



MEDICATION-ASSISTED TREATMENT COVERAGE REPORTING INSTRUCTIONS FOR CALENDAR YEAR 2025

Colorado Insurance Regulation 4-2-75

Issue Date: February 26, 2026

Reports Due: April 1, 2026

* Revisions to Instructions previously posted on 2.20.26 are highlighted in yellow in this document.

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Introduction

These instructions provide guidance to carriers submitting the annual Medication-Assisted Treatment (MAT) coverage reporting to the Commissioner of Insurance, as specified in [Colorado Insurance Regulation 4-2-75](#) Concerning Requirements for Reporting Medication-Assisted Treatment Coverage, and required by § 10-16-710, C.R.S. The coverage and reporting requirements apply to all health benefit plans subject to the individual and group laws of Colorado, including non-grandfathered plans in the individual, small group, large group, and student health plan markets, as well as third-party administrators (TPA), if applicable. They do not apply to limited benefit plans, as defined in § 10-16-102(32)(b), C.R.S. For the purposes of completing this template, “Carrier” should be understood to mean the carrier or its applicable TPA.

For the purposes of MAT reporting, when data is required for an “SUD Category” or “Applicable SUD”, carriers should refer to the DSM-5 “Substance-Related and Addictive Disorders” classes. These 10 classes are: Alcohol, Caffeine, Cannabis, Hallucinogens (with separate categories for phencyclidine [or similarly acting arylcyclohexylamines] and other hallucinogens), Inhalants, Opioids, Sedatives/hypnotics/or anxiolytics, Stimulants (amphetamine-type substances, cocaine, and other stimulants), Tobacco, and other (or unknown) substances (American Psychiatric Association [APA], 2022, p. 544).

SERFF Filing Requirements:

Carriers must use the appropriate TOI Code for Student Health (H22), Group or Group Organization (H15G, H16G, or HOrg02G), or Individual Health (H15I, H16I, HOrg02I). Choose the appropriate Sub-TOI code after selecting the TOI Code such as HMO, PPO, etc.

Use SERFF Filing Type “**Annual Medication-Assisted Treatment (MAT) Reporting (4-2-75)**”. The Effective Date Requested can be left blank. The Requested Filing Type is “File and Use.”

Please upload the appropriate documents under each heading under the Supporting Documentation tab. Links to the blank templates will be provided in the description of each heading, as necessary.

Carriers should contact Tara Smith, Behavioral Health Program Director, at tara.smith@state.co.us and Jakob Allen, Behavioral Health Policy Advisor, at jakob.allen@state.co.us with questions regarding the MAT coverage, reporting requirements, or annual filing submissions.

Submission Requirements

For MAT reporting to be considered complete, carriers must submit a 4-2-75 Reporting Template and Additional Supporting Documentation under the “Supporting Documentation” tab in SERFF.

4-2-75 Reporting Template

Carriers should complete and submit the 4-2-75 Reporting Template via SERFF **no later than 5 PM MST on April 1, 2026**. At a minimum, carriers should submit a separate 4-2-75 Reporting Template for each market (individual, small group, large group, student). The applicable market should be included in the file name of the template, using the following naming structure: “[Carrier] [Market (IND, SG, LG, SHP)] CY25 4-2-75 Reporting Template.”

For each market, carriers may submit a single template that includes aggregated data across all networks in that market. Alternatively, carriers may submit a separate template for each network included in a market. If the carrier opts to report by network, the carrier should include the name of the specific network in the file name for the template, using the following naming structure: “[Carrier] [Market (IND, SG, LG, SHP)] [Network Name] CY25 4-2-75 Reporting Template.”

For the reporting data due April 1, 2026 to the Division, carriers should include data for the twelve (12)-month period beginning on January 1, 2025 through December 31, 2025 (2025 Calendar Year).

For the MAT Reporting Filing to be considered complete, all the following sections in the 4-2-75 Template must be completed in their entirety:

- Provider Information Worksheet
- Enrollee and Utilization Worksheet
- Rx and UM Worksheet
- Rx and UM Non-Formulary Worksheet
- Lowest Cost Tier Placement Worksheet
- Access and Adequacy Worksheet
- Formulary and Coverage Attestation Worksheet

Additional Supporting Documentation

In addition to the 4-2-75 Template, carriers must also submit supporting documentation related to prescription drug formularies and any utilization management requirements (if applicable) under the “Supporting Documentation” tab in SERFF.

4-2-75 Reporting Template

For the MAT Reporting Filing to be considered complete, each worksheet in the 4-2-75 Template must be completed in its entirety. At the top of each worksheet, carriers should complete the information fields, including:

- **Carrier Name:** the carrier’s legal name
- **Reporting Period:** the Calendar Year for which data is being reported (e.g., for reporting due April 1, 2026, the Reporting Period is “Calendar Year 2025”)
- **Market:** the market for which data is being reported (individual, small group, large group, or student)

Provider Information Worksheet

Carriers must complete this worksheet to report the total number of unique in-network providers listed in the carrier’s provider directory as offering MAT for SUD; the number of unique in-network SUD Treatment Programs and OTP sites; and the number of unique in-network providers listed in the carrier’s provider directory as offering MAT for SUD (by SUD category) for each Colorado county.

For the purposes of the reporting template, “SUD Treatment Programs” means a structured set of services (e.g. counseling, education, and therapy) offered in a clinical setting (inpatient, outpatient, residential treatment, partial hospitalization) that focus on supporting rehabilitation, managing co-occurring health issues, changing thoughts and behaviors, and/or managing physical dependence on drugs or alcohol with differing intensities (e.g., IOP to standard) and lengths.

Section 1: In-Network Providers Listed as a MAT Provider in Provider Directories

- Indicate the number of in-network providers listed in the carrier’s provider directory as offering MAT for SUD at the beginning of the calendar year and at the end of the calendar year (on January 1 and December 31).
- Carriers should enter information for each “Provider Type” included in the template (physician, nurse practitioner, physician assistant, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, other as specified).
 - If no providers in a “Provider Type” category were listed in the carrier’s provider directory as providing MAT for SUD, carriers should enter “0”.

- Carriers may submit “Other” provider type information if additional providers were listed in the provider directory as offering MAT for SUD.

Section 2: SUD Treatment Programs and MAT Medications Prescribed

- Indicate and list the type(s) of SUD treatment programs included in the carrier’s network during the reporting period.
 - For the purposes of this reporting, “SUD treatment programs” means a structured set of services (e.g. counseling, education, and therapy) offered in a clinical setting (inpatient, outpatient, residential treatment, partial hospitalization) that focus on supporting rehabilitation, manage co-occurring health issues, changing thoughts and behaviors, and/or managing physical dependence on drugs or alcohol with differing intensities (e.g., IOP to standard) and lengths.
 - Examples of SUD treatment programs include Alcohol Treatment Programs (AUT) or Tobacco Use Disorder Treatment Programs (TUD). (Note: Opioid Treatment Programs (OTPs) should be reported separately in Section 3.)
- Indicate the number of unique SUD treatment programs for each program type listed in Column A of this Section of the reporting template.
- Indicate and list the available FDA-approved MAT medications used in the treatment of SUD, such as buprenorphine or naltrexone, that are provided at each SUD treatment program, not the number of medications prescribed.

Section 3: Opioid Treatment Program Sites and Authorized Providers

- Indicate the number of unique Opioid Treatment Program (OTP) sites included in the carrier’s network during the reporting period.
 - Programs reported in the OTP field should be limited to those programs specifically designated as an OTP. This means a program with current, valid certification from the Substance Abuse and Mental Health Services Administration and qualified by the Secretary of Health and Human Services under section 303(g)(1) of the Controlled Substances Act (21 U.S.C. § 823(g)(1)) to dispense opioid drugs in the treatment of opioid use disorder. It must be qualified under section 303(g)(1) of the Controlled Substances Act, and must be determined to be qualified by the U.S. Attorney General under section 303(g)(1), to be registered by the U.S. Attorney General to dispense opioid agonist treatment medications to individuals for treatment of opioid use disorder.
- Indicate the total number of unique in-network providers at all OTPs who are authorized to dispense or administer methadone. Carriers should provide the number of providers at all in-network OTPs, not the number of providers submitting claims during the applicable calendar year.
 - If a carrier does not have data for the number of providers authorized to dispense or administer methadone at OTP sites, please enter “N/A”.
- Indicate and list the available FDA-approved MAT medications used in the treatment of SUD, such as methadone, buprenorphine, or naltrexone, that are provided at in-network OTPs, not the number of medications prescribed.

Section 4: SUD Providers by County

- Indicate the number of unique in-network providers listed in the provider directory as offering MAT for SUD on December 31st in each county.
- When providing information regarding the number of in-network SUD providers by county, please differentiate data between the different treatment types of SUDs requested in the worksheet (e.g., do not include OUD-specific data in AUD-specific data and vice versa).
 - When a provider offers services for multiple SUDs, the provider should be included one (1) time in the SUD column. The provider will then be included as one (1) in each of the appropriate SUD specific columns (e.g. a provider that offers OUD, and AUD should be counted as: 1 SUD, 1 OUD, 1 AUD, 0 TUD).
 - The SUD column will intentionally not equal the sum of providers for individual SUD categories.
 - SUD data should be for all providers offering SUD services.
 - OUD data should be for all providers offering OUD services exclusive of all other SUD services.
 - AUD data should be for all providers offering AUD services exclusive of all other SUD services.
 - TUD data should be for all providers offering TUD services exclusive of all other SUD services.
 - Other SUD data should be for all providers offering other SUD services exclusive of the previous three SUD categories.

Enrollee and Utilization Worksheet

Carriers must complete this worksheet to report on the number of unique enrollees by SUD category who were using SUD services at different time intervals for this reporting period.

Carriers may use the same methodology to identify “unique enrollees who were using SUD services” that they have used for previous MAT reporting to the Division.

- If a carrier identifies pharmacy claims data based on an enrollee’s primary diagnosis of SUD in medical claims, the Division considers this an acceptable reporting methodology.
- If a carrier uses an alternate methodology to extract the number of unique enrollees from medical and pharmacy claims data, the carrier can continue to use that methodology.

Carriers are allowed to develop their own methodology to classify data into the SUD categories required for this worksheet.

For the purposes of pharmacy services, carriers should report the unique number of enrollees receiving a prescription medication, not the number of medications dispensed. To report on prescription drug services, carriers should use the following table to classify FDA-approved medications in the required SUD categories:

Alcohol Use Disorder (AUD)	Opioid Use Disorder (OUD)	Tobacco Use Disorder (TUD)	Opioid Reversal Agents (ORA, a.k.a. OORM)
Disulfiram Naltrexone Acamprosate	Methadone Buprenorphine Naltrexone	Nicotine Preparations Bupropion Varenicline	Naloxone Nalmefene

- Beginning of the Calendar Year means the number of unique enrollees who were using SUD services during Quarter One (Q1) of the applicable Calendar Year (January 1 through March 31).
 - This is a count of unique enrollees that were utilizing SUD services during Q1.

- End of the Calendar Year means the number of unique enrollees who were using SUD services during Quarter Four (Q4) of the applicable Calendar Year (October 1 through December 31).
 - This is a point in time count of unique enrollees that were utilizing SUD services during Q4.
- Throughout the Calendar Year means the total number of unique enrollees who were using SUD services from January 1 through December 31.
 - This is the total count of unique enrollees that used SUD services across the year from January 1 to December 31.
 - If there is a unique enrollee who uses services in multiple SUD categories, that member should be counted for each category. (e.g. Member used OUD and AUD services: SUD Throughout CY count = 2; OUD Throughout CY count = 1; AUD Throughout CY count = 1)
- The worksheet currently breaks out the request for the number of unique enrollees who were using services for “SUD Overall,” and for the following categories of SUDs:
 - Opioid Use Disorder
 - Alcohol Use Disorder
 - Tobacco Use Disorder
 - Opioid Reversal Agents
 - Other Use Disorders
- If a carrier has other unique enrollees that were using MAT for other categories of SUDs, as defined by the DSM-5, the carrier should add as many extra sections as are needed to list out all applicable SUDs.
 - An SUD category being treated by an MAT medication refers to the DSM-5 “Substance-Related and Addictive Disorders” classes. These 10 classes are: Alcohol, Caffeine, Cannabis, Hallucinogens (with separate categories for phencyclidine [or similarly acting arylcyclohexylamines] and other hallucinogens), Inhalants, Opioids, Sedatives/hypnotics/or anxiolytics, Stimulants (amphetamine-type substances, cocaine, and other stimulants), Tobacco, and other (or unknown) substances (American Psychiatric Association [APA], 2022, p. 544).

Prescription Drug and Utilization Management Worksheet - Formulary

Carriers must complete this worksheet to report FDA-approved prescription medications for the treatment of SUD during the reporting year that applied utilization management requirements (prior authorization, step therapy, quantity limits, or other). To complete this worksheet satisfactorily, a list of the specific FDA-approved prescription medications used in the treatment of an SUD should be provided in the appropriate section.

Carriers may use the same methodology to identify “FDA-approved prescription medications for the treatment of SUD” that they have used for previous MAT reporting to the Division.

- If a carrier identifies pharmacy claims data based on an enrollee’s primary diagnosis of SUD in medical claims, the Division considers this an acceptable reporting methodology.
- If a carrier uses an alternate methodology to extract the number of unique enrollees from medical and pharmacy claims data, the carrier can continue to use that methodology.

Section 1: MAT Prescriptions for SUD - Summary

- Carriers should provide the total aggregate number of prescriptions filled by unique enrollees for FDA-approved prescription medications for the treatment of SUDs for the Calendar Year.
- Carriers should provide the average number of prescriptions filled by unique enrollees for FDA-approved prescription medications for the treatment of SUDs for the Calendar Year.

- This will be the total and average values for the period between January 1 and December 31.

Section 2: Prescriptions for SUD Medications Subject to PA, Step Therapy, Quantity Limits, or Other UM

- In this listing, the carrier should provide information regarding FDA-approved prescription medications for SUDs that applied utilization management requirements (prior authorization, step therapy, quantity limits, or other) in the prior calendar year.
- For each medication, the carrier should provide:
 - Medication name; and
 - Formulation and dosage of the medication; and
 - Applicable SUD category being treated by the medication; and
 - Whether Prior Authorization (PA), Step Therapy (ST), or Quantity Limits (QLs) were required for each prescription medication; and
 - The following claims information at the medication level:
 - Total claims received for each medication
 - Total claims approved for this medication
 - Total claims denied for each medication
 - The top 3 reasons for the denial of a claim for the medication.
 - The carrier should report the most common denial reason, the second most common denial reason, and the third most common denial reason.
- When providing the medication name, the carrier should use the following naming convention:
 - Brand name prescription medications: [generic] ([BRAND])
 - Generic only prescription medications: [generic]
 - Generic means, for the purposes of these instructions, the nonproprietary name for the medication as selected by the United States Adopted Name (USAN) Council.
- The carrier should list out all variations/formulations of each prescription drug in a separate row.
- Carriers should use the following table to classify FDA-approved medications in the required SUD categories:

Alcohol Use Disorder (AUD)	Opioid Use Disorder (OUD)	Tobacco Use Disorder (TUD)	Opioid Reversal Agents (ORA, a.k.a. OORM)
Disulfiram Naltrexone Acamprosate	Methadone Buprenorphine Naltrexone	Nicotine Preparations Bupropion Varenicline	Naloxone Nalmefene

- If QLs were applied, the carrier should indicate the applicable QLs for each medication.

Prescription Drug and Utilization Management Worksheet - Non-Formulary

Carriers must complete this worksheet to report FDA-approved prescription medications for the treatment of an SUD that were **not** on the carrier’s formulary that were **requested** in the reporting period, and the number of requests approved or denied for these non-formulary medications.

Carriers may use the same methodology to identify “FDA-approved prescription medications for the treatment of SUD” that they have used for previous MAT reporting to the Division.

- If a carrier identifies pharmacy claims data based on an enrollee’s primary diagnosis of SUD in medical claims, the Division considers this an acceptable reporting methodology.
- If a carrier uses an alternate methodology to extract the number of unique enrollees from medical and pharmacy claims data, the carrier can continue to use that methodology.

Requests for a prescription medication for an FDA-approved MAT for SUD that is NOT included in the formulary

- Carriers should follow the same requirements listed in the “Rx and UM Worksheet” section for applicable columns.
- For the “Total Number of Requests” section, this should be the total number of unique requests for the specific medication in the specific formulation and dosage. Carriers should provide:
 - Total requests received for each medication; and
 - Total requests approved for this medication; and
 - Total requests denied for each medication.
- Carriers should provide the top 3 reasons a claim was denied for each of the specific medications listed in the worksheet.
 - The carrier will report the most common denial reason, the second most common denial reason, and the third most common denial reason.

Lowest Cost Tier Placement Worksheet

Carriers must complete this worksheet to report on the specific prescription medications approved by the FDA for the treatment of SUDs that are on the lowest cost tier of the carrier’s formulary, as defined in Colorado Insurance Regulation 4-2-75, for each applicable SUD category listed on the reporting template.

If a carrier's formulary includes prescription medications approved by the FDA for the treatment of SUDs that are on the lowest cost tier for an SUD category that is not listed on the template, carriers should add the category (or categories) as needed, using the space provided for “Other Use Disorder (SPECIFY)”.

The Division is aware that there are currently (as of 2/20/2026) no FDA-approved prescription medications used in the treatment of SUDs outside of OUD, AUD, TUD, and ORA.

To report FDA-approved prescription drugs used in the treatment of SUD placed on the lowest tier, carriers should use the following table to classify FDA-approved medications in the required SUD categories:

Alcohol Use Disorder (AUD)	Opioid Use Disorder (OUD)	Tobacco Use Disorder (TUD)	Opioid Reversal Agents (ORA, a.k.a. OORM)
Disulfiram Naltrexone Acamprosate	Methadone Buprenorphine Naltrexone	Nicotine Preparations Bupropion Varenicline	Naloxone Nalmefene

MAT Prescriptions for SUD on the Lowest Cost Tier

- This list should only include specific medications that were placed on the lowest cost tier of the carrier’s formulary.
- Carriers should list the name of the public-facing Colorado prescription drug formulary (e.g., “standard formulary”) associated with each medication listed.

- When providing the medication name, the carrier should use the following naming convention
 - [generic] ([BRAND])
- When providing the applicable SUD category being treated by the medication, please refer to the DSM-5 “Substance-Related and Addictive Disorders” classes.
- “Lowest Cost Tier” should have the same definition as found in Colorado Regulation 4-2-75.
 - ““Lowest Cost Tier” means, for the purposes of this regulation, the prescription drug tier which consists of the lowest cost tier of prescription drugs and may include no-cost, non-preventive care drugs.”

Access and Adequacy Worksheet

Carriers must complete this worksheet to report on the policies, procedures, methodologies, standards, and practices used to determine capacity and accessibility for MAT for SUD. If supporting documentation or attachments are required to answer any of the questions below, carriers may submit such documentation under the “Supporting Documentation” tab in SERRF, using the “Access and Adequacy” heading.

Carriers should respond to each question in the embedded word document underneath each question in the template. Responses should be high level, and not be “copy and pasted” from policy documents. Do not provide a response longer than 500 words. Applicable and relevant policy documents that may be referenced should be submitted with the template, under the “Supporting Documentation” tab in SERRF, using the “Access and Adequacy” heading. Submissions with language similar to “See XX Document” will not be accepted.

Efforts to Ensure Sufficient Capacity for and Access to MAT for SUD

1. Please describe the policies in place and strategies utilized to ensure enrollee access to OTPs, including any policies and procedures to assist with transportation, telehealth services, take-home dosing, and complementary behavioral health services.
 - a. Carriers should provide clear narratives addressing all the issue areas in the preceding sentence.
 - b. Complementary behavioral health services include services and resources that supplement OTP services that may include, but are not limited to, wellness services, social work, occupational therapy, employment services, primary care services, etc.
2. The carrier should provide a detailed description of the methodology or other formal processes used by the carrier and TPA, if applicable, to determine network sufficiency to ensure access to MAT for SUD and process(es) undertaken if the carrier or TPA has found insufficiencies. This description should include at a minimum:
 - a. The process to ensure and monitor network sufficiency; and
 - b. The process to ensure covered members can go out of network at in-network rates, as required by 4-2-53; and
 - c. The process for managing provider recruitment and retention; and
 - d. The process for monitoring and ensuring Colorado’s network adequacy standards are met.
3. The carrier should provide a detailed description of the processes to recruit and retain providers to prescribe FDA-approved MAT for SUD, including care received in an OTP, to enrollees.

4. The carrier should provide a detailed description of the evidentiary or other standards and practices used to determine eligibility of providers that are licensed to prescribe MAT for SUD to join the network.

Formulary and Coverage Attestation Worksheet

Carriers must complete this worksheet to attest compliance with statutory MAT coverage requirements.

If a carrier indicates prior authorization, step therapy, and/or quantity limits are applied, the applicable policies and procedures must be submitted under the relevant headings within the "Supporting Documentation" tab in SERFF.

Examples of acceptable supporting documentation include clinical policy guidelines for the impacted medications, internal manuals for reviewing and processing requests for medication subject to step therapy or quantity limits, etc.

Additional Supporting Documentation

Carriers must submit the following additional supporting documentation under the relevant headings within the "Supporting Documentation" tab in SERFF. If the carrier is requesting any documents to be kept confidential, the carrier should submit those documents under the "Confidential - Supporting Documents" heading within the "Supporting Documentation" tab.

Prescription Drug Formularies

The carrier should submit PDF copies of the public-facing Colorado prescription drug formularies (e.g., "standard formulary") for each applicable market, which must show if the formulary contains FDA-approved medications for all SUDs, under the "Prescription Drug Formularies" heading within the "Supporting Documentation" tab in SERFF.

Prior Authorization Requirements (if applicable)

For carriers that apply prior authorization, the carrier must submit their written policies and procedures regarding prior authorization requirements for:

- All FDA-approved prescription medications for MAT for SUD listed in the 'Rx and UM' worksheet of the 4-2-75 as requiring prior authorization; and
- Pregnant and parenting people; and
- Minors.

If prior authorization is required for FDA-approved MAT for SUD, carriers must also provide an overview of their policies and procedures regarding requiring prior authorization, including the appeals process when a medication is denied, and an explanation for how the applied prior authorization meets the requirements laid out in § 10-16-148, C.R.S., and Colorado Insurance Regulation 4-2-75. This should include, at a minimum, the education and professional qualifications of the reviewer who is responsible for making the determinations at each level of the appeals process.

All documents required under this section should be submitted under the "Supporting Documentation" tab using the "Prior Authorization Requirements" heading in SERFF.

Utilization Management Requirements (if applicable)

For carriers that apply step therapy and/or quantity limit utilization management requirements, carriers should submit the written policies and procedures for utilization management requirements for FDA-approved prescription medications approved for MAT for SUDs listed in the 'Rx and UM' worksheet, including differences in coverage and utilization management requirements for different FDA-approved medications for the treatment of SUDs.

If step therapy is required for FDA-approved MAT for SUD, carriers must also provide an overview of their policies and procedures regarding requiring step therapy, including the appeals process when a medication is denied, and an explanation for how the applied step therapy meets the requirements laid out in § 10-16-148, C.R.S., and Colorado Insurance Regulation 4-2-75. This should include, at a minimum, the education and professional qualifications of the reviewer who is responsible for making the determinations at each level of the appeals process.

All documents required under this section should be submitted under the "Supporting Documentation" tab using the "Utilization Management Requirements" heading in SERFF.

Glossary

For the purposes of these templates, carriers should use the following definitions:

- **Carrier:** the same meaning as found at § 10-16-102(8), C.R.S.
- **Complementary behavioral health services:** services to supplement OTP services that may include, but are not limited to, wellness services, social work, occupational therapy, employment services, primary care services, etc.
- **DSM-5 Substance Use Disorder Classes:**
 - American Psychiatric Association. (2022). Substance-Related and Addictive Disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787.x16_Substance_Related_Disorders
- **Lowest Cost Tier:** the prescription drug tier which consists of the lowest cost tier of prescription drugs and may include no-cost, non-preventive care drugs.
- **Market:** indicates individual, small group, large group, or student health plan designations, for the purposes of this submission.
- **Medication-assisted treatment (MAT):** the use of an FDA-approved medication alone or in combination with evidence-based behavioral therapies to treat a substance use disorder or withdrawal or treat or prevent the relapse of a substance use disorder.
- **Opioid Use Disorder (OUD):** a substance use disorder relating to the use of an opioid.
- **Opioid Treatment Program (OTP):** a program with current, valid certification from the Substance Abuse and Mental Health Services Administration and qualified by the Secretary of Health and Human Services under section 303(g)(1) of the Controlled Substances Act (21 U.S.C. 823(g)(1)) to dispense opioid drugs in the treatment of opioid use disorder. It must be qualified under section 303(g)(1) of the Controlled Substances Act, and must be determined to be qualified by the Attorney General under section 303(g)(1), to be registered by the Attorney General to dispense opioid agonist treatment medications to individuals for treatment of opioid use disorder.

- **Prior authorization:** means the process by which a carrier or organization determines the medical necessity and appropriateness of otherwise covered health-care services prior to the rendering of the services. "Prior authorization" includes preadmission review, pretreatment review, utilization review, and case management and a carrier's or organization's requirement that a covered person or provider notify the carrier or organization prior to receiving or providing a health-care service (§ 10-16-112.5(7)(d), C.R.S.).
- **Quantity limits:** maximum days' supply of prescription medication that a health plan will cover.
- **RxCUI:** An RxCUI is a machine-readable code or identifier that points to the common meaning shared by the various source names grouped and assigned to a particular concept. A concept is a fundamental unit of meaning in RxNorm.
- **SERFF:** the NAIC System for Electronic Rate and Form Filing.
- **Step therapy/fail-first protocol:** a protocol that requires a covered person to use a prescription drug or sequence of prescription drugs, other than the drug that the covered person's health-care provider recommends for the covered person's treatment, before the carrier provides coverage for the recommended prescription drug (§ 10-16-145(1)(g), C.R.S.)
- **Substance Use Disorder (SUD):** all disorders that fall under any of the diagnostic categories listed as a mental or behavioral disorder due to psychoactive substance use, or an equivalent category, in the mental, behavioral, and neurodevelopmental disorders chapter, or an equivalent chapter, or disorders listed as a substance-related and addictive disorder in the manuals referenced in § 10-16-104(5.5)(d)(II)(A), C.R.S.
- **United States Adopted Names (USAN):** a nonproprietary name selected by the USAN Council to ensure safety, consistency and logic in the choice of names for medications.
- **United States Adopted Names (USAN) Council:** The United States Adopted Names (USAN) Council is responsible for selecting simple, informative and unique nonproprietary (generic) drug names.