

Monthly Pricing (CMS-367b) Instructions:

Medicaid Drug Programs

[My MDP Profile](#) [User Manual](#) [Help](#) [Print](#)

[General Information](#) [Rebate Agreements](#) [Products and Pricing](#) [Documents](#) [User Management](#) [State Utilization](#)

Upload Monthly Pricing File

[Download sample Monthly Pricing layout and data definitions file](#)

Drag and Drop File Here or Click 'Browse'
(Please include the file extension ".txt" or ".csv")

[BROWSE](#)

[UPLOAD FILE](#)

MDP MONTHLY PRICING DATA FILE SUBMISSION TO CMS Form CMS-367b

FILE FORMAT

Effective: July 1, 2021

Source: Drug Manufacturers

Target: CMS

Ordinal Position	Field Name (.TXT) Header Row (.CSV)	Size	Position	Remarks
1	Record ID	1	1 - 1	Constant of "M"
2	Labeler Code	5	2 - 6	NDC 1
3	Product Code	4	7 - 10	NDC 2
4	Month	2	11 - 12	MM
5	Year	4	13 - 16	YYYY
6	Average Manufacturer Price	15	17 - 31	99999999.999999
7	AMP Units	14	32 - 45	9999999999.99
8	5i Threshold	1	46 - 46	Y, N, X, or Z

Form CMS-367b (Exp. 02/28/2023) is used by manufacturers on a monthly basis, to transmit pricing data for each of their covered outpatient drugs to CMS either electronically or via file transfer. The use of Form CMS-367b on a monthly basis 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 OMB control number for this information collection is 0938-0578. The time required to complete this information collection is estimated to average 44.8 hours per response, including the time to review instructions, 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.