

**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	999999999
Customary Prompt Pay Disc.	9	51 - 59	999999999
5i Threshold	1	60-60	Y or N or X

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	99999999999.99
5i Threshold	1	45 - 45	Y or N or X
Filler	15	46 - 60	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
Package Size Intro. Date	8	131 - 138	MMDDYYYY
Purchased Product Date	8	139 - 146	MMDDYYYY
ACA Base AMP	12	147 - 158	99999.999999
5i Drug Indicator	1	159 - 159	Y or N
5i Route of Administration	3	160 - 162	See Data Element Definitions
Line Extension Indicator	1	163 - 163	See Data Element Definitions
Initial Brand Name Listed NDC	9	164 - 172	See Data Element Definitions
COD Status	2	173 - 174	See Data Element Definitions

FDA Approval Number	30	175 - 204	See Data Element Definitions
Filler	6	205 - 210	Spaces

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



MEDICAID DRUG REBATE AGREEMENT

ENCLOSURE B (PAGE 1 OF 2)  
SUPPLEMENTAL DATA SHEET

**LABELER CODE**

**LABELER NAME**

**LEGAL CONTACT**

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

NAME OF CORPORATION

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (Optional)

**INVOICE CONTACT**

NAME OF CONTACT

AREA PHONE NUMBER EXTENSION

NAME OF CORPORATION

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (Optional)

MEDICAID DRUG REBATE AGREEMENT

ENCLOSURE B (PAGE 2 OF 2)  
SUPPLEMENTAL DATA SHEET

**LABELER CODE**

**LABELER NAME**

**TECHNICAL CONTACT**

NAME OF CONTACT

PHONE NUMBER      EXTENSION

FAX NUMBER

NAME OF CORPORATION

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (should match DDR user account email address)

Notes:

- If you are amending existing contact information for more than one labeler, provide a form for each labeler code. Do not send a copy of your rebate agreement(s) with this form.
- It is your responsibility to ensure that your contact information is the same for all labeler codes in the MDR program.