

2019 (old version)	2017 (new version)	Type of Change	Reason for Change	Burden Change
N/A	State DUR Contact Information: (1) DUR State Contact Name (2) Email Address (3) Phone Number (4) Fax Number (5) Name of Fiscal Agent (if applicable) (6) Street Address (7) City (8) State (9) Zip Code	Add	To provide each state with the option to submit their state DUR contact information.	Negligible as it is an optional field.
MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM	MEDICAID DRUG REBATE PROGRAM (MDRP) and DRUG UTILIZATION REVIEW (DUR) PROGRAM STATE AGENCY CONTACT FORM	Rev	To clarify that the CMS-368 is for both the Medicaid Drug Rebate Program (MDRP) and the Drug Utiliztaion Review (DUR) Program	N/A - Update to verbiage in an existing field.
STATE CONTACT	MDRP STATE DDR CONTACT	Rev	To differentiate whether the contact information is for the Medicaid Drug Rebate Program (MDRP) or the Drug Utiliztaion Review (DUR) Program	N/A - Update to verbiage in an existing field.
TECHNICAL CONTACT	MDRP TECHNICAL CONTACT	Rev	To differentiate whether the contact information is for the Medicaid Drug Rebate Program (MDRP) or the Drug Utiliztaion Review (DUR) Program	N/A - Update to verbiage in an existing field.
PROGRAM POLICY CONTACT	MDRP POLICY CONTACT	Rev	To differentiate whether the contact information is for the Medicaid Drug Rebate Program (MDRP) or the Drug Utiliztaion Review (DUR) Program	N/A - Update to verbiage in an existing field.
REBATE CONTACT	MDRP REBATE CONTACT	Rev	To differentiate whether the contact information is for the Medicaid Drug Rebate Program (MDRP) or the Drug Utiliztaion Review (DUR) Program	N/A - Update to verbiage in an existing field.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.