MEDICAID DRUG REBATE AGREEMENT ENCLOSURE B (PAGE 1 OF 2) SUPPLEMENTAL DATA SHEET

LABELER CODE (as assigned by FDA)

I ADELED MAME (Company)						
LABELER NAME (Corporate name associated with labeler code)						
<u>LEGAL CONTACT</u> – Person to contact for legal issues concerning the rebate agreement						
NAME OF CONTACT						
EMAIL ADDRESS:	AREA	PHONE NUMBER	EXTENSION			
NAME OF CORPORATION						
STREET ADDRESS						
CITY		STATE	ZIP CODE			
<u>INVOICE CONTACT</u> – Person responsible for processing invoice utilization data						
NAME OF CONTACT						
NAME OF CONTACT EMAIL ADDRESS:	AREA	PHONE NUMBER	EXTENSION			
EMAIL ADDRESS:	AREA	PHONE NUMBER	EXTENSION			
EMAIL ADDRESS:	AREA	PHONE NUMBER	EXTENSION			
EMAIL ADDRESS:	AREA	PHONE NUMBER	EXTENSION			
	AREA	PHONE NUMBER	EXTENSION			
EMAIL ADDRESS:	AREA	PHONE NUMBER	EXTENSION			
EMAIL ADDRESS: NAME OF CORPORATION		STATE	ZIP CODE			

CMS-367d (Exp. 06/30/2017), OMB No. 0938-0578 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0578. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

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 Derson responsible for conding and receiving date							
<u>TECHNICAL CONTACT</u> – Person responsible for sending and receiving data							
NAME OF CONTACT							
	AREA	PHONE NUMBER	EXTENSION				
FAX#	TIKLIT	THORE NOVIDER	EXTENSION				
EMAIL ADDRESS:							
NAME OF CORPORATION							
NAME OF CORFORATION							
STREET ADDRESS			_				
CITIV		CT A TE	ZID CODE				
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. 06/30/2017), OMB No. 0938-0578 According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0578. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.