

3/2019 (old version)	12/2019 (new version)	Type of Change	Reason for Change	Burden Change
Drug Name	FDA Product Name	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
No. of Scripts	Number of Prescriptions	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Correction Flag	Filler	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
<p>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 0938-0582. The time required to complete this information collection is estimated to average 46 hours per response, including the time to review instructions, search existing data sources, 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>	<p>Form CMS-R-144 is required from States quarterly to report utilization for any drugs paid for during that quarter. The use of Form CMS-144 by States is considered mandatory under the authority of Section 1927 of the Social Security Act. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.</p> <p>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 0938-0582. The time required to complete this information collection is estimated to average 46 hours per response, including the time to review instructions, search existing data sources, 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.</p>	Rev	To conform to new disclosure statement rules	N/A

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