how a receiving system maps a v3.0-only 271 into granular requests, see the On-Demand Formulary integration guidance.)

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4. For EHR / Provider Vendors - Reading the 271

> 🟦 **Audience: Provider/EHR Vendors**
>
> *This content is intended for EHRs, provider systems, and other technology vendors integrating with Surescripts provider-facing workflows.*

If you support v3.0

Read only REF Element 2 (REF02) on the FO, CLI, IG, and ALS segments, plus `REF*N6` (BIN/PCN). Ignore REF03 and MSG segments — Surescripts will have already translated the sender's v60 data down into these v3.0 values where the sender was v60-native.

If you support v60

- REF-borne files are identified by REF Element 3 (REF03):
  - `REF*FO` → Element 3 = Product Exclusion (PE) file ID
  - `REF*CLI` → Element 3 = Prior Authorization (PA) file ID
  - `REF*IG` → Element 3 = Pharmacy Network (PN) file ID
  - `REF*ALS` → Element 3 = Step Therapy Products (ST) file ID
- All other v60 files are identified by MSG segments. Parse MSG01 as `<2-char type code><File ID>` — e.g., `MSG*ALCOV-PL50` = Age Limit file `COV-PL50`.
- `REF*N6` = BIN (IIN) and PCN — unchanged.

Detecting the sender's version (absence rule)

> No REF03 + no MSG segments = v3.0-only sender. This is the single most useful signal for receivers. If a 271 arrives with populated REF02 values but no Element 3 values and no MSG segments, treat it as a v3.0-only sender and map accordingly.

Identifier constraints you can rely on

- Formulary Status ID (FO) and Alternatives ID (AL) are ≤10 characters.
- All other File IDs are ≤40 characters.
- Valid characters: A–Z, a–z, 0–9, period (`.`), dash (`-`).
- The same identifier value may legitimately repeat across multiple REF03/MSG fields when a single v3.0 file backs several v60 files — do not treat repetition as an error.

5. Message Examples

🟪 **Audience: PBMs/Payers + Provider/EHR Vendors**

This content applies to both trading partner types and includes requirements or workflows shared across both sides of the transaction.

Full Eligibility Response Message Example

JSON

```
ISA*00* *01*PWPHY12345*ZZ*PBM123456789123*ZZ*S00000000000001*171217*0345*^*00501*000000001*1*P*[~
GS*HB*PBM123456789123*S00000000000001*20171217*16150000*1*X*005010X279A1~
ST*271*0001*005010X279A1~
BHT*0022*11*3920394930203*20171217*16150000~
HL*1**20*1~
NM1*2B*2*PBM COMPANY*****PI*PBM123456789123~
HL*2*1*21*1~
NM1*1P*1*JONSON*TIM*T**M.D.*XX*3334444555~
REF*EO*P01234567891234~
HL*3*2*22*0~
NM1*IL*1*CROSS*DAVID*M***MI*DD145645645601~
REF*49*01~
N3*6785 LAUGHALOT LANE~
N4*TRENTON*NJ*08608~
DMG*D8*19720910*M~
INS*Y*18~
DTP*291*D8*20171217~
EB*1**30*MC*MEDICAIDPLAN~
REF*6P*MXD-55*MAXD271
REF*FO*FSL-55*COV-PE55
REF*CLI*COV-55*COV-PA55
REF*IG*COP-55*PN-PA55
REF*ALS*ALT-55*COV-ST55
REF*N6*003044*MEDI-MX_3044
DTP*291*RD8*20250901-20991231
MSG*AGALT-55
MSG*PSCOP-55
MSG*MECOV-ME55
MSG*QLCOV-QL55
MSG*SMCOV-ST55
MSG*SPCOV-SP55
MSG*ALCOV-AL55
MSG*GLCOV-GL55
MSG*GMCOV-GM55
MSG*PCPC-PA55
LS*2120~
NM1*SEP*2*PBM COMPANY*****PI*PBM123456789123~
LE*2110~
EB*1**88~
EB*1**90~
SE*29*0001~
GE*1*1~
IEA*1*000000001~
```

Formulary File Examples

Version 3.0 Examples

Formulary Status List

JSON

```
FHD|FSL-55|FORMULARY 55|1|1|2|2|U|0|F|20260101
FDT|A|00378531001|36|||||4|
FDT|A|00228348211|36|||||4|
FDT|A|00378527201|36|||||3|
FDT|A|43598000351|36|||||2|
FDT|A|16714061101|36|||||5|
FDT|A|71610042560|36|||||4|
FDT|A|13668047330|36|||||2|
FTR|8
```

Payer Preferred Alternatives List

JSON

```
AHD|ALT-55|F|20260101
ADT|A|00456221230|36|||||00093738505|36|||||5
ADT|A|00456221230|36|||||00093754206|36|||||4
ADT|A|00456221230|36|||||44183089031|36|||||3
ADT|A|70074062749|36|||||70074062481|36|||||3
ADT|A|70074062749|36|||||70074062803|36|||||2
ADT|A|52083063316|36|||||82028000118|36|||||3
ADT|A|52083063316|36|||||82028000087|36|||||2
ATR|7
```

Gender Limits List

JSON

```
GHD|PBM-GL55GL|GL|F|20260101
GDT|A|COV-GL55|00069421066|36|||||1
GDT|A|COV-GL55|00069422030|36|||||1
GDT|A|COV-GL55|00069420030|36|||||1
GDT|A|COV-GL55|00378462016|36|||||2
GDT|A|COV-GL55|00378462116|36|||||2
GTR|5
```

Quantity Limits List

JSON

```
GHD|PBM-QL55QL|QL|F|20260101
QDT|A|COV-QL55|00004008694|36|||||112|DS|LT|||
QDT|A|COV-QL55|00004023709|36|||||90|QY|DY|||26
QDT|A|COV-QL55|00004024126|36|||||20|QY|DY|||26
QDT|A|COV-QL55|00004027301|36|||||20|QY|DY|||26
QDT|A|COV-QL55|00004035039|36|||||112|DS|LT|||
QDT|A|COV-QL55|00004035239|36|||||112|DS|LT|||
QDT|A|COV-QL55|00004080007|36|||||1|FL|DY|||180
GTR|7
```

Prior Authorization List

JSON

```
GHD|PBM-PA55PA|PA|F|20260101
DDT|A|COV-PA55|00025152551|36||||
DDT|A|COV-PA55|00591040701|36||||
DDT|A|COV-PA55|54092051702|36||||
DDT|A|COV-PA55|59011044010|36||||
GTR|4
```

Version 60 Examples

Formulary Status File

JSON

```
FHD|FSL-55|X|N|O|P|P|O|20260211|20991231
FDT|00054006447|36|||||O||||
FDT|55513053001|36|||||P|8|||
FDT|00409272002|36|||||O||||
FTR|3
```

Prior Authorization File

JSON

```
PRH|COV-PA55|20260211|20991231|||
PRD|00168041630|36|||||||
PRD|00025292431|36|||||||
PRD|00054006447|36|||||||
PRD|00186037220|36|||||||
PRD|00310757090|36|||||||
PRD|59148000813|36|||||||
PRD|55513053001|36|||||||
PRT|7
```

Quantity Limit File

JSON

```
QLH|COV-QL55|20260211|20991231|
QLD|55513053001|36|||||15|QY|C120216|AC|PD||||
QLD|00069019501|36|||||14.0|DS|||LT||||
QLD|00406113052|36|||||6.0|QY|C64933|AC|DY|||26|
QLD|00173056200|36|||||9.0|QY|C48542|AC|DY|||26|
QLD|35356046030|36|||||6.0|QY|C48506|AC|DY|||26|
QLD|60846013030|36|||||225.0|DL|||DY|||26|
QLT|6
```

Gender Limits File

JSON

```
GLH|COV-GL55|20260211|20991231|
GLD|00024583701|36|||||U|M|
GLD|00009041702|36|||||U|M|
GLD|00002446230|36|||||U|M|
GLD|00002446330|36|||||U|M|
GLD|52244004002|36|||||U|M|
GLT|5
```

6. 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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7. Document Change Log

July 24, 2026

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