

**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. 09/30/2016)
 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
5i Threshold	1	45 - 45	Y, N, X, or Z

CMS-367b (Exp. 09/30/2016)
 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
Drug Type Indicator	1	43 – 43	See Data Element Definitions
OBRA’90 Baseline AMP	12	44 – 55	99999.999999
Units Per Pkg Size	11	56 – 66	9999999.999
FDA Product Name	63	67 – 129	FDA Product Name
DRA Baseline AMP	12	130 – 141	99999.999999
Package Size Intro Date	8	142 – 149	MMDDYYYY
Purchased Product Date	8	150 – 157	MMDDYYYY
5i Drug Indicator	1	158 – 158	See Data Element Definitions
5i Route of Administration	3	159 – 161	See Data Element Definitions
ACA Baseline AMP	12	162 - 173	99999.999999
COD Status	2	174 – 175	See Data Element Definitions
FDA Appl. No./OTC Mono. No.	7	176 – 182	See Data Element Definitions
*Reactivation Date	*n/a	*n/a	*This field may only be submitted online via DDR. See Data Element Definitions

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
EMAIL ADDRESS:			

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
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. 09/30/2016)
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

FAX #

AREA PHONE NUMBER EXTENSION

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. 09/30/2016)
OMB No. 0938-0578