| 2019 (old version) | 2020 (new version) | Type of Change | Reason for Change | Burden Change |
|--------------------|---|----------------|---|---------------|
| | Header: MEDICAID DRUG REBATE PROGRAM | Rev | To align Header verbiage across all forms | N/A |
| Header: Fax | Header: Email | Rev | The Fax field is no longer relevant | N/A |