RxChange **FAQs**

Where can a current implementation guide for RxChange be obtained?

Current implementation guides can be provided by your Surescripts Account Manager or from your Surescripts Integration Manager.

When should an RxChange request be sent?

When the pharmacy identifies a need to make a change to or clarify the original new prescription. There are three use cases:
1. Therapeutic Interchange
2. Generic Substitution
3. Prior Authorization

Are pharmacies required to support all RxChange types? For example, can a pharmacy only support Prior Authorization? Are Prescriber vendors required to support all types?

Pharmacies are not required to support all change types. Prescribers are required to support all change types.

As more data is gathered through early adopters, Surescripts may make a requirements recommendation through the ACRG process.

When a prescriber vendor receives an RxChange Request, what information must be echoed back in the response? What data can be changed?

It depends on the response:

Approved – One DRU loop in <MedicationPrescribed> is required for the drug prescribed

Denied – DRU segment is not required. However, if it is sent, it should be echoed from the prescription loop in the change request.

How much time does the prescriber have to respond to an RxChange Request? Are there any requirements?

There are currently no requirements to how much time prescribers have to respond. The current guidance is to respond within 48 hours.

Further evaluation will be done based on findings from early adopters.

Can a prescriber vendor respond to an RxChange message with an CancelRx message? Would that satisfy the response to the Change request?

No, current recommendation is to send a Deny message on the change message to close the loop.

There are 9 DRU loops available in the Change messages – can prescriber vendors actually expect to see up to 9? Or only 2?

In certification testing, the highest number of DRU loops observed is 2.

Future guide versions may include a minimum DRU loop.

If codified SIG is received in an RxChange request, is it required to be echoed back?

No, codified sig is not required to be echoed back.

What are the message linking logic rules for change, if any?

The current implementation guide has message linkage language for RxChange in section 8.

Can a participant certify for RxChange on 10.6 when the rest of their routing messages are on a lower version?

No, this is not a possible combination.

Can multiple RxChange Request types be sent for one prescription?

Multiple RxChange Request types in the same request is not viable because each request type has a one specific qualifier.
For example, a prescription may need both Prior Authorization ("P") and Generic Substitution ("G"). Multiple change request types for the same prescription can be sent as long as they were submitted on different requests.

If a prescriber has not responded to an RxChange Request in a timely manner, can we send another request electronically?

If a response has not been provided within 48 hours the pharmacy should not send another message, but should instead call the prescriber.

Is the Days Supply RxChange Request only for a 30 to 90 days supply?

No, any days supply quantity can be requested.

For RxChange Request type "T" Therapeutic Interchange, where does the pharmacy enter a dose change?

The requested change would go in the Medication Requested DRU segment. Specifically in the quantity and free text SIG fields (not codified SIG) of the DRU segment > DRU-030, DRU-020-02, and DRU-020-03.

What is the best way to process an RxChange Request type "P" Prior Authorization is approved with quantity change?

1. Prescriber would send a Denied response with a note explaining that the PA was approved with a changed quantity
2. Prescriber would send a Cancel on the original prescription
3. Prescriber would send a NewRx with the new quantity and the PA# (DRU-080-01)