surescripts

Surescripts **Deployment Services**

Understanding Formulary & Benefits for Electronic Prior Authorization

With Electronic Prior Authorization, formulary files are provided to prescribers within their EHR by Pharmacy Benefit Managers (PBMs) and insurers. These files help prescribers make clinical decisions based on medications covered by each patient's pharmacy benefit. Several components are combined to present coverage information at the appropriate time during prescribing.

Master Patient Index (MPI)

PBMs and insurers provide Surescripts with a roster of covered patients. The details they provide include basic demographics (first name, last name, gender, DOB and ZIP code) and a unique identifier that is specific to each patient and their PBM/insurer (PBM Unique ID). Surescripts uses this information to identify a patient when a prescription eligibility request is received from a prescriber via their EHR.

NOTE: If a patient is covered by a PBM/insurer, but the PBM/insurer does not include the patient in their roster, Surescripts will be unable to find a match and the prescriber will not see prescription drug coverage details.

Prescription Eligibility Request/Response

At the point of care, the prescriber sends a request to Surescripts via their EHR. This request includes the patient's demographic information so Surescripts can check if the patient has prescription drug coverage. Then, Surescripts tries to match the patient to the MPI. If a match is found, Surescripts sends the patient's demographics and the PBM Unique ID to the PBM, which enables the PBM to locate the patient-specific benefit information. Then, the PBM responds with identifiers that tell the EHR which plan-specific formulary list to display during the ePrescribing workflow. It is not uncommon for a patient to have multiple pharmacy benefits and if so, each will be available during the ePrescribing process.

NOTE: If a patient is not found (due to incorrect demographics or the patient not being contained in the MPI), no formulary lists will be returned and the prescriber will be unable to see prescription drug coverage details.

Formulary Files

Formulary files are the lists that are referenced by the EHR based on the identifiers returned by the PBM with a prescription eligibility response message.

There are four main types of files with several sub-types.

Formulary Status	Identifies if a given drug is covered or not covered; PBM/insurer's preference level may be indicated as well. The higher the preference level, the more preferred. However, the numerical value may vary by PBM.
Alternatives	Identifies alternatives for a given drug if the PBM/insurer prefers other options based on the patient's drug coverage.
Copay	Identifies copay details for a given drug; details can be dollar specific or relative (based on tiers).
Coverage Factors	Identifies if a coverage factor or restriction applies to a given drug; several subtypes of coverage restrictions are possible and more than one coverage factor/restriction may apply to a single drug. If a drug requires a prior authorization, there may be an indication of such in the coverage factors.

Prior authorization flags are a coverage factor that tells a prescriber at the point of e-prescribing whether or not a prior authorization is required. Without the flag, a prescriber is unable to determine if a prior authorization is necessary.

NOTE: Formulary data is health plan-specific, not patient-specific.