

**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	999999999
Customary Prompt Pay Disc.	9	51 – 59	999999999

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
AMP Units	14	31 – 44	99999999999.99
Filler	6	45 – 50	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

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
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 Product Name
DRA Baseline AMP	12	131 – 142	99999.999999
Package Size Intro Date	8	143 – 150	MMDDYYYY
Purchased Product Date	8	151 – 158	MMDDYYYY

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)

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LABELER NAME (Corporate name associated with labeler code)

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

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NAME OF CONTACT

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AREA	PHONE NUMBER	EXTENSION
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NAME OF CORPORATION

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STREET ADDRESS

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CITY	STATE	ZIP CODE
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INVOICE CONTACT – Person responsible for processing invoice utilization data

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NAME OF CONTACT

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AREA	PHONE NUMBER	EXTENSION
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NAME OF CORPORATION

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STREET ADDRESS

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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

MEDICAID DRUG REBATE AGREEMENT

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

LABELER CODE (as assigned by FDA)

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LABELER NAME (Corporate name associated with labeler code)

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TECHNICAL CONTACT – Person responsible for sending and receiving data

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NAME OF CONTACT

	AREA	PHONE NUMBER	EXTENSION
FAX #			

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EMAIL Address:

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NAME OF CORPORATION

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STREET ADDRESS

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CITY	STATE	ZIP CODE
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CMS-367d (Exp. )  
OMB No. 0938-0578