



CMS Issues Final Rule on Health Information Technology Standards

- On June 13, 2024, the Centers for Medicare & Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and Department of Health and Human Services (HHS) issued a final rule on Medicare Prescription Drug Benefit Program; Health Information Technology Standards and Implementation Specifications (Final Rule).
- To promote alignment across HHS, the Final Rule requires Part D sponsors, prescribers, and dispensers of covered Part D drugs for Part D eligible individuals to follow standards CMS either adopts directly or cross-references from ONC for electronically transmitting prescriptions and prescription-related information.
- National Council for Prescription Drug Programs (NCPDP) SCRIPT standard version 2017071 will expire on January 1, 2028. As of January 1, 2028, entities will be required to exclusively use the NCPDP SCRIPT standard version 2023011. NCPDP SCRIPT standards are used to exchange information among prescribers, dispensers, intermediaries, and Medicare prescription drug plans (PDPs).
- By January 1, 2027, NCPDP Formulary and Benefit (F&B) standard version 60 will be required for Part D electronic prescription drug programs. During the transition period ending December 31, 2026, entities may use either version 3.0 or version 60. The NCPDP F&B standard provides plan-level formulary and benefit information.
- As of January 1, 2027, Part D sponsor Real-Time Prescription Benefit (RTPB) must comply with NCPDP RTPB standard version 13. This standard does not apply to beneficiary RTPB. Part D sponsors can use a beneficiary RTPB tool based on an available standard or custom application if it meets the requirements at § 423.128(d)(4).

More on This Topic:

- [Final Rule](#)

For questions, please reach out to [Vicky Jucelin](#).

