



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 #			

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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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.

