

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

Source: Drug Manufacturers

Target: CMS

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Remarks</b>
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

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Remarks</b>
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 (AMP)	12	19 - 30	99999.999999
AMP Unit	14	31 - 44	999999999999.99
Filler	21	45 - 51	spaces

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

<b>Field</b>	<b>Size</b>	<b>Position</b>	<b>Remarks</b>
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
OBRA '90 Baseline AMP	12	45 - 56	99999.999999
Units Per Pkg Size	11	57 - 67	9999999.999
FDA Product Name	63	68 – 130	FDA Drug Listing Name
DRA Base AMP	12	131-142	99999.999999
Package Size Intro. Date	8	143-150	MMDDYYYY
Purchase Product Date	8	151-158	MMDDYYYY
Pediatric Exclusivity Ind.	1	159-159	Y or N
ACA Base AMP	12	160 – 171	99999.999999
Filler	17	172 - 175	spaces

CMS-367c (Exp. )

OMB No. 0938-0578

MEDICAID DRUG REBATE AGREEMENT

**ENCLOSURE B (PAGE 1 OF 2)  
SUPPLEMENTAL DATA SHEET**

\_\_\_\_\_  
LABELER CODE (as assigned by FDA)

\_\_\_\_\_  
LABELER NAME (Corporate name associated with labeler code)

\_\_\_\_\_  
LEGAL CONTACT – Person to contact for legal issues concerning the rebate agreement

\_\_\_\_\_  
NAME OF CONTACT

\_\_\_\_\_  
AREA      PHONE NUMBER      EXTENSION

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
INVOICE CONTACT – Person responsible for processing invoice utilization data

\_\_\_\_\_  
NAME OF CONTACT

\_\_\_\_\_  
AREA      PHONE NUMBER      EXTENSION

\_\_\_\_\_  
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

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
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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

