surescripts

Real-Time Prescription Benefit for Pharmacy

surescripts

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1. Real-Time Prescription Benefit for Pharmacy Overview

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

About Real-Time Prescription Benefit for Pharmacy

Surescripts Real-Time Prescription Benefit (RTPB) for pharmacy is a real-time request and response message between the pharmacy and Pharmacy Benefit Manager (PBM). The RTPB message delivers patient-specific medication cost and benefit information to pharmacists. This may include point-in-time estimated cost, alternative medication options, 30-day supply cost, 90-day supply cost, patient out of pocket and deductible information, and coverage alerts.

RTPB data can be referenced before a claim has been adjudicated at the patient's request or after the claim has been adjudicated if a high copay is returned or if the pharmacist wishes to avoid prior authorization.

RTPB provides value by saving pharmacy staff time, increasing staff and patient satisfaction, lowering health care costs, increasing speed to therapy, and improving health outcomes. By providing accurate, up-to-date, patient-specific information and cost-effective medication options, pharmacists and patients can make informed decisions that reduce payment obstacles and improve medication adherence.

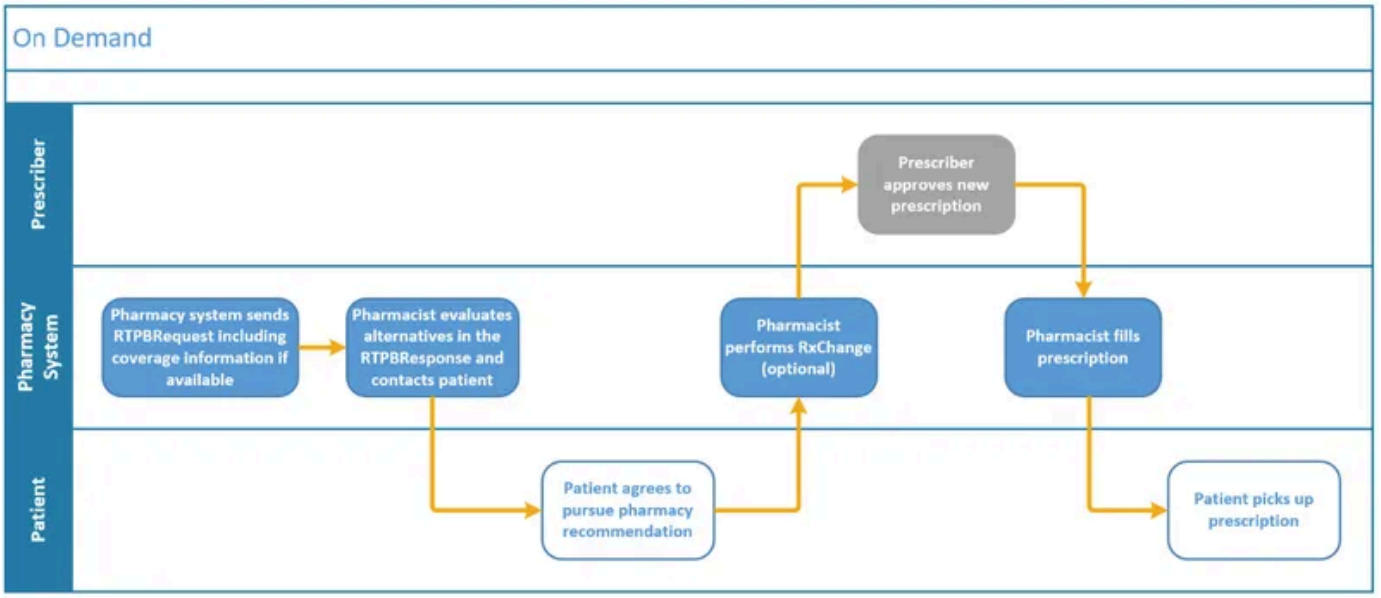
RTPB Workflows

This section includes high-level overviews of how RTPB works within an optimized e-prescribing workflow.

Use cases of RTPB within a typical pharmacy workflow include:

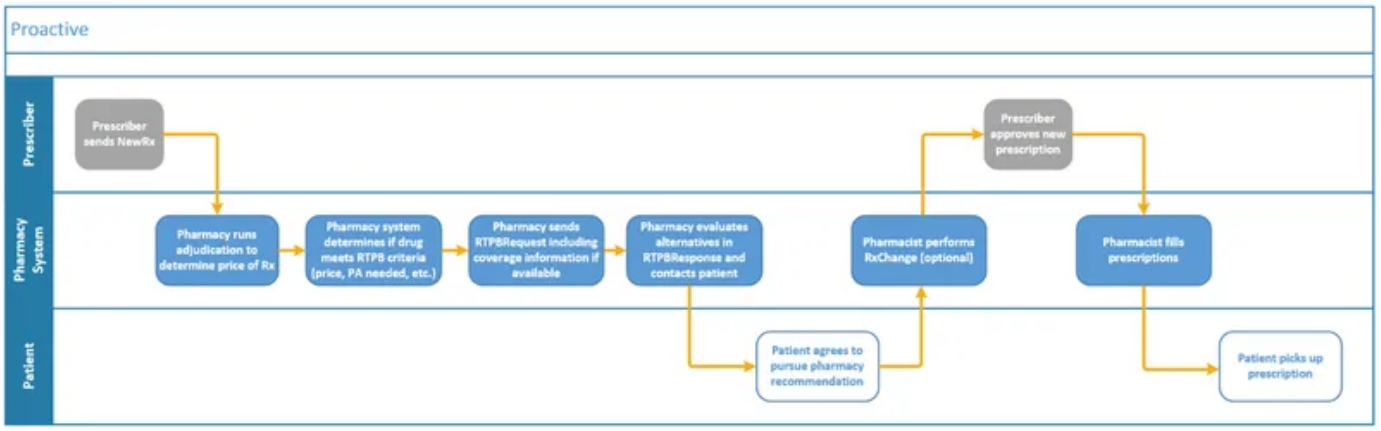
On Demand

A pharmacy runs an RTPB at the patient's request for any reason.



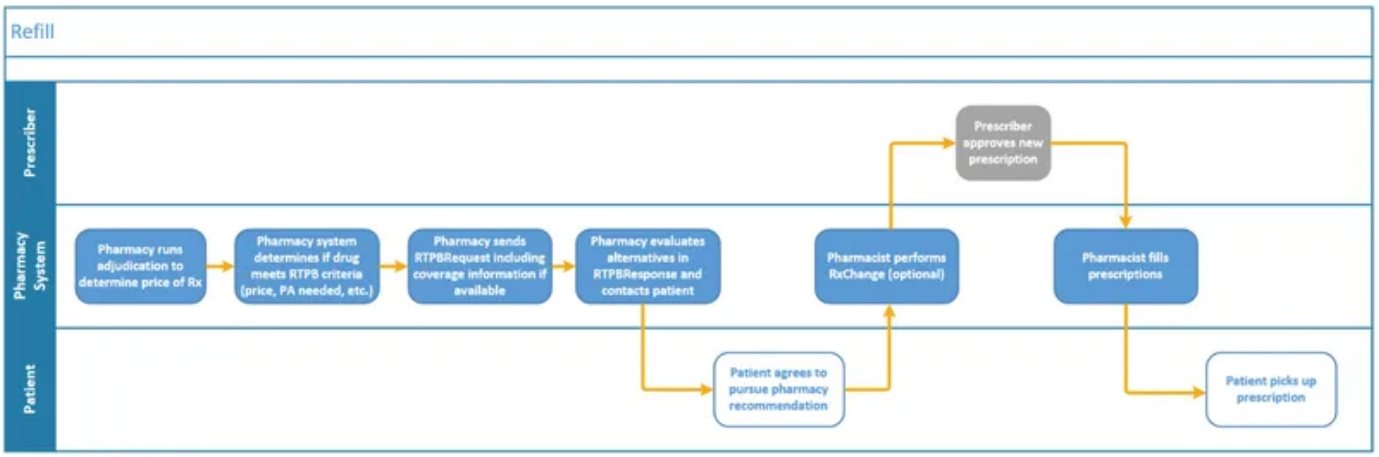
Proactive

A pharmacy automatically runs RTPB under certain circumstances, such as the following: a copay is over a certain amount, a prescription is rejected because a prior authorization is required or the medication is not covered.



Refills

A pharmacy automatically runs RTPB after processing a claim for the prescription if the copay is above a certain threshold or is returned as drug not covered or prior authorization required.



About this Document

Surescripts created this document to provide pharmacy customers information needed during implementation of RTPB for pharmacy messages and workflows.

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

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

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 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

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. **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.
PM.###	This designates an RTPB workflow Application Certification Requirement.
S.###	Designates an Application Certification Requirement 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.

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 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	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.

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.

> **Note:** The pharmacy NCPDPID from which the RTPBRequest is sent must be the same as that of the pharmacy for which estimated costs and benefit information is being requested.

RTPBResponse

The RTPBResponse message returns patient-specific estimated cost and benefit information, or the response may return business errors (e.g., PatientNotFound, DrugNotFound etc.). The information contained in the RTPBResponse is dictated by the RTPBRequest workflow and content.

Error

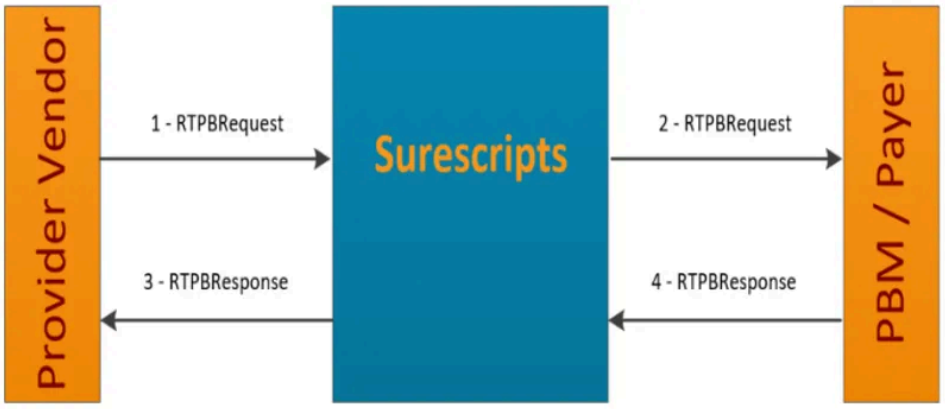
This NCPDP SCRIPT message indicates that an error has occurred and the RTPBRequest has been terminated. An error can be generated when there is a communication problem or when the message had an error (e.g., a formatting problem).

Transformation of Messages

To ensure a well-formed message, Surescripts will augment the RTPBRequest if the necessary NCPDP elements are not populated. In certain instances, the RTPBResponse may also be altered.

1. RTPBRequest:
    1. Surescripts will add PBMMemberID and PayerID to an RTPBRequest to allow a full Real-Time Prescription Benefit transaction to occur. These fields are filled out via a coverage lookup internal to Surescripts. Any fields sent will be used as a way of determining which coverages to use if there are multiple coverages. The benefit information that Surescripts retrieves during the lookup process will not be displayed in the RTPBResponse.
    2. The data for these fields filled in by the pharmacy system must be from the same source. Data can be taken from the NewRx (recommended) or any other data stored in the pharmacy system that is less than 72 hours old.
    3. The fields that are used in the coverage matching process are:
        1. PayerID
        2. PBMMemberID
        3. IIN (Issuer Identification Number) (extension based)
        4. PCN (Processor Identification Number) (extension based)
2. RTPBResponse:
    1. Surescripts will adjust the RTPBResponse by removing any medications that are passed in from the PBM that have a Pharmacy NCPDPID that does not match the NCPDPID of the requesting pharmacy
    2. The remainder of the response remains consistent with the response sent from the PBM.

RTPB for Pharmacy Message Flow



Successful RTPB Message Workflow Scenario

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.

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).
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.

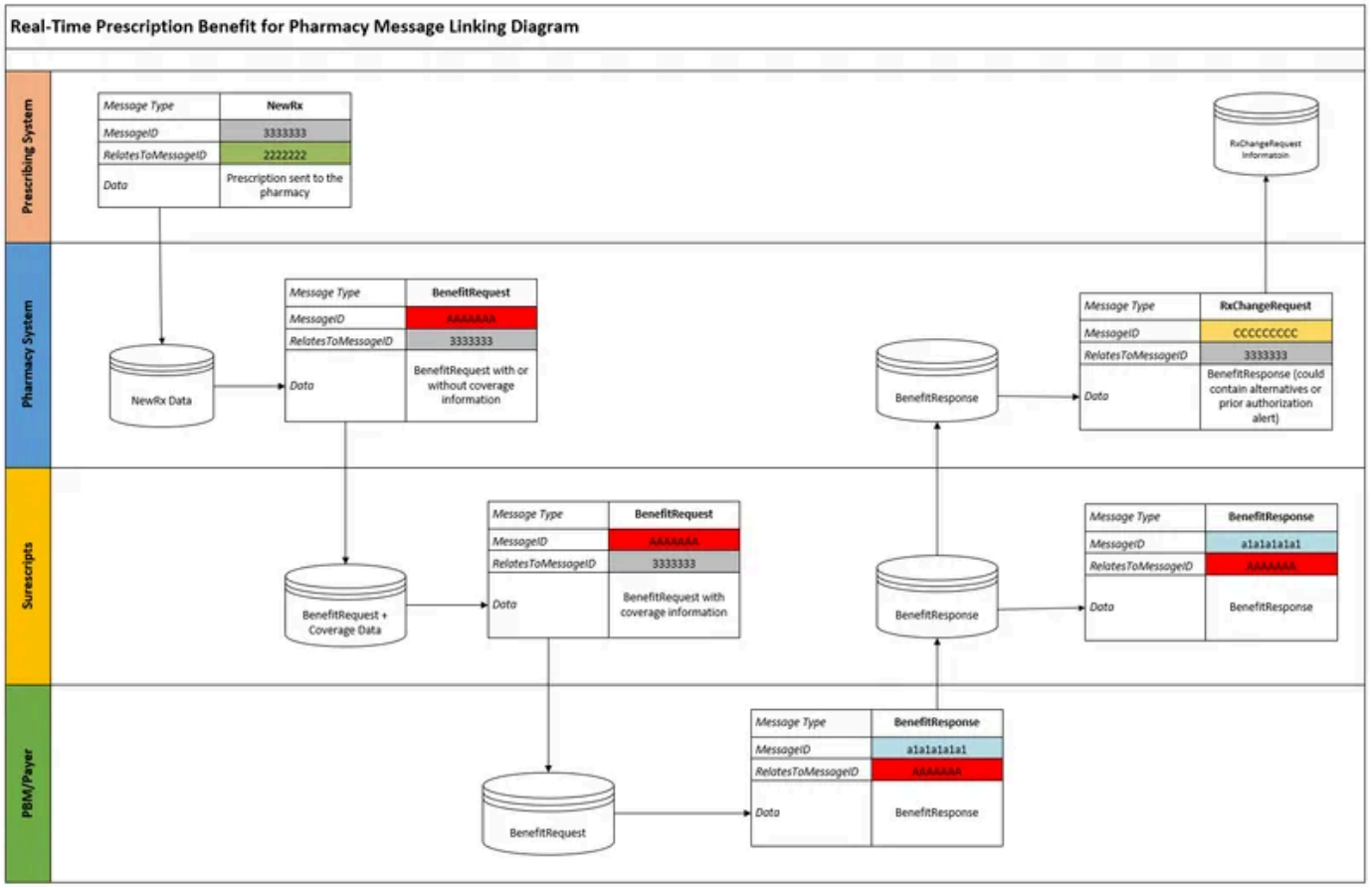
> **Note:** This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the RTPB XML Schema listed in Document References for a complete list of fields.

Message Header Elements

Element	Code	Comment
To/Primary	**mandatory**	Patient's IIN. It is recommended to use the IIN from the NewRx or any other data stored in the pharmacy system that is less than 72 hours old. If the patient's IIN is not available, this should be the Surescripts ID (S00000000000005).
To/@Qualifier	**mandatory**	**Values:** IIN = IIN Number PY = Payer/Processor **Note:** If the Surescripts ID (S00000000000005) is sent in the To/Primary field, PY will be the qualifier.
To/Secondary	**conditional**	Patient's PCN. It is recommended to use the PCN from the NewRx or any other data stored in the pharmacy system that is less than 72 hours old. **Note:** This can be found in the 271 Eligibility Response from the PBM/payer in loop 2100A NM109.
To/@Qualifier	**mandatory**	**Value**: PCN = Processor Control Number
To/Tertiary	**conditional**	PayerIdentification (Surescripts-assigned Participant ID of the PBM/payer). It is recommended to use the PayerIdentification from the NewRx or any other data stored in the pharmacy system that is less than 72 hours old. **Note:** 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 NCPDPID of the pharmacy sending the request.
From/@Qualifier	**mandatory**	**Value**: P = Pharmacy
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. Populate with the MessageID contained in the NewRx for the prescription being queried. 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
SenderSoftwareCertificationID	**conditional**	business rule SenderSoftwareCertificationID 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 Diagram



MessageID Linkage

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

The table below illustrates how the MessageIDs and RelatesToMessageIDs in the NewRx, RTPBRequest and RTPBResponse, and RxChange messages are linked in pharmacy.

Field Name	Prescribing System NewRx	Pharmacy BenefitRequest	Surescripts BenefitRequest	PBM BenefitResponse	Surescripts BenefitResponse	Pharmacy RxChangeRequest
MessageID	333333333	AAAAAAAAA	AAAAAAAAA	a1a1a1a1a1	a1a1a1a1a1	CCCCCCCCC
	Assigned by prescribing system	Assigned by the pharmacy system	Populate with the pharmacy generated BenefitRequest MessageID	Generated by the PBM to return BenefitResponse	Matches MessageID populated in PBM BenefitResponse	Assigned by the pharmacy system
RelatesToMessageID	222222222	333333333	333333333	AAAAAAAAA	AAAAAAAAA	333333333
	Populate with MessageID from BenefitResponse if RTPB was performed for initial prescription	Populate with NewRx MessageID to link to BenefitRequest	Populate with the pharmacy entered RelatesToMessageID	Populate with the pharmacy generated BenefitRequest MessageID	Matches RelatesToMessageID populated in PBM BenefitResponse	Populate with the NewRx MessageID to link the NewRx to the RxChangeRequest

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.
- 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.
Name/FirstName	**mandatory**	Patient first name
SexAndGender/ AdministrativeGender	**mandatory**	Patient gender.
DateOfBirth	**mandatory**	Date of birth of patient.
StateProvince	**mandatory**	Patient's state or province.
PostalCode	**mandatory**	Patient's address postal code
City Extension	**mandatory**	Patient's city. Customers should use the following URL: <Extension name="City" url="http://surescripts.com/extensions/RTPBRequest/Patient/City">
BenefitsCoordination	**mandatory**	
CardholderID	**conditional**	Insurance ID assigned to the cardholder or identification number used by the plan. Providing CardholderID can help with patient matching. **Note:** This can be found in the 271 Eligibility Response from the PBM/payer in loop 2100C and is indicated when the REF01 segment is "HJ" and the REF02 is not blank.
PBMMemberID	**conditional**	Unique PBMMemberID for the Patient. Providing PBMMemberID can help with patient matching. Unique PBMMemberID for the Patient. **Note:** The PBMMemberID can be found in the 271 Eligibility Response from the PBM/payer in loop 2100C NM109.
Requested Product	**mandator**	

Element	Code	Comment
	y	
Product	**mandatory**	
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.
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**	Include ICD-10 diagnosis if populated on NewRx.
Code	**mandatory**	
@Qualifier	**mandatory**	**Value**: ABF = ICD10

Element	Code	Comment
Prescriber	**mandatory**	
Identification/NPI	**mandatory**	NPI for the pharmacy. NPI will be validated against the check digit routine. business rule NPI in the Prescriber segment must match the NPI in the Pharmacy segment.
LastName	**mandatory**	**Value**: Unknown
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:

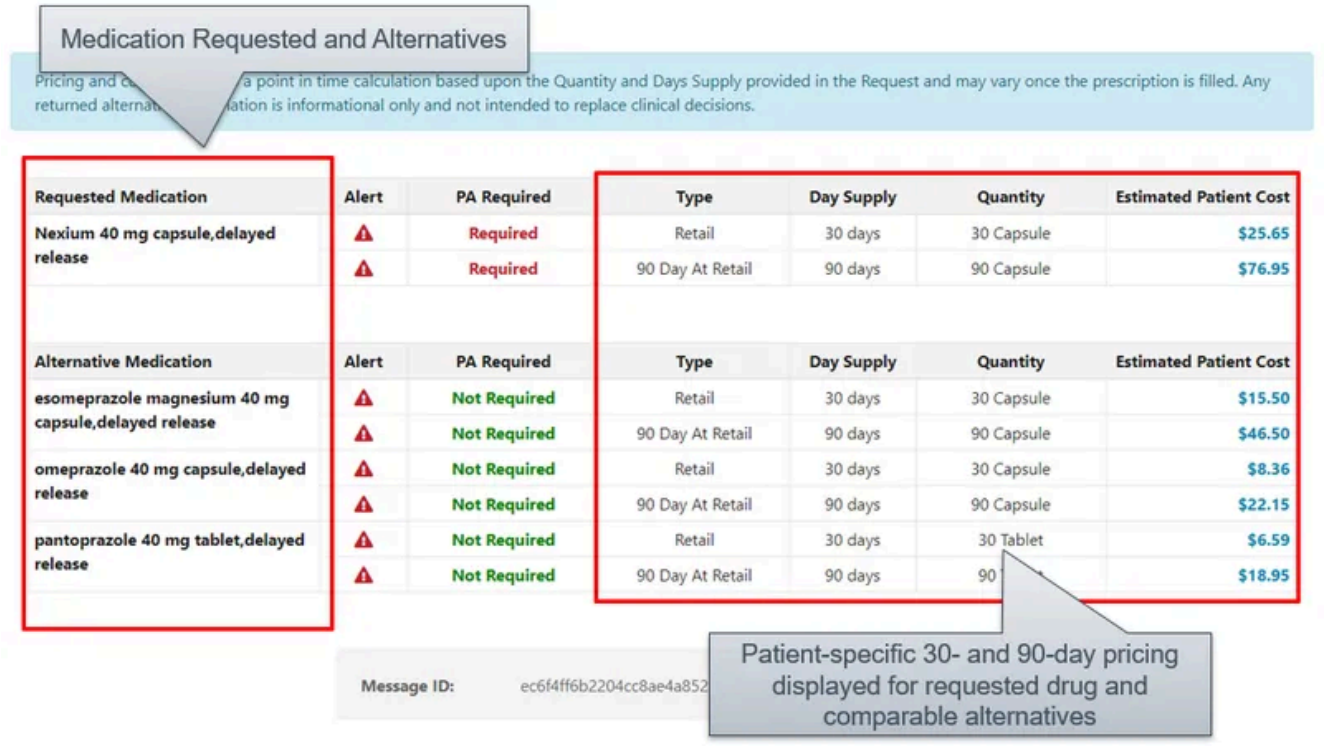
- This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the NCPDP RTPB XML Schema listed in Document References for a complete list of fields.
- Per ACR S.200, customers shall be able to receive syntactically valid maximum and 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.
EstimatedCombinedPlanAndPatientSavings	**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.

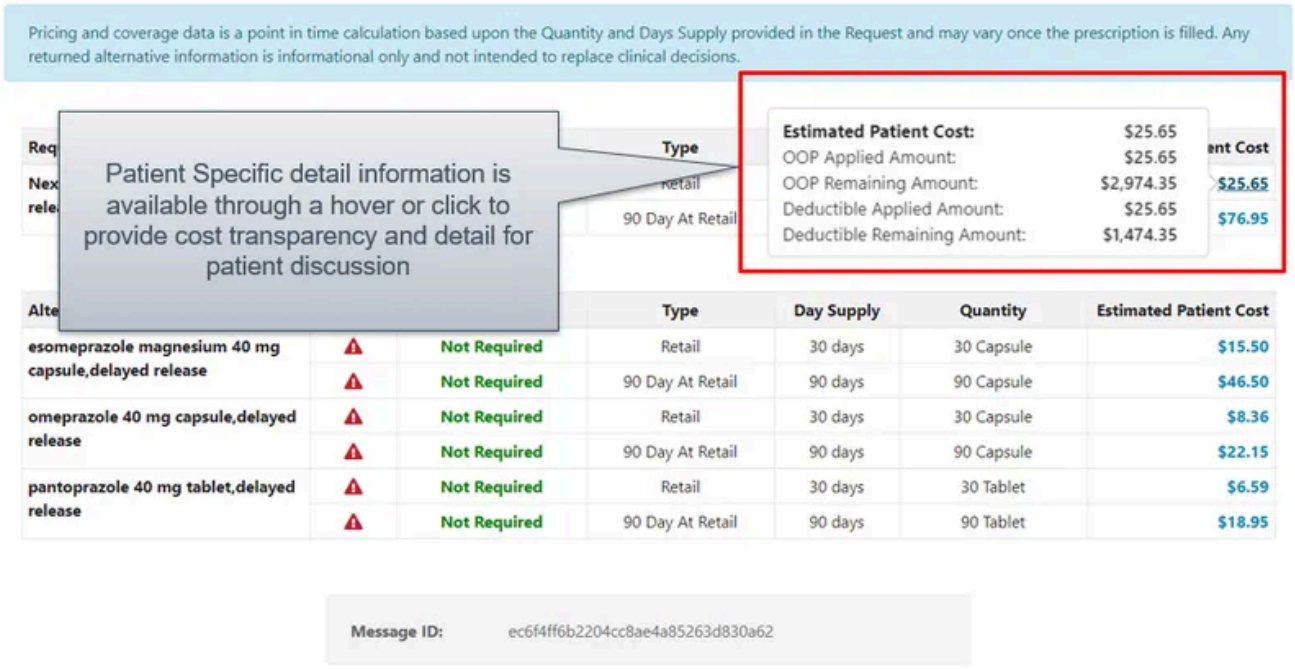
Element	Code	Comment
ResponseAlternativeProduct	**conditional**	Clinically appropriate alternatives are provided here. This would include information for an alternative medication (if provided) similar to what is supplied in the ResponseProduct element. **PM.205**: All available appropriate alternatives 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/ DrugStatus Extension	**conditional**	Additional free text information about the drug. May be used to communicate drug and pricing specifics.

5. User Interface Display Examples

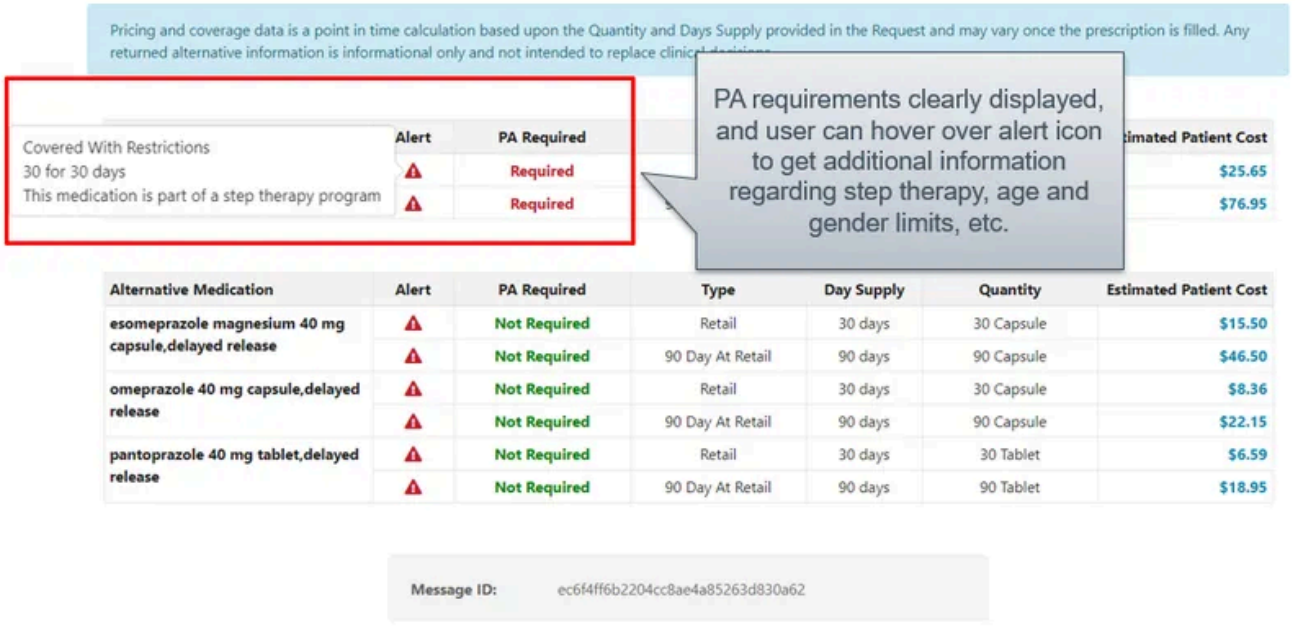
The image below illustrates the user experience when initiating the RTPB service in the pharmacy workflow. In this example, when a pharmacist or technician searches for a 30-day supply of Prometrium, they are provided with the cost of 30-day and 90-day supplies of the original medication as well as therapeutic alternatives from the patient's PBM formulary.



In the following image, the Estimated Patient Pay feature is highlighted. With this feature, a user can obtain patient-specific detailed cost information to provide the patient leading to a more complete picture of what the specific costs will be for the treatment. By clicking or hovering over the information indicator, the pharmacist or technician can see estimated information on the patient's benefit coverage, out of pocket costs, and deductible amounts so they can understand the patient's estimated payment.



Pharmacy staff can easily view coverage alerts and better understand parameters around prior authorization and step therapy associated with the prescribed medication and each alternative.



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" 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.

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.

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

RTPBRequest Example

XML

```
<?xml version="1.0" encoding="utf-8"?>
<Message RTPBDatatypesVersion="PBv13" RTPBTransportVersion="PBv13" RTPBTransactionDomain="RTPB"
RTPBTransactionVersion="PBv13" RTPBStructuresVersion="PBv13" RTPBECLVersion="PBv13" RTPBVersion="PBv13">
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                <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>123456789</Identification
                <Qualifier>P</Qualifier>
            </Primary>
        </From>
        <MessageID>316c5d95571c4f35acdb9fb5324181e7</MessageID>
        <RelatesToMessageID>NewRxMessageID</RelatesToMessageID>
        <SentTime>2025-02-20T10:10:03.9247997Z</SentTime>
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         <RTPBRequest>
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                 <Name>
                     <LastName>KING</LastName>
                     <FirstName>ABE</FirstName>
                 </Name>
                 <SexAndGender>
                     <AdministrativeGender>M</AdministrativeGender>
                 </SexAndGender>
                 <DateOfBirth>1955-06-12</DateOfBirth>
                 <StateProvince>AZ</StateProvince>
                 <PostalCode>97884</PostalCode>
                 <CountryCode>US</CountryCode>
                 <Extension name="City" url="http://surescripts.com/extensions/RTPBRequest/Patient/City">
                     <String>WARREN</String>
                 </Extension>
             </Patient>
             <BenefitsCoordination>
                 <GroupID>1234</GroupID>
             </BenefitsCoordination>
             <RequestedProduct>
                 <Product>
                     <DrugCoded>
                         <NDC>00456401001</NDC>
                     </DrugCoded>
                 </Product>
```

```
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                    <Value>30</Value>
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                    <QuantityUnitOfMeasure>
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                    </QuantityUnitOfMeasure>
                </Quantity>
                <DaysSupply>30</DaysSupply>
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            </Prescriber>
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    </RTPBBody>
</Message>
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RTPBResponse Example

XML

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        <Qualifier>P</Qualifier>
      </Primary>
    </To>
    <From>
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        <Qualifier>IIN</Qualifier>
      </Primary>
      <Secondary>
        <Identification>012345</Identification>
        <Qualifier>PCN</Qualifier>
      </Secondary>
      <Tertiary>
        <Identification>D00000000478396</Identification>
        <Qualifier>PY</Qualifier>
      </Tertiary>
    </From>
    <MessageID>SomeGeneratedId</MessageID>
    <RelatesToMessageID>RequestIdSentFromEHR</RelatesToMessageID>
    <SentTime>2025-03-12T10:10:02.9587124Z</SentTime>
  </RTPBHeader>
  <RTPBBody>
    <RTPBResponse>
      <Response>
        <Processed>
          <Note>Success</Note>
        </Processed>
      </Response>
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BenefitsCoordination">
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          </Extension>
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          </Extension>
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          <Extension name="GroupID" url="GroupID">
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```

```
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        </Product>
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            <Code>C28254</Code>
          </QuantityUnitOfMeasure>
        </Quantity>
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            </Identification>
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            </Quantity>
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            </PatientPayComponent>
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        </Product>
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        <PricingAndCoverages>
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```

```
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        </Pharmacy>
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    </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.

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9. Document Change Log

2026-07-30

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