

**CMS RECORD SPECIFICATION
 DDR QUARTERLY PRICING DATA
 TEXT FILE FOR TRANSFER TO CMS**

Source: Drug Manufacturers

Target: CMS

Field	Size	Position	Remarks
Record ID	1	1 - 1	Constant of "Q"
Labeler Code	5	2 - 6	NDC #1
Product Code	4	7 - 10	NDC #2
Package Size	2	11 - 12	NDC #3
Period Covered	5	13 - 17	QYYYY (Qtr/Yr)
Average Mfr Price	12	18 - 29	99999.999999
Best Price	12	30 - 41	99999.999999
Nominal Price	9	42 - 50	9999999999
Customary Prompt Pay Disc.	9	51 - 59	9999999999

CMS-367a (Exp.)

OMB No. 0938-0578

**CMS RECORD SPECIFICATION
DDR MONTHLY PRICING DATA
TEXT FILE FOR TRANSFER TO CMS**

Source: Drug Manufacturers

Target: CMS

Field	Size	Position	Remarks
Record ID	1	1 – 1	Constant of “M”
Labeler Code	5	2 – 6	NDC #1
Product Code	4	7 – 10	NDC #2
Package Size	2	11 – 12	NDC #3
Month	2	13 – 14	MM
Year	4	15 – 18	YYYY
Average Mfr Price	12	19 – 30	99999.999999

CMS-367b (Exp.)

OMB No. 0938-0578

**CMS RECORD SPECIFICATION
DDR DRUG PRODUCT DATA
TEXT FILE FOR TRANSFER TO CMS**

Source: Drug Manufacturers

Target: CMS

Field	Size	Position	Remarks
Record ID	1	1 – 1	Constant of “P”
Labeler Code	5	2 – 6	NDC #1
Product Code	4	7 – 10	NDC #2
Package Size Code	2	11 - 12	NDC #3
Drug Category	1	13 - 13	See Data Element Definitions
Unit Type	3	14 - 16	See Data Element Definitions
FDA Approval Date	8	17 - 24	MMDDYYYY
FDA Thera. Eq. Code	2	25 - 26	See Data Element Definitions
Market Date	8	27 - 34	MMDDYYYY
Termination Date	8	35 - 42	MMDDYYYY
DESI Indicator	1	43 - 43	See Data Element Definitions
Drug Type Indicator	1	44 - 44	See Data Element Definitions
Baseline AMP	12	45 - 56	99999.999999
Units Per Pkg Size	11	57 - 67	9999999.999
FDA Product Name	63	68 - 130	FDA Registration Name
DRA Baseline AMP	12	131 – 142	99999.999999
Purchased Product Date	8	143 – 150	MMDDYYYY
Package Size Intro Date	8	151 – 159	MMDDYYYY

MEDICAID DRUG REBATE AGREEMENT

**ENCLOSURE B (PAGE 2 OF 2)
SUPPLEMENTAL DATA SHEET**

LABELER CODE (as assigned by FDA)

LABELER NAME (Corporate name associated with labeler code)

TECHNICAL CONTACT – Person responsible for sending and receiving data

NAME OF CONTACT

	AREA	PHONE NUMBER	EXTENSION
FAX #			

EMAIL Address:

NAME OF CORPORATION

STREET ADDRESS

CITY	STATE	ZIP CODE
------	-------	----------

Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

CMS-367d (Exp.)
OMB No. 0938-0578