

12/2019 (old version)	10/2020 (new version)	Type of Change	Reason for Change	Burden Change
Title: MEDICAID DRUG REBATE PROGRAM (MDRP) and DRUG UTILIZATION REVIEW (DUR) PROGRAM STATE AGENCY CONTACT FORM	Title: MEDICAID DRUG REBATE PROGRAM STATE AGENCY CONTACT FORM Form CMS-368	Rev	To align verbiage with other MDRP forms	N/A

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