surescripts

Formulary Companion Guide

surescripts

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1. Formulary Overview

About Formulary

Formulary provides a standard means for pharmacy benefit payers (including health plans and Pharmacy Benefit Managers (PBMs)) to communicate formulary and benefit information to prescribers via provider vendor systems. PBM/payers use the drug formulary to promote affordable, high-quality prescriptions for patients and periodically publish revisions to their drug formularies to represent the current clinical judgment of the PBM/payer and its affiliated providers. The service enables provider vendors to receive a range of formulary and benefit information through the service: formulary status, preferred alternatives, benefit coverage, and copay information.

> **Note:** A drug formulary is a list of prescription drugs, each one assigned a formulary status, which is a rating of that drug's effectiveness and value.

About This Guide

This Surescripts Formulary Companion Guide was created to assist Pharmacy Benefit Managers (PBMs)/Payers in developing and transferring PBM/payer benefit coverage, and group-specific formulary information files. This guide also aids provider vendors regarding how to use this formulary information.

> **Notes:**
>
> - The terms "PBM/payer" or "processor", who acts on behalf of the PBM/payer or health plan, are referred to as PBM/payer throughout this guide.
> - The terms "file" and "transmission" may be used interchangeably throughout this guide. The terms "list" or "file" and "transaction" may be used interchangeably throughout this guide as well.
> - Version terminology change: The term "list" is now referred to as "file" (e.g., alternatives list is now alternatives file).

The audience for this document includes any customer responsible for providing and accessing formulary files.

Document References

> **Note:** This guide is meant to support, integrate, and further clarify the NCPDP standard, 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.

Please reference the following documents when reading this guide:

Surescripts-provided materials
Connectivity and Authentication Implementation Guide
Eligibility Companion Guide
Formulary File Download API Overview
Formulary IDs and Eligibility Fields Overview

External materials to be obtained by the customer (available at www.NCPDP.org)
NCPDP Formulary and Benefit Standard Implementation Guide (v60 Republished May 2024)
NCPDP Formulary and Benefit Implementation Recommendations Document
NCPDP External Code List (Version 202404)
V60 Formulary and Benefit Standard Examples Guide Version 10
NCPDP Formulary and Benefit Standard Version 60 Transition Guidance Version 10

NCPDP SCRIPT

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

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

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

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

2. Integration & Production

Integration Process

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

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

Meeting Requirements

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

For requirements, consider the following:

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

Surescripts Terminology Usage

The following table outlines terminology usage for this guide:

Term	Term usage
must	Requirements that are enforced as part of the production code or Surescripts business rules.
shall	Requirements customers are required to meet in order to be certified on the Surescripts network. These requirements will be enforced as part of certification.
should	Used for guidance and best practices. Customers are encouraged, but not required, to meet best practices in order to be certified on the Surescripts network.
S.###	Designates an ACR that is shared with other Surescripts products.
F.###	Designates a Formulary ACR.

> **Note:** ACRs are summarized in the **Application Certification Requirements** section.

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

> **Note:** The Escalation Matrix for use by Surescripts customers can be found in the *Surescripts Network Operations Guide*.

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.

Data Load Connectivity

Surescripts currently supports two data loads that require a customer to send large files to Surescripts. The Master Patient Index (MPI) Data Load and the Formulary and Benefit Data Load are created by the PBM/payer and sent to Surescripts for storage. The Formulary and Benefit File is then ready for subsequent distribution. For these data loads, Surescripts supports Secure FTP for file transfer between the PBM/payer and Surescripts.

Secure FTP

Secure FTP is supported for the transfer of Master Patient Index (MPI) data loads and Formulary and Benefit data uploads using FTP over SSL, SSH with FTP and HTTP/S. Surescripts supports both Client-to-Server and Server-to-Server communications with compatible client software. A list of compatible software should be requested from Surescripts. Surescripts processes do not have file naming requirements. Security is enforced through data encryption during transfer and User ID/Password. Customer files are isolated from other customer's files.

Connectivity to Secure FTP can be established through an Internet route or through a Private Virtual Circuit with Surescripts' contracted MPLS service provider. If using the Private Virtual Circuit, the customer must allow Surescripts to install and manage two routers in their data center that connect to the customer's extranet. The customer must have dual network connectivity for redundancy.

Security

Each customer must ensure that appropriate security measures are in place within its scope of operations to the extent of its interface with Surescripts and Surescripts' systems and data. These security measures must be designed to protect against fraud and abuse and to maintain patient confidentiality.

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

Formulary and Benefit Data Load

As requested or scheduled, the PBM/payer sends group-level formulary updates to Surescripts using the Formulary and Benefit Data Load message. Once the file is retrieved, the provider vendor utilizes the file as a local repository for formulary checks.

Formulary Message Flow

Formulary Workflow

F1) PBM/payer develops and sends Surescripts a formulary file.

F2) After validating the files, Surescripts creates a response file for the PBM/payer and loads the files into the database.

F3) The provider vendor downloads formulary data from the REST API by an automated or manual process.

> **Note:** Formulary files are an important part of E-Prescribing and keeping this information up to date is required on a regular basis due to frequent changes. Customers should refer to current application certification requirements to determine appropriate formulary download frequency. Customers must ensure adequate bandwidth for download speed as well as off-hours process scheduling to download these weekly updates in support of E-Prescribing.

General Interface Description

The message specifications have been defined to allow the most effective processing.

Character Set

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

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

All ID data types are case sensitive, including routing IDs in the header.

Numeric Representation

The decimal point is represented by a period and should be used as follows:

- only when there are significant digits to the right of the decimal
- when there is a digit before and after the decimal point
- not with whole numbers

For example, consider the following possible values for a 5-digit field:

Correct Format Examples	Incorrect Format Examples
2.5	.27
0.15	3.00
21	14.

File Validation

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

To validate a file, Surescripts:

- validates the sender identification and password.
- validates the recipient identification.
- validates the syntax of the file including field lengths, data types and code values.

4. General Requirements Best Practices

Formulary Full Loads, Updates, and Deletions

- Surescripts expects PBM/payers to be able to do formulary full loads, updates, and file deletions.
- A full load must be all formulary information for the PBM/payer (every file of any type for all plans). A full load will not retain any prior information.
- A full load should be sent on a limited frequency, quarterly is best, no more than once per month.
- Updates are independent of full loads and should happen more often than full loads.
- Sending only updates is acceptable (without a full load), but a PBM must also send appropriate deletes.

Deleting Formulary File

- When should a PBM delete a formulary file?
  - Formulary files should be deleted when a plan is retired or transferred to another PBM. Removing files that no longer return matches in eligibility responses helps Surescripts maintain current data and prevents EHRs from downloading unnecessary information.
  - For legacy files, such as those that existed in v3.0 and continue in v60, PBMs should use the same file IDs for lists that were previously grouped together. For example, these three files will each use the same file ID individually: the Prior Authorization(PA) file ID, Quantity Limit(QL) file ID, and Age Limit(AL) file ID. Using the same file IDs across list types allows Surescripts to down-translate formulary data from v60 into v3.0.

> **Note:** PBMs should update each file at least once every 13 months. If not updated, Surescripts reserves the right to remove this data.

Coverage Element Modeling Best Practice

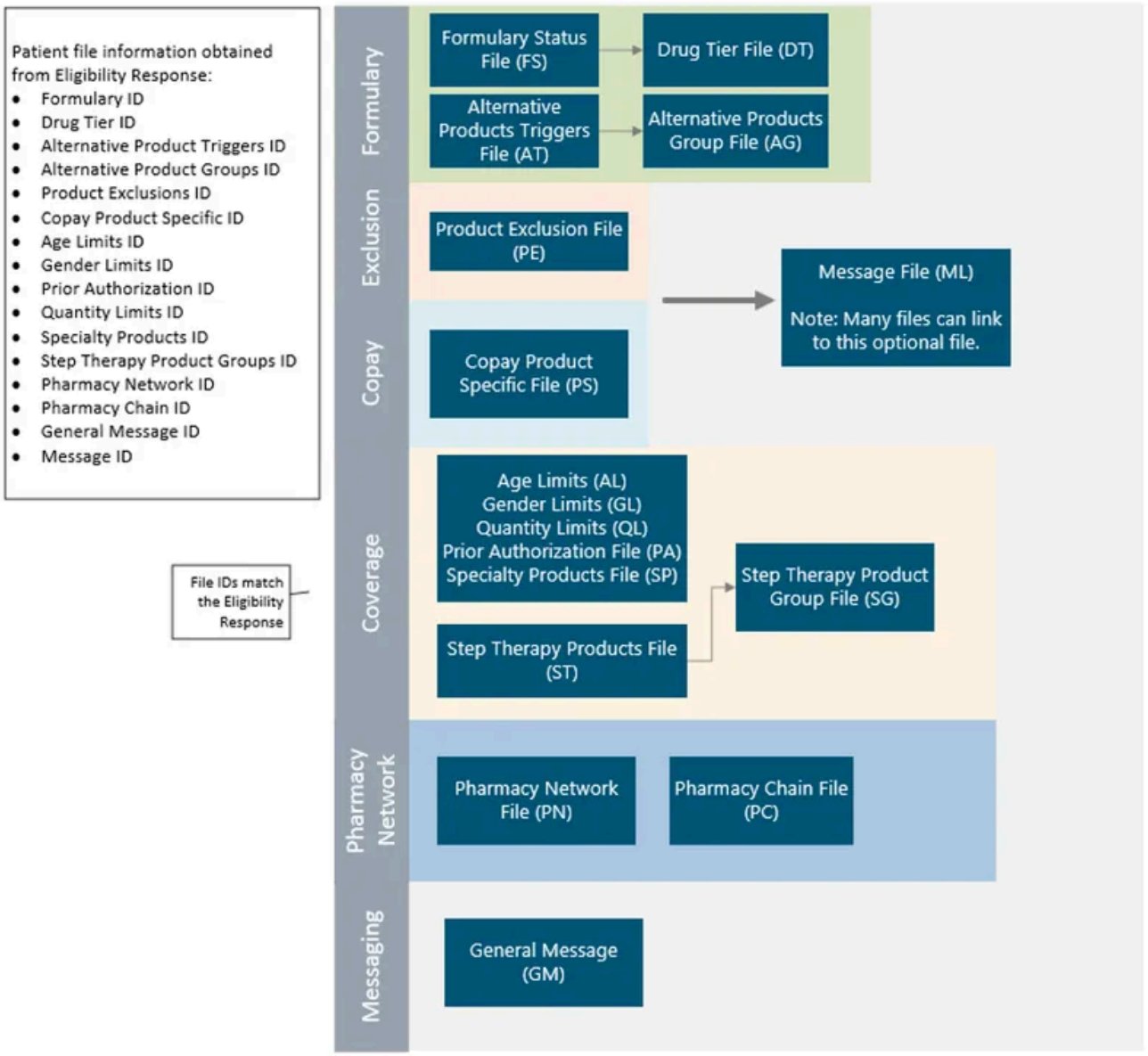
If a coverage element has a minimum but no maximum, omit the maximum field. Do not use 0 or other placeholders.

5. Formulary Data Load

> **Note:** On-Demand Formulary could be used in lieu of Formulary Download. For On-Demand Formulary, the processing of the formulary load files is processed on the customer's behalf.

Formulary and Benefit Summary Information Model

Reference: This information model is based off the information model in the Formulary and Benefit Implementation Guide Version 60. See Formulary and Benefit Implementation Guide Version 60 Sec. 4.1: Page 14 for more information.



Roll-Up for PBM/Payers

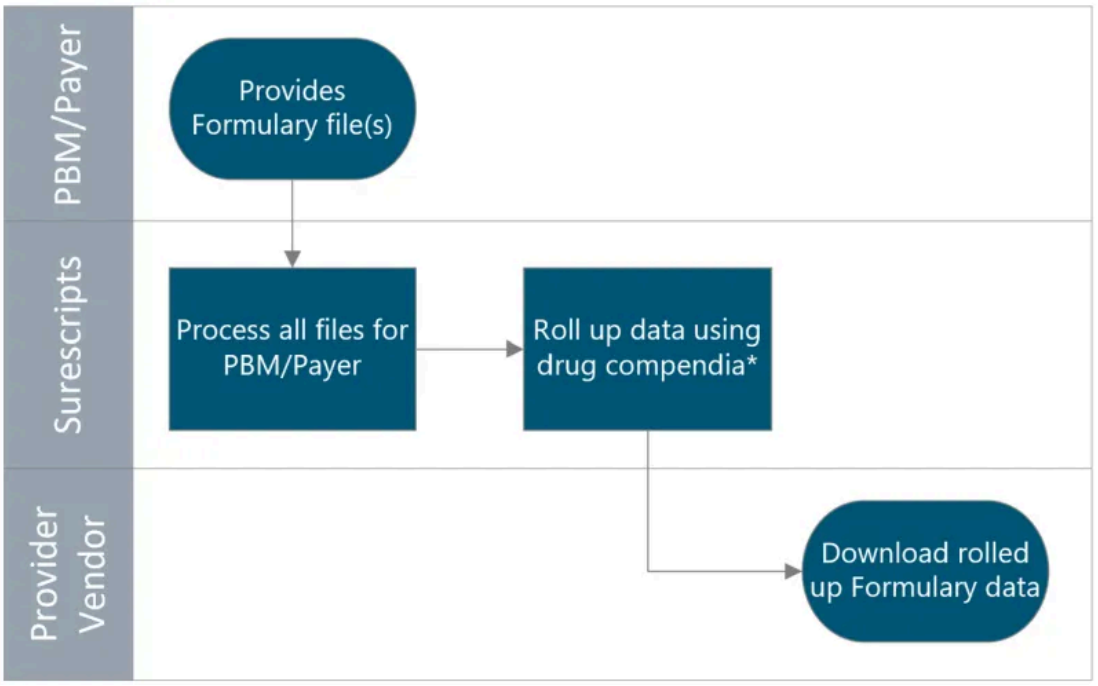
Formulary roll-up is the process of combining multiple NDCs into their representative NDC to reduce burden among provider vendor partners. The roll-up process reduces the file size and therefore reduces the time to access the Formulary data.

PBM/payers provide formulary files at the NDC-11 packaged medication level. All prescriber vendors prescribe at a dispensable medication level (medication name, strength, and form). In order to display formulary correctly, the data must be rolled up to a dispensable medication level. Surescripts performs this roll-up feature before the data is supplied to the provider vendor. Surescripts determines a representative NDC and rolls all formulary information to this level.

Notes:

- If multiple NDCs have differing formulary status, but fall under the same Representative NDC, the Representative NDC will take the highest formulary status during the roll-up process.
- The Formulary roll-up process will be applied to Formulary and Benefit Version 3.0 and higher.

Formulary Roll-Up Process Flow



*If applicable, an exception report will also be created.

During the roll-up process, Surescripts identifies discrepancies in the files provided. Surescripts generates reports that indicate conflicts in formulary status, coverage factors, and copay details. The reports are made available to the PBM/payer in a .csv file for periodic download and review.

1. The PBM/payer sends in Formulary files.
2. Surescripts processes the file and determines the representative NDCs using supported drug compendia.
    - Surescripts rolls-up all NDCs to the appropriate representative NDC chosen in step 2.
    - Surescripts creates a response file upon request that show data that needs to be reviewed. See **Formulary and Benefit File Validation (for PBM/Payers)** for more information. **Note**: If needed, a roll-up exception report based on the file analysis may also be created. If this report is needed, it will be made available in the same location as the response file.
    - Surescripts makes the rolled-up data available to the prescriber vendors.
3. Prescriber vendors download a version of the formulary data that was rolled up using prescriber vendors' contracted drug compendia.

File Processing Guidance

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 5: Page 21 for more information.

Formulary and Benefit Data Load Roles

Surescripts, PBM/payers, and provider vendors have the following roles within the Formulary and Benefit Data Load process.

PBM/Payer

Within the Formulary and Benefit Data Load process, PBM/payers load and maintain updated formulary information (formulary status, copay, coverage factors, and alternatives) at Surescripts.

Provider Vendor

Provider vendors download the formulary information from the Surescripts REST API server and integrate it into their point-of-care application. With this information, prescribers can check a prescription drug against a patient's formulary, view coverage/copay limitations, and consider alternative medications.

Surescripts

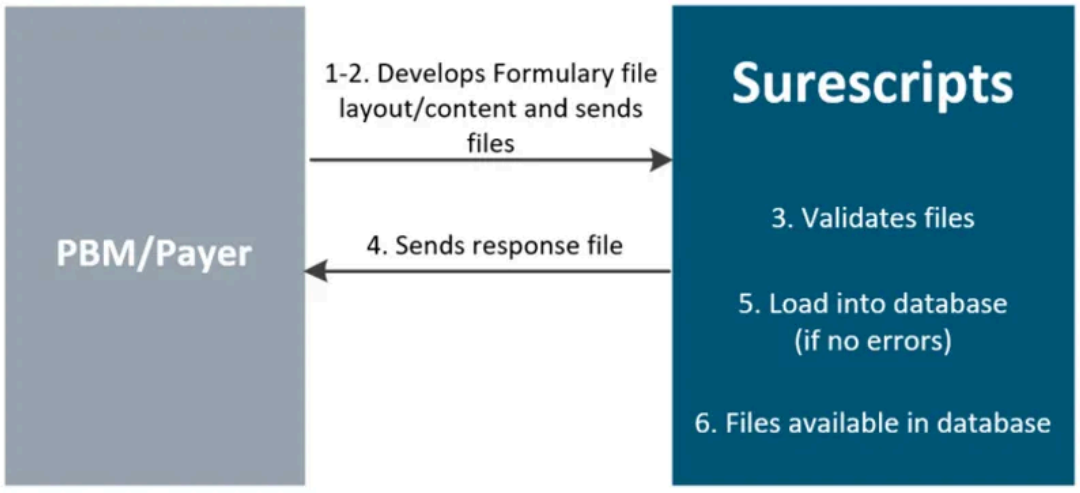
Surescripts' role in the Formulary and Benefit Data Load process is to:

- Facilitate the distribution of formulary and benefit files between the PBM/payers and provider vendors.
- Document and communicate the Formulary and Benefit Data Load specification, process, and usage guidelines.
- Validate the formulary and benefit files against the current Surescripts specification.
- Certify the provider vendor's retrieval of the formulary and benefit files.

Formulary and Benefit Data Load Process (for PBM/payers)

The Formulary and Benefit Data Load consists of two processes: Formulary Publishing (data setup and loading) and Formulary Retrieval (data integration and presentation to prescribers).

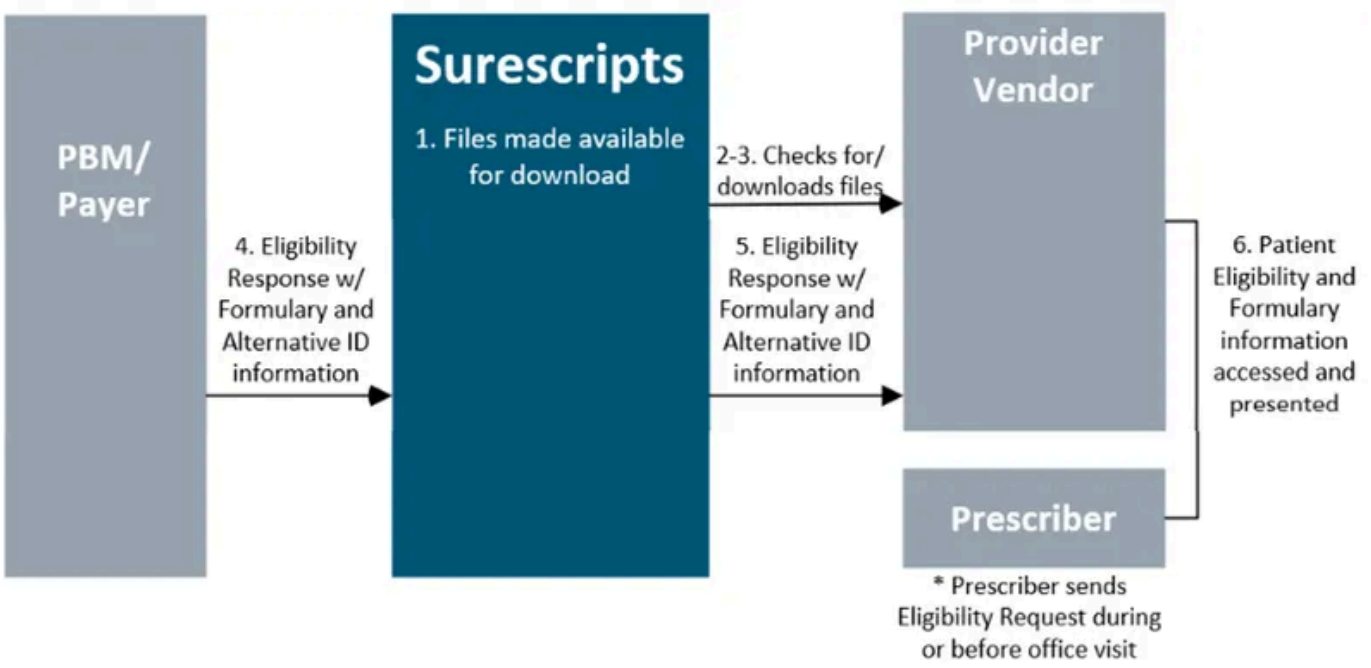
Formulary and Benefit Data Setup and Loading



1. The PBM/payer develops their formulary and benefit file layout according to Surescripts' standard Formulary and Benefit Data Load specification.

2. The PBM/payer sends Surescripts a formulary and benefit file on a defined schedule that contains one or more of the formulary and benefit file types (e.g., formulary status and/or alternatives). The Formulary and Benefit Data is electronically transmitted to Surescripts via the selected file transfer method as a single physical file.
3. Surescripts performs a validation of the file.
4. Surescripts sends the Formulary Response File back to the PMB/payer indicating the Formulary and Benefit Data load status. The Response file indicates any errors encountered in the load process.
5. Surescripts separates the file into individual formulary and benefit files, processing each with its own file identifier. Depending on the errors encountered during processing, it may prevent the data from loading into the database.

Formulary and Benefit Data Integration and Presentation to Prescribers (for Provider Vendors)



1. Based on customer-to-customer contract relationships and the permissions granted by the PBM/payer, Surescripts makes the appropriate subset of formulary and benefit files available to download from Surescripts.
2. The provider vendor checks the REST API on a scheduled basis to determine if there are new or updated formulary and benefit lists available.
3. The provider vendor downloads the formulary and benefit lists to their system and makes them available to prescribers via their point-of-care application.
   * During or before a patient's office visit, a prescriber sends an Eligibility Request (270) to verify the patient's health plan information, prescription benefit, and formulary information. The Request is routed through the system application to Surescripts' Master Patient Index (MPI) for processing, and then on to respective PBM/payer(s) for processing.
4. The patient's Formulary IDs are contained within the Eligibility Response (271) sent back from the PBM/payer(s) to Surescripts.
5. Surescripts sends the Eligibility Response (271) with Formulary and Alternative ID information to the provider vendor.
6. The point-of-care application links these IDs from the patient's Eligibility Response (271) with the corresponding lists.

> **Note:** During the prescribing process, the physician views patient formulary and benefit information within the point-of-care application to verify that a particular medication is on the patient's formulary and covered under the patient's plan. Additionally, the prescriber can view "preferred" alternative medications within that medication's therapeutic class.

Formulary and Benefit Publishing (for PBM/payers)

The following sections describe how PBM/payers develop, set up, and load their formulary and benefit files for processing at Surescripts.

File Processing Options

PBM/payers specify within the formulary and benefit file header how data should be processed. The options for the formulary and benefit file are "U" (Updates) or "F" (Full formulary replace) or "D" (file deletion). Support of the file deletion option is a necessary enhancement to allow for accurate formulary management.

> **Note:** By default, Surescripts will share all PBM/payer data; however, if requested by the PBM, Surescripts can limit access to data by provider vendor customer.

Update Process:

After receiving the formulary and benefit files from the PBM/payer, Surescripts checks each section of the file to validate that the data is formatted correctly. If any of the files were previously loaded in the database, the new files replace the existing ones, thereby updating the information. Any new information not previously loaded in the database is added. Updates will be processed even if the file contains validation errors. This process is outlined in the Reject Code Summary.

When a PBM/payer would like to notify its partners of the discontinuation of a file, they send an action code of "D" (Delete) within the header and include no detail rows in the file. When downloading, provider vendors should always compare their files to those available at Surescripts and update their records accordingly.

> **Note:** If the PBM/payer wants the provider vendor to be notified of the delete, they cannot remove access to the deleted file within the distribution list.

Full Replace Process:

With the Full Replace process, the new formulary and benefit file overwrites all the previously loaded files from the PBM/payer. Full loads will be processed even if the file contains validation errors. This process is outlined in the Reject Code Summary below.

- Full replace option should only be used when all file types can be sent to Surescripts in one physical file.
- Any formulary and benefit file previously loaded in the database that is not included in the new file is purged from the system.

Environment Setup

Before sending formulary and benefit files to Surescripts, PBM/payers need to set up a network connection to Surescripts and implement the selected file transfer method within their environment. The network connection is set up and configured as part of the regular integration process with Surescripts. For more information, refer to the **Secure File Transfer**.

Formulary and Benefit File Naming and Structure

The PBM/payer's data load can be made up of several file types. Surescripts stores these individually, as separate files, to give the provider vendor the ability to select the formulary status, alternative, coverage or copay file applicable to a specific patient. The structure of these lists as they appear to the provider vendor is described below.

File Naming

The individual formulary and benefit files are named according to the value specified within the formulary and benefit file header (the "Formulary ID" field). The field is a text field; it can only contain the following characters (A-Z, a-z, Numeral 0-9, period ".", and a dash "-"). This also applies to Alternative ID, Coverage ID, and Copay ID as these fields are also used to create file names. The Formulary ID can be up to 10 characters long. The file names are tied to each Participant's ID; therefore, if two PBM/payers use the same file name, the Participant ID is what distinguishes them within the system.

Notes:

- During the transition period, due to the previous standards formulary coverage and copay identifiers allowing special characters, those translated files may include characters outside of the approved v60 file naming character set. This is to ensure support for vendors migrating to the upgrade. Provider vendor customers will need to ensure they allow processing for these characters.
- Underscores are not allowed in the File ID portion of the file name.

Formulary Retrieval (for Provider Vendors)

Surescripts uses a REST API to enable provider vendors to retrieve Formulary files. The API supports both the NCPDP Formulary & Benefit Version 3.0 as well as Version 60 (republished May 2024),and enables the vendor system to:

- retrieve available formulary sources and file types
- search for formulary files based on source PBM/payer, file type, and load and modified dates
- download located files

For more information, refer to the Surescripts Formulary File Download API Overview.

6. Formulary Files and Definitions

The Formulary files are the basic data structure in which users of the Formulary File Load service convey information. Data updates, deletions, and distribution controls are all managed at the file level. A single file contains a set of related data which can be added, updated, deleted, and distributed as a group. The following are specific examples of formulary and benefit files: Formulary Status File, Alternatives File, Coverage File, or Copay File.

Note: See **Appendix B: Formulary Status and Preference Level** for more information.

Reference: For a full list of Formulary Files and definitions, see NCPDP Data Dictionary and External Code List. Please note that an NCPDP log in is required for access information on that site.

7. 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.
optional	Some fields do not have specific conditions. Data should be sent if available.

> **Note:** This guide only includes data elements where Surescripts has specific requirements or further explains the field usage. Refer to the NCPDP implementation guide for a complete list of elements. In addition, comments below where codes are specified are either to call out Surescripts notes and/or to show the code recommended by Surescripts. For a full list of codes, please refer to the NCPDP guide.

Formulary and Benefit Data Load Specification

The formulary and benefit data load is represented as a flat variable length file. The pipe character (hex 7c) will be used to delimit fields and the new line (hex 0a) character will delimit records.

> **Note:** Mandatory fields cannot be populated with all blank spaces.

Formulary and Benefit File Header

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** HDR
Version/Release Number	mandatory	Version Number of this specification. **Value:** 60
Sender ID	mandatory	ID as assigned by Surescripts identifying the sending customer (PBM/payer). The sender represents the entity that is providing the data and creating the file.
Sender Participant Password	mandatory	Password for this customer as assigned by Surescripts. Only populated when PBM/payer is sending file to Surescripts.
Receiver ID	mandatory	Only populated when PBM/payer is sending file to Surescripts. **Value:** S00000000000001
Source Name	mandatory	Name of Source supplying the formulary - PBM/payer.
Transmission Control Number	mandatory	Unique identifier defined by the sender.
Transmission Date	mandatory	Date message was created. Format: CCYYMMDD
Transmission Time	mandatory	Time message was created. Format: HHMMSSDD
Transmission File Type	mandatory	Identifier telling the type of message **Value:** FRM = Formulary And Benefit Load
Transmission Action	mandatory	Action for the entire message. For PBM/payers, this action tells Surescripts if this file replaces all previously loaded files from this Source. (F = Full Replace), or if it is an update file, (U = Update) - contains updated files only, (D = Delete), all sub-files will be deleted. An “F” (Full Replace) action indicates to the receiver to remove ALL previously loaded files from this source from the database. The new file is then loaded in their place. A “U” (Update) contains files that need to be updated or added on an individual basis to the formulary database.

Field	Code	Comments
Extract Date	mandatory	Date the file was extracted from the internal Publisher's system. Format: CCYYMMDD
File Type	mandatory	Test or Production **Values:** T=Test P=Production

Formulary and Benefit File Trailer

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.1.2: Page 39 for element details.

Formulary Status File (FS)

Formulary Status Header

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** FHD
Formulary ID	mandatory	Identification for the formulary. The ID for the Drug Formulary Number ID that may have been returned in the X12 Eligibility Response (271) message (located in loop 2110C, REF02). See F.208 and Formulary IDs and Eligibility Fields Overview for more information. Must be unique across all files of this type. Valid characters are (A-Z, a-z, Numeral 0-9, period ".", and a dash "-")
Non-Listed Prescription Single Source Brand Formulary Status	mandatory	Tells the receiver how to treat non-listed prescription branded medications. Reference: Refer to the NCPDP ECL for values. **Values:** Z = Zero Dollar Copay P = On Formulary/Preferred B = Brand Preferred (over generic) O = On Formulary/Non-Preferred C = Carve-Out N = Non-Formulary X = Non-Reimbursable without authorization Y = Non-Reimbursable U = Unknown
Non-Listed Prescription Multi-Source Brand Formulary Status	mandatory	
Non-listed Prescription Generic Formulary Status	mandatory	Tells the receiver how to treat non-listed prescription generic medications. Reference: Refer to the NCPDP ECL for values. **Values:** Z = Zero Dollar Copay P = On Formulary/Preferred B = Brand Preferred (over generic) O = On Formulary/Non-Preferred C = Carve-Out N = Non-Formulary X = Non-Reimbursable without authorization Y = Non-Reimbursable U = Unknown
Non-listed Brand Over The Counter Formulary Status	mandatory	Tells the receiver how to treat non-listed brand over the counter medications. Reference: Refer to the NCPDP ECL for values. **Values:** Z = Zero Dollar Copay P = On Formulary/Preferred B = Brand Preferred (over generic) O = On Formulary/Non-Preferred

Field	Code	Comments
		C = Carve-Out N = Non-Formulary X = Non-Reimbursable without authorization Y = Non-Reimbursable U = Unknown
Non-listed Generic Over The Counter Formulary Status	mandatory	Tells the receiver how to treat non-listed generic over the counter medications. Reference: Refer to the NCPDP ECL for values. **Values:** Z = Zero Dollar Copay P = On Formulary/Preferred B = Brand Preferred (over generic) O = On Formulary/Non-Preferred C = Carve-Out N = Non-Formulary X = Non-Reimbursable without authorization Y = Non-Reimbursable U = Unknown
Non-listed Medical Supplies Formulary Status	mandatory	Tells the receiver how to treat non-listed supplies. Reference: Refer to the NCPDP ECL for values. **Values:** Z = Zero Dollar Copay P = On Formulary/Preferred B = Brand Preferred (over generic) O = On Formulary/Non-Preferred C = Carve-Out N = Non-Formulary X = Non-Reimbursable without authorization Y = Non-Reimbursable U = Unknown
File Effective Date	mandatory	CCYYMMDD
File Expiration Date	mandatory	CCYYMMDD

Formulary Status Detail

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** FDT
Product/Service ID - Source	conditional	business rule Drug ID (NDC). Field must be sent. Mandatory because Class ID is no longer used. Note: Surescripts requires N 11/11. Qualified by Product/Service ID Qualifier. If either Product/Service ID or Product/Service ID qualifier is sent, then both are required.
Product/Service ID Qualifier	conditional	business rule Drug ID qualifier. Field must be sent. **Value:** 03 = National Drug Code (NDC) 36 = Representative National Drug Code (NDC) Note: Only NDC is supported by Surescripts. If either Product/Service ID or Product/Service ID qualifier is sent, then both are required.
Reason for Use Code	optional	Surescripts recommends using ICD-10 diagnosis codes to improve PBM/payer processing accuracy.
Reason for Use Code Qualifier	optional	**Value:** ABX = ICD-10
Reason for Use Description	optional	
Reason for Use Action	conditional	Reason for Use Action should be left blank.
Formulary Status	mandatory	Status of the medication within the formulary. Reference: Refer to the NCPDP ECL for values. **Values:** Z = Zero Dollar Copay P = On Formulary/Preferred B = Brand Preferred (over generic) O = On Formulary/Non-Preferred C = Carve-Out N = Non-Formulary X = Non-Reimbursable without authorization Y = Non-Reimbursable U = Unknown

Field	Code	Comments
Preference Level	optional	See Appendix A: Formulary Status and Preference Level for more information. **Values:** 1 = Most preferred 2-98 = Ordered preference between least to most 99 = Least preferred
Formulary Copay Price Point	conditional	Formulary Copay Price Point should be left blank.
Drug Tier Link	conditional	
Message Link	conditional	

Formulary Status Trailer

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.2.3: Page 42 for element details.

Drug Tier

Note: Surescripts does not support the Drug Tier file at this time.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.2.4 through 8.2.6: Page 42 for header, detail, and trailer element details.

Alternatives Products Triggers File (AT)

Alternative medications for a specified product.

Alternative Products Triggers Header

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** AHD
Alternative Product Triggers ID	mandatory	The identification number for this alternative file. The ID for the alternative file that may have been returned in the X12 Eligibility Response (271) message (located in loop 2110C, MSG01 “Message Text” element) See F.208 and Formulary IDs and Eligibility Fields Overview for more information. Must be unique across all files of this type. Valid characters are (A-Z, a-z, Numeral 0-9, period “.”, and a dash “-“)
File Effective Date	mandatory	Date the file goes into effect. Format: CCYYMMDD
File Expiration Date	mandatory	Date the file expires. Format: CCYYMMDD

Alternative Products Triggers Detail

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** ADT
Product/Service ID - Source	mandatory	business rule Drug ID (NDC). Field must be sent. If either Product/Service ID or Product/Service ID qualifier is sent, then both are required.
Product/Service ID Qualifier	mandatory	business rule Drug ID qualifier. Field must be sent. **Values:** 03 = National Drug Code (NDC) - This can be the representative NDC Number. Note: Only NDC is supported by Surescripts. 36 = Representative National Drug Code (NDC) If either Product/Service ID or Product/Service ID qualifier is sent, then both are required.
Alternative Product Groups Link	mandatory	

Alternative Products Triggers Trailer

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.3.1.3: Page 44 for element details.

Alternative Product Groups File (AG)

Alternative medications for a specified product.

Alternative Product Groups Header

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** AGH
Alternative Product Groups ID	mandatory	Used to link the products links file to the product groups file. The ID for the alternative file that may have been returned in the X12 Eligibility Response (271) message (located in loop 2110C, MSG01 “Message Text” element) See F.208 and Formulary IDs and Eligibility Fields Overview for more information. Must be unique across all files of this type. Valid characters are (A-Z, a-z, Numeral 0-9, period “.”, and a dash “-”)
File Effective Date	mandatory	Date the file goes into effect. Format: CCYYMMDD
File Expiration Date	mandatory	Date the file expires. Format: CCYYMMDD

Alternative Product Groups Detail

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** AGP
Alternative Product Groups Link	mandatory	
Reason for Use Code	optional	
Reason for Use Code Qualifier	optional	
Reason for Use Description	optional	
Formulary Status Override	mandatory	This field should be used when indicating medications of higher status. Reference: Refer to the NCPDP ECL for values. **Values:** Yes No
Product/Service ID - Alternative	conditional	business rule Drug ID (NDC). Field must be sent. Drug ID (NDC) Mandatory because Class ID is no longer used. If either Product/Service ID or Product/Service ID qualifier is sent, then both are required
Product/Service ID Qualifier	conditional	business rule Drug ID qualifier. Field must be sent. **Values:** 03 = National Drug Code (NDC) - This can be the representative NDC Number. Note: Only NDC is supported by Surescripts. 36 = Representative National Drug Code (NDC) If either Product/Service ID or Product/Service ID qualifier is sent, then both are required
Combination Drug Grouping	conditional	
Preference Level	mandatory	If there are multiple alternatives for a given Source NDC, this is the PBM/payer's order of preference (a higher number equals greater preference). 1-99 (Lower number indicates more preferred)

Alternative Product Groups Trailer

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.3.2.3: Page 46 for element details.

Copay Summary File (CS)

Note: Surescripts does not support the Copay Summary file at this time.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.4.1: Page 46 for header, detail, and trailer element details.

Copay Product-Specific File (PS)

Copay Product-Specific Header

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** CPH
Copay Product Specific ID	mandatory	Must be unique across all files of this type. Provides the linkage for managing the processing of detail data over time. Valid characters are (A-Z, a-z, Numeral 0-9, period ".", and a dash "-")
File Effective Date	mandatory	Date the file goes into effect. CCYYMMDD expressed in UTC.
Expiration Date	mandatory	Date the file expires. CCYYMMDD

Copay Product-Specific Detail

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

Note: The field Reason for Use Action should be left blank for Copay-Product Specific Detail.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.4.2.2: Page 49 for element details.

Copay Product-Specific Trailer

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.4.2.3: Page 52 for element details.

Product Exclusion File (PE)

Product Exclusion Header

Field	Code	Notes
Record Type	mandatory	**Value:** PEH
Product Exclusion ID	mandatory	This ID will tie the coverage file to a patient or health plan.
File Effective Date	mandatory	Format: CCYYMMDD
File Expiration Date	mandatory	Format: CCYYMMDD
Message Link	optional	Link value used to match a message trigger product to a text message and/or a web link in the message file.

Product Exclusion Detail

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.1.2: Page 53 for element details.

Product Exclusion Trailer

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.1.3: Page 53 for element details.

Field	Code	Comments
Record Type	mandatory	Identifies record type. **Value:** PET
Record Count	mandatory	Do not include the Product Exclusion Header and Trailer records in this count. Total number of Product Exclusion Detail records.

Age Limits (AL)

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.2: Page 54 for header, detail, and trailer element details.

Gender Limits File (GL)

Business rules:

- Product/Service ID and Product/Service ID Qualifier must be sent.
- Sex Assigned at Birth: Must be populated because it is required for translation from Formulary v60 to Formulary v3. The v60 Sex Assigned at Birth value is mapped directly to the v3 Gender Code.

- Gender Code: Must always be populated.
  - Use U (unknown) when Gender Code is not a coverage factor and coverage is determined solely by Sex Assigned at Birth.
  - Use F (female), M (male), or N (non-binary) when both Sex Assigned at Birth and Gender Code are used to determine coverage.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.3: Page 55 for header, detail, and trailer element details.

Prior Authorization File (PA)

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.4: Page 57 for header, detail, and trailer element details.

Quantity Limits File (QL)

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.5: Page 59 for header, detail, and trailer element details.

Specialty Products File (SP)

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.6: Page 61 for header, detail, and trailer element details.

Step Therapy Products File (ST) and Step Therapy Products Groups (SM) File

Business rule: Product/Service ID and Product/Service ID Qualifier must be sent.

Notes:

- Surescripts only supports the "Step Therapy Product Groups ID" in the "Step Therapy Product Groups" file header.
- Surescripts supports the Step Therapy Product Groups Link with a length of up to 40 characters.

Reference: See Formulary and Benefit Implementation Guide Version 60 Sec. 8.5.7: Page 62 for Step Therapy Products File and Step Therapy Product Groups header, detail, and trailer element details.

Pharmacy Network Status Files

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 8.6: Page 65 for Pharmacy Chain File and Pharmacy Network File header, detail, and trailer element details.

Messaging File

Business rule: For General Message Detail, Product/Service ID and Product/Service ID Qualifier must be sent.

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 8.7: Page 68 for General Message Detail and Message File and Pharmacy Network File header, detail, and trailer element details.

Formulary and Benefit File Validation (for PBM/payers)

A formulary and benefit file coming from a PBM/payer goes through a series of validations at Surescripts before it is loaded. These validations are described in the following sections. For more information on the possible error codes returned, refer to the Reject Code Summary.

Formulary and Benefit File Header and Trailer Validation

The formulary and benefit file header and trailer is the wrapper for the entire file. Surescripts performs the following validations for the file header and trailer:

1. Validate the proper physical format of the header (required fields are present and contain valid values as defined in Surescripts' specification).
2. Validate the sender (source) Participant ID and password.
3. Validate that the File Type (Usage Indicator) is valid for the system the file is sent to (i.e. T for Test, P for Production).
4. Validate the version number.
5. Validate the record length and termination of the header and trailer.

Upon failure of the validations performed in steps 1-5, Surescripts submits a Response File to the PBM/payer with the appropriate error code. Processing stops when a header level error is encountered.

Formulary and Benefit Response File

A Response File is posted for the PBM/payer to retrieve after it has been loaded or attempted to load. It contains information related to any errors encountered by the recipient while attempting to load the file.

For more detailed information on the error codes sent within the Response File, refer to the Reject Code Summary.

Formulary And Benefit Response File Header	**Must occur 1**
Formulary And Benefit Response File Detail	Occurs 0 if no errors or system error Occurs 1 to n if errors
...	
Formulary And Benefit Response File Trailer	**Must occur 1**

Formulary and Benefit Response File Header

Field	Code	Notes
Record Type	mandatory	Identifies record type. **Value:** SHD
Version/Release Number	mandatory	Version Number of this specification 60
Sender ID	mandatory	ID as assigned by Surescripts identifying Surescripts
Receiver ID	mandatory	ID assigned by Surescripts for the recipient or PBM/payer (original sender of the Formulary and Benefit Data Load.)
Sender Participant Password	mandatory	Password assigned by Surescripts for accessing the PBM/payer system.
Transmission Control Number	mandatory	Unique identifier defined by the sender
Transmission Date	mandatory	Date message was created. CCYYMMDD
Transmission Time	mandatory	Time message was created. HHMMSSDD
Transmission File Type	mandatory	Identifier telling receiver the type of file. FRE – Formulary Transaction Response
Transmission Number - Originating	mandatory	Number of the original formulary message.
Transmission Date-Originating	mandatory	Date Original Incoming File was created (D8 -). CCYYMMDD
Transmission Time-Originating	mandatory	Time Original Incoming File was created. HHMMSSDD
File Type (Usage Indicator)	conditional	Test or Production (T/P) **Values:** T=Test P=Production
Load Status	conditional	Code Explaining the status of the load. **Values:** 01 = File loaded correctly. The entire formulary and benefit data load file has loaded without any errors. No detail row errors exist. 02 = File loaded with errors The file was partially loaded due to row level errors. For row error information, refer to the Reject Codes section.

Field	Code	Notes
		03 = File contains errors - File Not loaded The entire file was unable to load because of errors. This error code is only used for Full Replace processes or with Update processes where all files contain an error and none of the files are loaded. 04 = System Error – An error has occurred during processing not related to the structure of the file. Contact Surescripts and then resend the same file.

Formulary and Benefit Response File Detail

Field	Code	Notes
Record Type	mandatory	Identifies record type. **Value:** SDT
Absolute Row Number	mandatory	The absolute row or line number in the file that contains the error. If the row number is 1 then the error is for the file header.
Section Column in Error	mandatory	Column number that contains the error. Column number of error in row. The first field - Record Type is considered column 0, the next field is considered column 1.
Reject Code	mandatory	Describes error for this column Note: If an error occurred, the entire file that the error was in did not load. See Reject Code Summary below.
Additional Message Information	conditional	Free text description of the error.
Data in Error	conditional	Copy of the bad data. If the data in error is longer than 100 characters it will be truncated. If a pipe character is in the data it will be represented as [PIPE]

Formulary and Benefit Response File Trailer

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 9.1.3: Page 72 for element details.

Reject Code Summary

For any validation error, an error message is sent including the reject code value and a detailed description.

When the Formulary and Benefit File Header Load Status contains “02 – File loaded with errors” or “03 – File contains errors – File not loaded”, the following reject code values may be reported:

- If an overall file header or a file trailer contains an error, the processing of the entire file is stopped and the entire file is rejected. Response file contains load status “03”.
- If a sub-file (list) header or sub-file (list) trailer contains an error, that sub-file (list) will be rejected, but any other valid sub-files (list) will be processed. Response file has load status “02”.
- If a detail row contains an error, the row containing the error is rejected, but the rest of the sub-file will be processed. Response file has load status “02”.

Example of an error message:

SDT|22|5|1007|Required length: 1 - 35|1782^Acetaminophen-Propoxyphene Hydrochloride

> **Note:** The process that Surescripts is using to process the formulary files is an enhancement to what is in the standard. This enhanced process is needed to provide clearer error details and fewer rejections of the entire file.

Code	Surescripts Detailed Error Message Description
1001	No Valid Detail 1.0
1002	Required list missing
1003	Unknown Segment - there is an extra blank line in the file
1004	Unexpected Segment - header can only be on first line
	Unexpected Segment - list detail with no list header
	Unexpected Segment - wrong detail type for header
	Unexpected Segment - non valid record identifier
	Unexpected Segment – missing list trailer
	Unexpected segment - list header type does not match list trailer type
	Unexpected segment - missing list header
1006	Required field missing
	All fields or no fields must be populated: drug-reference-number drug-reference-qualifier
	Field [field name] is required when [field name] = [specific value]
	Fields [list of fields] require [field name]
	At least [number] fields must be populated: [list of fields]
	Field [field name] is required when [field name 2] is populated, or [field name 3] is empty
1007	Required length: 1 - XX
	Not in range [1-XX]
1009	Disallowed characters found
	Not one of allowed values
	This value must be numeric
	Invalid Date Format expect: yyyyMMdd
	Not matching pattern: [A-Za-z0-9 .-]+
	Invalid Date: yyyyMMdd
	Invalid Time Format expect: HHmmssdd
	Invalid Transmission Action
	Invalid Usage Indicator
	Invalid Extract Date Format: yyyyMMdd
1010	Extra Data Found After Segment - max fields: XX
1012	List Trailer count: XX expected YY
1013	Invalid Participant ID or Password
	Invalid Receiver Id

Code	Surescripts Detailed Error Message Description
1014	Sender ID Not Certified for Processor/Payor
9000	Duplicate detail record
	Duplicate list header
	System Exception
	Field [field name 1] is greater than [field name 2] and should be <= [value of field name 2]
	Field [field name] must be empty when [field name] = [specific value]

8. Application Certification Requirements

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

Acceptable drug compendia include the following:

- Elsevier
- SCHOLZ DataBank
- First Databank (FDB)
- Cerner Multum
- Wolters Kluwer Medi-Span
- Merative (formerly IBM Truven Health Analytics)
- Or others as approved by Surescripts

F.200: If the application displays Formulary from sources other than Surescripts, the application shall identify which Formulary was retrieved via Surescripts.

F.201: During the prescription writing process, the application shall make the following available: formulary status with preference levels, coverage factors, and copay factors (Mail and Retail at a minimum) for medications at the medication name/strength/dosage form level.

Utilizing unique, actionable indicators or abbreviations is permissible when:

- Coverage factor(s) applies
- Copay applies
- User action on the indicator presents all details in their entirety.

> **Note:** For alternatives, only formulary status and copay factors (Mail and Retail at a minimum) are required for display.

F.202: The application shall make available for display alternative medications with a more-preferred formulary status when the target medication is the following:

- O - On-Formulary/Non-Preferred
- C - Carve-Out
- N - Non-Formulary
- X - Non-Reimbursable without authorization
- Y - Non-Reimbursable

> **Note:** Note: The application may further filter alternatives by utilizing decision support logic (e.g. only showing alternatives applicable due to gender, age, diagnosis, etc.).

F.203: If payer-specified alternatives are available for the target medication, they shall be displayed most to least preferred, according to the preference level of the alternative.

F.204: Payer-specified alternatives shall be displayed first when therapeutic alternatives are also available

F.205: The customer shall ensure that end users are using the latest formulary information at least every week.

F.206: Formulary file publishers shall support the following file transmission actions: FULL REPLACE, UPDATE, and DELETE.

F.207: Formulary publishers shall support, at a minimum, the Formulary Status file type.

F.208: Formulary publishers shall ensure the Eligibility Response (271) transaction correctly identifies the corresponding plan's formulary files per table in Appendix A: Field Mapping.

> **Note:** See Formulary IDs and Eligibility Fields Overview for more information on field mapping.

9. Field Mapping

For details on Formulary ID usage and the corresponding REF segments in the 2100C/D loops of the X12 271, including message examples, refer to the Formulary IDs and Eligibility Fields Product Overview.

10. Formulary Status and Preference Level

Formulary Status

Formulary status is the status of the drug within the formulary. This field represents the general amount of payment assistance the insurance provides for a medication. Formulary status is used in: Formulary Status Detail, Copay Summary File Detail, and Product Exclusion File Detail.

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 4.2.1: Page 16 for more information.

Additional guidance: Determining the best record between Brand Preferred (B) and On Formulary/Preferred (P)

If records containing B and P Formulary Status values have different Preference Levels, the record with the lower Preference Level is considered to be better. However; the record with the P value is considered to be better than one containing B when:

- preference level values of the two records are the same, or
- preference level is not populated in either record.

Value Descriptions

Value	Description	"Best" rollup ranking 1 = best	"Best" roll-up rationale
Z	Zero Dollar Copay This medication does not have a copay. The cost is $0 to the patient.	1	No cost to the patient
P or B	Note: August 2024: This section was changed based on discussion in the NCPDP Formulary & Benefit Task Group and development of the v63 F&B version and Examples Guide. On Formulary/Preferred (P) has a higher rollup ranking than Brand Preferred if the records have equal Preference Levels. The medication is the preferred payable products in that patient's plan formulary. Brand Preferred (B) Indicates the payer prefers the brand over the generic.	2 / 3	See Determining the best record between Brand Preferred (B) and On Formulary / Preferred (P) above
O	On Formulary The medication submitted is included in the list of payable products in that patient's plan formulary but that there may be a more preferred product in the therapeutic category.	4	On the formulary but not preferred
N	Non-Formulary Response code indicating that the prescribed drug is not included in the plan formulary.	5	Not in the formulary, but covered to some extent
X	Non-Reimbursable without authorization This medication is not covered although an exception or appeal process may exist.	6	Product might be covered
Y	Non-Reimbursable The medication will never be reimbursable by the payer with no appeal process.	7	Product is never covered
C	Carve-Out This medication is processed by a third party, not the payer providing the formulary.	8	Is a more informational form of "unknown"
U	Unknown (all versions)	9	Any other value is more informational

Preference Level

If there are multiple alternatives for a given Source drug, Preference Level is the payer's order of preference (a lower number equals greater preference). Preference Level is used in Formulary Status Detail, Alternative Product Groups Detail, and Step Therapy Product Groups Detail.

> **Reference:** See Formulary and Benefit Implementation Guide Version 60 Sec. 4.2.1: Page 17 for more information.

Per the Formulary and Benefit Implementation Guide Version 60:

- The numeric preference level provides additional detail within the same formulary status.
- Formulary status is determined by using the formulary status value and preference level combination. Products with a higher preference level with the same formulary status are considered less preferable by the payer; those with a lower status are more preferable.

- Treat all non-listed defaults with a formulary status preference level of “100” and do not display this value. They will have a very low preference compared to explicitly listed values with a preference level.

Use of Preference Level in Formulary Status List Rollup

Preference Level serves as a secondary factor when determining the “best” Formulary Status list record (after the Formulary Status value).

If multiple input records have the same Formulary Status but different Preference Levels, the record with the lowest Preference Level is the “best” and is included in the rolled-up list.

Value Descriptions

Value	Description	“Best” rollup ranking 1 = best
1	Most Preferred (V60)	1
2-98	Ordered preference between least to most (V60)	2 - 98
99	Least Preferred (V60)	99

11. Secure File Transfer

Surescripts supports the Secure FTP method for file transfer.

File Processing Guidelines

The files received by Surescripts must be in an ASCII line-feed terminated format. Typically, the file transfer methods will inherently perform character set and record termination translation.

The maximum file size a customer should send to Surescripts is 1 GB. If a customer needs to send a file larger than 1 GB, they should notify Surescripts to ensure we will be able to process the file.

> **Note:** Compression should be used when possible while sending files to Surescripts. The preferred file type is .gzip, but other supported file types are .zip and .bzip.

Secure FTP

The Surescripts Response File naming convention will closely match the file name as transfer to Surescripts, with the addition of a timestamp value appended. Response files can be pulled by the customer using client software that is compatible with the Surescripts Secure FTP Server. If the customer has a compatible Secure FTP server, Surescripts can optionally push Response files to the customer's Secure FTP Server. Contact your Surescripts representative for more information on the Secure FTP process.

12. Disclaimers

Guide Disclaimer

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

Examples Disclaimer

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

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

Copyright

13. Document Change Log

July 24, 2026

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