MEDICAID DRUG REBATE

PRIOR QUARTER ADJUSTMENT STATEMENT (PQAS)

(for reconciling unit changed, disputed units, and PPAs)

LABELER NAME: _____ LABLER CONTACT: _____ STATE: _____

LABELER CODE: _____ PHONE: _____ INVOICE NO. _____

QUARTERPERIOD COVERED: _____ FAX: _____ DATE: _____

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
PRODUCT/ PACKAGE CODE	PRODUCT NAME	FFS/MCO RECORD ID	ORIGINAL UNIT REBATE AMOUNT	CURRENT UNIT REBATE AMOUNT	ORIGINAL UNITS INVOICED	CURRENT UNITS TO DATE	PRIOR UNITS PAID	CURRENT UNITS PAID TO DATE	PRIOR UNITS DISPUTED	CURRENT UNITS DISPUTED TO DATE	ORIGINAL AMOUNT INVOICED	REVISED INVOICE AMOUNT	PRIOR AMOUNT PAID	CURRENT AMT PAID TO DATE	AMT PAID THIS TRANS	ADJM CODE	DISP CODE
TOTALS																	

CMS-304a (Exp. 06/30/2020)
OMB No. 0938-0676

Plus Interest Payment
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TOTAL REMITTANCE

Form CMS-304a (PQAS: Prior Quarter Adjustment Statement) is required for manufacturers only in those instances where a change to an original quarterly rebate data submittal is necessary. When needed, the use of Form CMS-304a by manufacturers is considered mandatory under the authority of Section 1927 of the Social Security Act and the National Drug Rebate Agreement. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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 control number for this information collection is 0938-0676. The time required to complete this information collection is estimated to average 28 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, Baltimore, Maryland, 21244-1850.