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Prescription Drug Affordability

Data Submission Manual | June 2026

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Introduction

In the 2021-2022 Colorado State Legislative Session, Colorado passed SB21-175. This piece of legislation, known as the [Prescription Drug Affordability Review Board](#), “creates the Colorado prescription drug affordability review board (board) in the division of insurance (division) in the department of regulatory agencies as an independent unit of state government, requires the board to perform affordability reviews of prescription drugs, and authorizes the board to establish upper payment limits for prescription drugs the board determines are unaffordable for Colorado consumers. The board is also required to promulgate rules as necessary for its purposes.”

A portion of this legislation requires the administrator of the CO APCD to collect information from submitters related to the affordability of prescription drugs across the state.

This Data Submission Manual provides technical details to assist payers in reporting and filing the Prescription Drug Affordability Board file (PDAB). **CIVHC recommends that payers coordinate efforts to complete the PDAB file between the department responsible for managing agreements with Pharmacy Benefit Managers or drug manufacturers and the department responsible submitting monthly files to the APCD** to ensure that details are accurate.

Why Collect Data Related to the Prescription Drug Affordability Board?

The PDAB legislation (SB21-175) requires the following:

BEGINNING IN THE 2022 CALENDAR YEAR, FOR ALL PRESCRIPTION DRUGS (**Excluding DME/Supplies**; Only reporting Prescription drugs) DISPENSED AT A PHARMACY IN THIS STATE AND PAID FOR BY A CARRIER PURSUANT TO A HEALTH BENEFIT PLAN ISSUED UNDER PART 2, 3, OR 4 OF THIS ARTICLE 16 DURING THE IMMEDIATELY PRECEDING CALENDAR YEAR, INCLUDING BRAND-NAME DRUGS, AUTHORIZED GENERIC DRUGS, BIOLOGICAL PRODUCTS, AND BIOSIMILAR DRUGS:

- a. EACH CARRIER AND EACH PHARMACY BENEFIT MANAGEMENT FIRM ACTING ON BEHALF OF A CARRIER SHALL REPORT TO THE ALL-PAYER HEALTH CLAIMS DATABASE THE FOLLOWING INFORMATION:
 - I. THE TOP FIFTEEN PRESCRIPTION DRUGS BY VOLUME, CALCULATED BY UNIT, FOR WHICH THE CARRIER PAID.
 - II. THE FIFTEEN COSTLIEST PRESCRIPTION DRUGS FOR WHICH THE CARRIER PAID, AS DETERMINED BY TOTAL ANNUAL PLAN SPENDING.
 - III. THE FIFTEEN PRESCRIPTION DRUGS PAID FOR BY THE CARRIER THAT ACCOUNTED FOR THE HIGHEST INCREASE IN TOTAL ANNUAL PLAN SPENDING WHEN COMPARED WITH THE TOTAL ANNUAL PLAN SPENDING FOR THE SAME PRESCRIPTION DRUGS IN THE YEAR IMMEDIATELY PRECEDING THE YEAR FOR WHICH THE INFORMATION IS REPORTED.
 - IV. THE FIFTEEN PRESCRIPTION DRUGS THAT CAUSED THE GREATEST INCREASES IN THE CARRIER'S PREMIUMS.

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- V. THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER PAID MOST FREQUENTLY AND FOR WHICH THE CARRIER RECEIVED A REBATE FROM MANUFACTURERS.
 - VI. THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER RECEIVED THE HIGHEST REBATES, AS DETERMINED BY PERCENTAGES OF THE PRICE OF THE PRESCRIPTION DRUG.
 - VII. THE FIFTEEN PRESCRIPTION DRUGS FOR WHICH THE CARRIER RECEIVED THE LARGEST REBATES.
 - VIII. THE TOTAL SPENDING FOR EACH OF THE FOLLOWING CATEGORIES OF PRESCRIPTION DRUGS:
 - A. BRAND-NAME DRUGS PURCHASED FROM RETAIL PHARMACIES.
 - B. AUTHORIZED GENERIC DRUGS PURCHASED FROM RETAIL PHARMACIES.
 - C. BRAND-NAME DRUGS PURCHASED FROM MAIL-ORDER PHARMACIES.
 - D. AUTHORIZED GENERIC DRUGS PURCHASED FROM MAIL-ORDER PHARMACIES.
 - E. PRESCRIPTION DRUGS DISPENSED BY A PRACTITIONER IN ACCORDANCE WITH SECTION 12-280-120 (6);
 - F. PRESCRIPTION DRUGS ADMINISTERED IN AN INPATIENT HOSPITAL SETTING; AND
 - G. PRESCRIPTION DRUGS ADMINISTERED IN AN OUTPATIENT HOSPITAL SETTING; AND
 - IX. THE TOTAL SPENDING FOR THE PRESCRIPTION DRUGS DESCRIBED IN SUBSECTION (1)(a)(VIII) OF THIS SECTION PAID FOR BY A CARRIER PURSUANT TO A HEALTH BENEFIT PLAN ISSUED UNDER PART 2, 3, OR 4 OF THIS ARTICLE 16 DURING THE IMMEDIATELY PRECEDING CALENDAR YEAR FOR EACH OF THE FOLLOWING MARKET SECTORS:
 - A. INDIVIDUAL.
 - B. SMALL EMPLOYER; AND
 - C. LARGE EMPLOYER
- b. IF THE ALL-PAYER HEALTH CLAIMS DATABASE DOES NOT COLLECT AND MAINTAIN THE DATA THAT IS REQUIRED TO BE REPORTED TO THE DATABASE PURSUANT TO SUBSECTION (1)(a) OF THIS SECTION, THE ADMINISTRATOR OF THE ALL-PAYER HEALTH CLAIMS DATABASE SHALL AMEND THE REQUIREMENTS REGARDING THE DATA TO BE SUBMITTED TO THE DATABASE PURSUANT TO SECTION 25.5-1-204 (5) TO INCLUDE THE DATA REQUIRED BY SUBSECTION (1)(a) OF THIS SECTION DURING THE NEXT UPDATE OF SUCH REQUIREMENTS, BUT NO LATER THAN JUNE 1, 2022.

While a majority of the requirements in this section can be sourced from data already submitted to the CO APCD, items IV-VII, designated in **green** font above, must be collected via the annual PDAB submission.

File Submission Instructions and Schedule

Payers can access CIVHC’s PDAB data submission Excel file template from the CIVHC website [here](#) and should submit PDAB information according to the following schedule:

Alternative Payment Model and Drug Rebate Data Submission Schedule	
Date	Files Due
April 1, 2026	Waiver request due (if applicable)
July 1, 2026	Test files of data for 2025 due
August 1, 2026	Deadline to update contact list in Portal for each file type
September 1, 2026	Final files due for calendar year: 2025
November 1, 2026	Deadline for all PDAB files to pass CIVHC QC validation
November 15, 2026	Deadline for attestation form to be signed for PDAB files

For the 2026 submission year, PDAB files will be submitted in .csv format. Please see the chart below for specific instructions for each file type and links to Excel templates, if applicable. The **PDAB** file type associated with this manual is highlighted in **orange** below for your convenience.

File Type	Format
AM: Alternative Payment Model	.txt
CT: APM Control Total	.txt
AC: APM Contract (formerly 2 nd tab in CT file)	.csv
CF: Member Capitation	.txt
DR: Drug Rebate	.txt
PB: PBM Contract (formerly 2 nd tab in DR file)	.csv
PD: Prescription Drug Affordability Board	.csv
VB: Value-Based Pharmacy Contract	.csv

You can find all templates for .txt files in the Submitter Resources section here: [Submitter Resources - CIVHC.org](#).

Please note that there will be no templates for .csv files since these files do not contain headers.

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Please submit the PDAB file in .csv format. Comma (,) delimiters are allowed. Note: do not include column headers within the .csv file. Do not include commas (,), or double quotes (") within the .csv field contents.

All file names must follow the template designated in DSG v17:

PayerCode_FileType_PeriodStartDate_PeriodEndDate_RowCount_ProdFlag_FixedWidthInd_Create Date

- Example:
 - i. COCXXXX_PD_202601_202612_X_T_DL_2026XXXXXX
 - ii. COCXXXX_PD_202601_202612_X_P_DL_2026XXXXXX

- Payer Code = Unique identifier assigned to each payer by the CO APCD's data administrator
- FileType = A two-character code that indicates which file is being submitted:
 - i. 'PD' = PDAB
- PeriodStartDate (YYYYMM format)
 - i. YYYYMM format. The start month of the submission year/compliance year.
- PeriodEndDate (YYYYMM format)
 - i. YYYYMM format. The end month of the submission year/compliance year.
- RowCount (no commas)
 - i. Total number of records submitted in the file, excluding header and trailer records
 - ii. For AC, PB, PD, and VB files, a nonzero integer is required
- ProdFlag = A one-character code that indicates whether a file is a 'Test' file or a 'Production' file:
 - i. 'T' = Test
 - ii. 'P' = Production
- DelimitedFileInd = A two-character code that indicates whether a file is reported with delimiters:
 - i. 'DL' = Delimiters included

Waivers

CIVHC will work collaboratively with payers to ensure that required data are submitted in a manner that satisfies the intent of the Data Submission Guide rules. These rules have been put in place to deliver a high quality, reliable source of data for Colorado.

CIVHC will consider requests from data submitters for file exemptions under certain circumstances. Data submitters should submit a waiver request for the **Prescription Drug Affordability Board** filing if the organization meets one of the following criteria:

- 1) Payer does not provide prescription drug benefits (e.g., payer only provides medical benefits, payer only provides dental benefits, etc.)

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- 2) Payer does not receive rebates for clinician/medically administered drugs.

***It is REQUIRED for all payers that provide prescription drug benefits to submit PDAB data to the CO APCD and they cannot waive out of this requirement.**

Please see Appendix A for instructions for filing a waiver and waiver form. Please see Appendix B for updated criteria around what is considered a Health Benefit Plan and who must submit PDAB data.

Changes to the PDAB Submission Manual

The following are changes to this Prescription Drug Affordability Submission Manual, which were adopted following the Data Submission Guide v17 Rule Hearing on November 20, 2025:

1. Changes to format of PDAB file
 - a. Changed from Excel format to .csv format
2. Changes to naming convention
 - a. Changed naming convention to align with new data warehouse specifications following data vendor transition
3. Updates to type and length of data elements
4. Updates to scenario file and templates
 - a. These no longer include column headers to adhere to new processing standards
5. Addition of data element: PD008 Methodology
 - a. Previous PDAB submissions required an Excel spreadsheet with 2 separate tabs. The change between Excel and .csv requires the removal of the second tab (Methodology) and moving this to a new data element: PD008

Data Submission of PDAB - Details

The submission of PDAB data involves the completion of one file labeled “PD.” Below is a description of each field.

Payer Code (PD001): CIVHC’s data administrator-assigned organization ID for the payer or carrier submitting the file.

Payer Name (PD002): The name of the payer or carrier submitting the file.

Year (PD003): Four-digit year immediately preceding submission. This data should be pulled using Paid_Date_Year.

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Legislative Reference (PD004): The legislative reference code that a drug falls under according to Table B.1.P PDAB Legislative Reference of the Data Submission Guide, displayed below.

Code	Legislative Reference Description
IV	The fifteen prescription drugs that caused the greatest increases in the carrier’s premiums
V	The fifteen prescription drugs for which the carrier paid most frequently and for which the carrier received a rebate from manufacturers.
VI	The fifteen prescription drugs for which the carrier received the highest rebates, as determined by percentages of the price of the prescription drug
VII	The fifteen prescription drugs for which the carrier received the largest rebates

Rank (PD005): Drug rank of 1-15 for the drugs listed for each Legislative Reference in PD004.

NDC (National Drug Code) (PD006): 11-digit NDC of associated drug associated with PD004. NDCs should not repeat within a Legislative Reference.

Drug Name (PD007): Name of drug associated with NDC in PD006.

Methodology (PD008): Detailed methodological description for each Legislative Requirement.

Note that CIVHC is not prescribing a detailed methodology for each legislative requirement. Instead, CIVHC requests a detailed methodological description to be submitted as data element PD008 in the PDAB submission. CIVHC will utilize the submitted methodological information to develop specifications into the future.

Member Population Included

Per Colorado regulation 10 CCR 2505-5 1.200, Payers are required to submit data to the CO APCD under the following conditions:

1. The Payer has 1,000 or more Colorado residents covered under a fully insured health plan **OR**
2. The Payer has 100 or more Colorado residents covered under a self-insured employer-sponsored plan not subjected to ERISA.

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Once either of the above thresholds has been met, Payers should submit data for all Colorado residents covered under these plans.

Payers should only include information for members for which they are the primary payer and exclude any paid claims for which they are the secondary or tertiary payer.

PDAB File Content

Submitted to CIVHC via SFTP in .csv file format. Please populate the template for submission.

For fields that are populated with a list, use semicolons instead of commas to separate the values.


For fields that are populated with free text and commas are expected to be part of the text, use double quotes as text qualifier.

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Data Element #	Data Element Name	Type	Length	Description/Codes/Sources	Required
PD001	Payer Code	varchar	7	Distributed by CIVHC's data administrator	R
PD002	Payer Name	varchar	75	Distributed by CIVHC	R
PD003	Year	Year	4	Immediately preceding year (Paid_Date_Year)	R
PD004	Legislative Reference	varchar	4	See table B.1.P	R
PD005	Rank	int	3	Populate field with rank of 1-15	R
PD006	NDC	varchar	11	11-digit NDC of associated drug (Do not repeat NDC within a single legislative reference)	R
PD007	Drug Name	varchar	80	Name of associated NDC	R
PD008	Methodology	varchar	1000	Detailed methodological description for each legislative requirement	R

Appendix A: Waiver Instructions and Form



Data Submitter Request Form

Waiver of Annual File Submissions

Waiver Tracking	
To be Completed by Data Submitter	
Annual File Submission Year:	2026
Data Submitter Code (one per form):	<i>ENTER ONPOINT-ASSIGNED CODE (e.g., COC0900)</i>
Data Submitter Name (one per form):	<i>ENTER FULL ENTITY NAME</i>
Data Submitter Contact Name:	
Data Submitter Contact Email:	
Date of Form Submission to CIVHC:	
To be Completed by CIVHC	
CIVHC Reviewer:	<i>ENTER FULL NAME, ENTER UNABBREVIATED TITLE</i>
CIVHC Decision:	<i>DECISION</i>
Date of CIVHC Decision:	<i>DATE</i>

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Data Submitter Request Form

Waiver of Annual File Submissions



Regulatory Background

The Center for Improving Value in Health Care (CIVHC) in its role as the Colorado All Payer Claims Database (CO APCD) Administrator will work collaboratively with Data Submitters to support their compliance with regulatory submission requirements.

In addition to monthly file submissions, Data Submitters are required submit eight (8) more files on an annual basis related to drug rebates and Alternative Payment Models (APMs). These submission requirements are defined in [C.R.S. 10-16-1405](#) and CO APCD governing regulation [10 CCR 2505-5-1.200](#). Details about annual files' structure and content can be found in the [Data Submission Guide](#) and related [Data Submission Manuals](#).

Waiver Request Instructions

To be considered for waiver from the annual file submission requirement for one year, Data Submitters must complete the following:

1. Indicate under [Waiver Request Details](#) which files are requested waived from the annual submission requirement and provide the reason for waiver request.
2. Read the [Agreement to Waiver Conditions](#) at the end of this document.
3. Certify this form with a signature from the organization's authorized signatory asserting that the Data Submitter cannot meet the submission requirements because the requested information is not available and cannot be derived from the Data Submitter's information systems.
4. **Submit this form to Submissions@CIVHC.org no later than April 1** to be considered for production files due September 1 of the same calendar year.

This form will be returned with CIVHC's decision to the Data Submitter by June 1 of the calendar year in which it is submitted (this date is subject to change if the form is not submitted timely by the Data Submitter). A new waiver request must be submitted every calendar year, and an approved waiver applies only to the submission year in which it is approved.

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Data Submitter Request Form

Waiver of Annual File Submissions



Waiver Request Details

See CIVHC's [Submitter Resources](#) web page for the below files' respective Data Submission Manuals.

The Data Submitter named in this document requests waiver of the annual submission requirement for the following file(s):

Alternative Payment Model (APM) Files	
File Abbreviation and Name	Reason for Waiver Request
<input type="checkbox"/> AM – APM File ¹	<i>SELECT FROM DROP-DOWN LIST</i> CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> CT – APM Control Total ¹	<i>SELECT FROM DROP-DOWN LIST</i> CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> AC – APM Contract Information ¹	<i>SELECT FROM DROP-DOWN LIST</i> CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

¹ Annual submission requires the three (3) calendar years preceding the reporting year (e.g., the 2026 submission will include files for 2023, 2024, and 2025 reporting years).

Data Submitter Request Form
Waiver of Annual File Submissions



Drug Rebate (DR) Files	
File Abbreviation and Name	Reason for Waiver Request
<input type="checkbox"/> DR – Drug Rebate Data ¹	<i>SELECT FROM DROP-DOWN LIST</i>
	CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> PB – PBM Contract Information ¹	<i>SELECT FROM DROP-DOWN LIST</i>
	CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> PD – PDAB Collection Information ^{2 3}	<i>SELECT FROM DROP-DOWN LIST</i>
	CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> VB – VBPC Collection Information ⁴	<i>SELECT FROM DROP-DOWN LIST</i>
	CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied

² Submission is required under [C.R.S. 10-16-1405](#): “Each carrier and each pharmacy benefit management firm acting on behalf of a carrier shall report to the all-payer health claims database.”

³ Annual submission requires one (1) calendar year preceding the submission year (e.g., the 2026 submission will include the 2025 reporting year).

⁴ Annual submission requires the four (4) calendar years preceding the submission year (e.g., the 2026 submission will include files for 2022, 2023, 2024, and 2025 reporting years).

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Data Submitter Request Form

Waiver of Annual File Submissions



Other Files	
File Abbreviation and Name	Reason for Waiver Request
<input type="checkbox"/> CF – Member Capitation Collection Information ¹	Payer does not contract with any of the following capitated programs: <ul style="list-style-type: none"> Primary Care Capitation Professional Capitation Facility Capitation Behavioral Health Capitation Global Capitation Payment to Integrated Comprehensive Payment and Delivery Systems Laboratory Capitation Radiology Capitation
CIVHC Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

Additional Comments from Data Submitter (Optional)
Additional Comments from CIVHC (Optional)

Data Submitter Request Form

Waiver of Annual File Submissions



Agreement to Waiver Conditions

1. This Agreement to Waiver Conditions (“**Agreement**”) is made and entered as of the date of the last signature obtained below (the “**Effective Date**”) by and between CIVHC, in its capacity as the CO APCD Administrator, and the submitting entity named in this document (“**Data Submitter**”).
2. The Data Submitter requests, and CIVHC hereby grants, waiver from the annual submission requirement of the file(s) selected by the Data Submitter under [Waiver Request Details](#) (“**Waiver**”) and marked with CIVHC Decision “Approved.”
3. The Data Submitter acknowledges and agrees that the Waiver granted under this Agreement will remain in effect only through **6/30/2027**, or until such time as the Data Submitter is reasonably able to submit the required annual files in accordance with the Data Submission Guide (“**DSG**”), whichever is earlier.
4. The Data Submitter acknowledges and agrees that the Waiver granted under this Agreement is temporary in nature, effective only for the term described in the previous provision and granted based on current systematic issues or limitations that, according to CIVHC’s understanding and under CIVHC’s sole discretion, prevent the Data Submitter from complying with the DSG.
5. The granting of any Waiver, under this Agreement or otherwise, provides no guarantee of the approval or granting by CIVHC of any future request for Waiver from the Data Submitter.
6. As a condition of being granted this Waiver, the Data Submitter agrees that it will act in a reasonable and diligent manner to correct the systematic issues or limitations that prevent it from complying with the DSG as soon as reasonably possible.
7. By signing this Agreement, the Data Submitter certifies that it cannot currently meet the DSG’s requirements because (a) the required data is not reasonably available within Data Submitter’s systems, and/or (b) the required data cannot be reasonably derived from data that is available within Data Submitter’s systems.

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Data Submitter Request Form

Waiver of Annual File Submissions



Data Submitter Authorized Signatory	
Signature:	 (Electronic or handwritten accepted)
Name:	<i>ENTER FULL NAME</i>
Title:	<i>ENTER UNABBREVIATED TITLE</i>
Date:	

Appendix B: Additional Information Regarding Criteria for Submission of PDAB Data

DOI defines a health benefit plan as “any hospital or medical expense policy or certificate, hospital or medical service corporation contract, or health maintenance organization subscriber contract or any other similar health contract subject to the jurisdiction of the commissioner available for use, offered, or sold in Colorado.” as stated under 10-16-102(32)(a)-(b), C.R.S. Additionally, under (32)(b) it defines what a “health benefit plan” does not include as:

- (I) Accident only;
- (II) Credit;
- (III) Dental;
- (IV) Vision;
- (V) Medicare supplement;
- (VI) Benefits for long-term care, home health care, community-based care, or any combination thereof;
- (VII) Disability income insurance;
- (VIII) Liability insurance including general liability insurance and automobile liability insurance;
- (IX) Coverage for on-site medical clinics;
- (X) Coverage issued as a supplement to liability insurance, workers' compensation, or similar insurance;
- (XI) Automobile medical payment insurance; or
- (XII) Specified disease, hospital confinement indemnity, or limited benefit health insurance if the types of coverage

***Submitters that fall under one of the categories above are able to submit an exemption waiver in replacement of the PDAB requirement**

Appendix C: Sample File

Please note that the .csv file should not include column headers.

```
0000,Example Payer,2025,IV,1,2333333333,Drug TT,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,2,3444444444,Drug UU,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,3,4555555555,Drug VV,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,4,5666666666,Drug WW,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,5,6777777777,Drug XX,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,6,7888888888,Drug YY,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,7,8999999999,Drug ZZ,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,8,9000000000,Drug AAA,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,9,1000000000,Drug BBB,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,10,2000000000,Drug CCC,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,11,3000000000,Drug DDD,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,12,4000000000,Drug EEE,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,13,5000000000,Drug FFF,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,14,6000000000,Drug GGG,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,IV,15,7000000000,Drug HHH,"Provide methodological detail on legislative reference IV (Top 15 drugs that caused greatest increases in carrier's premiums)."  
0000,Example Payer,2025,V,1,8000000000,Drug III,"Provide methodological detail on legislative reference V (Top 15 drugs for which the carrier paid most frequently and for which the  
0000,Example Payer,2025,V,2,9000000000,Drug JJJ,"Provide methodological detail on legislative reference V (Top 15 drugs for which the carrier paid most frequently and for which the  
0000,Example Payer,2025,V,3,1100000000,Drug KKK,"Provide methodological detail on legislative reference V (Top 15 drugs for which the carrier paid most frequently and for which the
```

Link: [Submitter Resources](#)

Appendix D: Frequently Asked Questions

1) When is each file due?

Test files for PDAB submissions are due by July 1, 2026. Test files should include data for calendar year 2025.

Final production files are due by September 01, 2026. Production files must be submitted with data for the previous calendar year (2025).

Please use 'Paid Date Year' when submitting 'Calendar Year' data.

2) How should the PDAB files be submitted and named?

PDAB files should be submitted in .csv format through the SFTP server. Naming conventions should follow the template in DSG v17:

PayerCode_FileType_PeriodStartDate_PeriodEndDate_RowCount_ProdFlag_FixedWidthInd_Create Date

- Example:

- COCXXXX_PD_202601_202612_X_T_DL_2026XXXXXX
- COCXXXX_PD_202601_202612_X_P_DL_2026XXXXXX

3) What is the objective for collecting PDAB data?

The objective for collecting PDAB data is to satisfy legislative requirements identified in SB21-175 and allow the Prescription Drug Affordability Board to make informed decisions on matters related to prescription drugs in Colorado.

4) What is the process for requesting waivers to the PDAB file submission requirements?

Please complete the form shown in Appendix A, “Data Submission Waiver Instructions - APM and Drug Rebate Files” and email it to submissions@civhc.org. CIVHC will review the document and return to the submitter with the waiver decision. If approved, CIVHC will complete the Waiver Tracking section with the decision and decision date. CIVHC will then provide this document to you for your records. If the waiver is not approved, CIVHC will send back form with comments to the submitter.

Please submit these waiver documents no later than April 1, 2026.

5) Will you be joining these files to the other claims files (MC, PC, ME, MP) that we submit to the APCD?

No, we will not join these files to the data in the APCD. However, we will perform a series of checks to ensure the submitted data passes various validation criteria. These checks may involve aggregation of CO APCD data sourced from the ME or PC files.

6) What methodology should my organization use to produce the required information?

CIVHC is not providing detailed methodological instructions for the PDAB submission. Instead, CIVHC requests that carriers provide their organization’s specific methods used to produce the reported information in the PDAB file as data element PD008. Please refrain from using filler language.

CIVHC will continue to analyze and collate the methodologies across carriers to provide detailed instruction for future collection efforts.

7) Can my organization submit Durable Medical Equipment (DME) in our PD data?

No. DME, or Durable Medical Equipment are **NOT** to be included in the PD data file submission. The PD file submission should only contain prescription drugs.

This can be a bit confusing in reference to diabetes supplies. Anything that contains a pre-filled prescription medication embedded within the device, such as Cosentyx Sensoready Pens, or the Lantus Solostar Insulin Pens, are allowed in the PD file. This is because their NDC code corresponds to a prescription drug.

Durable Medical Equipment that aids in testing, monitoring, etc., but does NOT have a prescription medication embedded within it are NOT allowed.

Below are examples of non-allowable Durable Medical Equipment that we have received in past submissions. Submission of any DME will result in failure of the file, and a request for resubmission.

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NDC	Drug Name
08627001601	DEXCOM G6 TRANSMITTER
08627005303	Dexcom G6 Sensor
08627007801	Dexcom G7 Receiver
08627009111	DEXCOM G6 MIS RECEIVER
53885004401	ONETOUCH VERIO FLEX METER
53885004601	ONETOUCH ULTRA2
53885024450	OneTouch Ultra Test
53885024510	ONETOUCH ULTRA
53885027025	OneTouch Verio
53885027210	OneTouch Verio
53885044801	ONETOUCH ULTRA2
53885065701	ONETOUCH VERIO METER
53885092701	ONETOUCH VERIO REFLECT METER
53885099425	ONETOUCH ULTRA TEST STRIP
56151146001	TRUE METRIX GLUCOSE TEST STRIP
56151147002	TRUE METRIX BLOOD GLUCOSE MTR
57599000101	FreeStyle Libre 14 Day Sensor
57599081800	FreeStyle Libre 3 Sensor
57599881401	Precision Xtra
65702040810	ACCU-CHEK AVIVA PLUS
65702061710	ACCU-CHEK GUIDE MONITOR SYSTEM
65702071210	ACCU-CHEK GUIDE TEST STRIPS
65702072910	ACCU-CHEK GUIDE MONITOR SYSTEM
65702073110	ACCU-CHEK GUIDE ME GLUCOSE MTR
99073070805	FREESTYLE LITE METER
99073070827	FreeStyle Lite Test
99073070914	FreeStyle Freedom Lite

Appendix E: SFTP Submission Instructions

Please note that there is no separate test or production environment for monthly or annual files. All files submitted to the CO APCD via its data vendor Onpoint go through the standard protocol as stated in the User Guide below.

The following is an excerpt from page 18 of the ‘User Guide for Onpoint CDM’ resource in the Documentation section of Data Harbor (Onpoint’s Data Submission Portal). Note that Data Harbor was formerly known as Onpoint CDM.

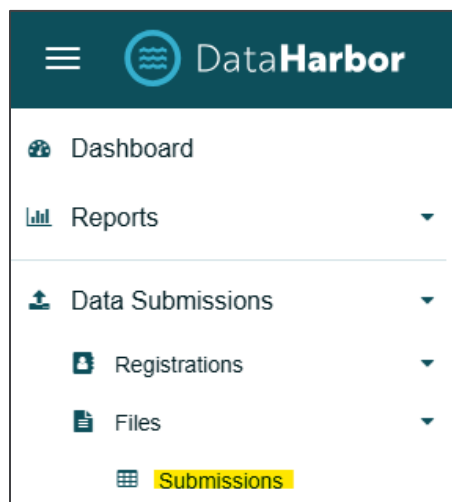
Whether a user’s data collection initiative allows direct identifiers or requires the de-identification of sensitive fields to eliminate the possibility of ePHI recovery, the use of secure file transfer protocol (SFTP) paired with PGP encryption is Onpoint’s recommended method for transmitting files.

To facilitate this process, Onpoint CDM leverages a managed file transfer application for secure file transfer and receipt. Our SFTP server is accessible from a wide range of SFTP client utilities and open-source solutions (e.g., WinSCP, FileZilla, etc.) as well as through a Hypertext Transfer Protocol Secure (HTTPS) online portal. (Please note that use of the online portal requires the establishment of a password that expires regularly for security reasons. We therefore highly recommend establishing connectivity with our systems using an SSH key, which eliminates the password requirement.)

SFTP data exchanges with Onpoint CDM must be both encrypted using the OpenPGP standard and signed by the sender prior to transfer to ensure file integrity. Onpoint’s SFTP server accepts files of any size and offers users an approach that can be fully scripted on their end to facilitate automation.

For a thorough walk-through of the SFTP process, including step-by-step instructions for installing and configuring standard software, please see the directory of reference materials in the main menu’s Documentation component or reach out to an Onpoint administrator (cdm-support@onpointhealthdata.org)

Submitters can track the status of submitted files in the Data Harbor Portal under the Files → Submissions option.



Appendix F: CO APCD Data Submission Guide Version 17 Testing Instructions

Last Updated: June 16, 2026

Introduction

This document contains your instructions to begin testing APM File (AM), Control Total (CT), APM Contract Supplement (AC), Drug Rebate (DR), PBM Contract Supplement (PB), Value Based Purchasing Contract (VB), and Member Capitation (CF) files in the Data Submission Guide Version 17 format for the Colorado APCD.

Data Submission Guide Version 17 Overall Implementation Timeline

DSG 17 Timeline		
Task	Due Date	Complete
Payer Connect Calls	Bimonthly	Ongoing
Request for DSG feedback (monthly and annual files)	Ongoing	✓
Initial Payer feedback due	8/1/2025	✓
CIVHC distribute updated DSG 17 draft based on stakeholder feedback	9/1/2025	✓
CIVHC File Rule Packet with HCPF	10/4/2025	✓
Public Review Meeting	10/27/2025	✓
Executive Director Hearing	11/20/2025	✓
Rule Effective	3/1/2026	✓
Monthly Data Files (ME, MC, PC, MP, *DC, *VC) Testing and Implementation		
Submitter Testing of DSG17 (ME, MP, MC, PC, *DC, and *VC)	6/1 – 6/30	Ongoing
DSG v17	7/1/2026	
May 2026 Submissions Due in DSG v17 – no less than 120 days after Rule Effective Date	7/1/2026	
May 2026 Submissions must be in a Status of Validation Passed	7/15/2026	
Annual Data File (AM, CT, DR, AC, VB, PD, PB) Testing and Implementation		
Annual File Submission Waivers Due	4/1/2026	✓
Test files with 2023, 2024, 2025 data due (AM, CT, AC, DR, PB)	7/1/2026	
Test files with 2022, 2023, 2024, 2025 data due (VB)		
Test files with 2025 data due (PD, CF)		
Production files with above reporting data by file type due	9/1/2026	
Timeline updated 6/16/2026		

Testing Requirements

7/1/2026

- Transmit properly named, compressed, and encrypted files via SFTP to the Onpoint Data Harbor.
- During this testing period you will test annual file submissions, with test files to be submitted and passing all intake validations by July 15th.
- Review all validation results and resolve all intake validation issues by resubmission and/or variance requests.

Overview of Testing Steps

1. **Prepare Annual files in DSG v17 Format:** Properly name files and headers “T” according to the instruction outlined in DSG v17. Submit each file type typically required to submit.
2. **Compression and Encryption of File(s):** Compress and encrypt your data files using the same method as used in production.
3. **Transfer of Compressed and Encrypted File(s) via SFTP:** Transfer the compressed and encrypted files via the SFTP server.
4. **Review and Resolve Validation Issues:** After receiving a notification email, login and review validation issues. Resolve any intake issues.

Step 1: Prepare Annual files in DSG v17 Format.

Name **annual files** according to the file naming convention outlined in DSG v17:

Annual File Naming Convention - All annual files submitted to the CO APCD shall have a naming convention to facilitate file management without requiring access to the contents.

All file names will follow the template:

PayerCode_FileType_PeriodStartDate_PeriodEndDate_RowCount_ProdFlag_FixedWidth/nd_Create Date

- Examples
 - i. COCXXX_AM_202601_202612_45000_T_DL_20250422
 - ii. COCXXX_AM_202601_202612_45000_P_DL_20250422
- Payer Code = Unique identifier assigned to each payer by the CO APCD’s data administrator
- FileType = A two-character code that indicates which file is being submitted:
 - i. ‘AM’ = Alternative Payment Model
 - ii. ‘CT’ = Control Total
 - iii. ‘CF’ = Member Capitation
 - iv. ‘DR’ = Drug Rebate

- v. 'PB' = PBM Contract Supplement
- vi. 'PD' = PDAB
- vii. 'VB' = Value Based Purchasing Contract
- PeriodStartDate (YYYYMM format)
 - i. The start month of the submission year. For example: 202601
- PeriodEndDate (YYYYMM format)
 - i. The end month of the submission year. For example: 202612
- RowCount (no commas)
 - i. Total number of records submitted in the file, excluding header and trailer records
 - ii. For AM, CT, DR, and CF files if payer cannot fill in the "RowCount" section of the file naming convention, then a "0" can be used instead. For example:
COCXXXX_AM_202601_202612_0_T_DL_20250422
 - iii. For AC, PB, PD, and VB files, a nonzero integer is required
- ProdFlag = A one-character code that indicates whether a file is a 'Test' file or a 'Production' file:
 - i. 'T' = Test
 - ii. 'P' = Production
- DelimitedFileInd = A two-character code that indicates whether a file is reported with delimiters:
 - i. 'DL' = Delimiters included

Step 2: Transfer of Compressed and Encrypted File(s) via SFTP

SFTP data exchanges with Onpoint CDM must be both encrypted using the OpenPGP standard and signed by the sender prior to transfer to ensure file integrity. Onpoint's SFTP server accepts files of any size and offers users an approach that can be fully scripted on their end to facilitate automation.

For a thorough walk-through of the SFTP process, including step-by-step instructions for installing and configuring standard software, please see the directory of reference materials in the main menu's Documentation component or reach out to an Onpoint administrator (cdm-support@onpointhealthdata.org)

Step 3: Monitoring Submissions

You will receive an email notifying you of the file status once the intake validations are complete. You can monitor your submissions in the Data Harbor portal.

Step 4: Submission Notification, Review and Resolve Validation Issues

As part of this testing period, we expect you to review the validation results and resolve intake issues by resubmitting a corrected file and/or variance request.

Prescription Drug Affordability

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Files with a “Pass” status have passed our data intake validations and will move on to the level II data quality validation process.

Feedback and Questions

If you encounter any issues, please reach out to an Onpoint administrator (cdm-support@onpointhealthdata.org).