

3/2019 (old version)	12/2019 (new version)	Type of Change	Reason for Change	Burden Change
Package Size Code	Package Size	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Product FDA Red. Name	FDA Product Name	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Unit Rebate Amount	Unit Rebate Amount (URA)	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
M'Caid Amount Reimb.	Medicaid Amount Reimbursed (MAR)	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Non M'Caid Amount Reimb.	Non-Medicaid Amount Reimbursed (NMAR)	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Total Amt Reimbursed	Total Amount Reimbursed (TAR)	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
*Filler	Filler	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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