

**MEDICAID DRUG REBATE PROGRAM
ELECTRONIC STATE INVOICE
Form CMS-R-144**

RECORD FORMAT

Effective: July 1, 2021

Source: State Agencies

Target: CMS & Manufacturers

Ordinal Positon	Field (.TXT) Header Row (.CSV)	Size	Position	Remarks
1	Record ID	4	1 - 4	Constant of “FFSU” or “MCOU”
2	State Code	2	5 - 6	P.O. Abbreviation
3	Labeler Code	5	7 - 11	NDC 1
4	Product Code	4	12 -15	NDC 2
5	Package Size	2	16 - 17	NDC 3
6	Period Covered	5	18 - 22	QYYYY
7	FDA Product Name	10	23 - 32	Product name as appears on FDA listing form. (1 st 10 characters)
8	Unit Rebate Amount	15	33 - 47	99999999.999999
9	Units Reimbursed	16	48 - 63	999999999999.999
10	Rebate Amount Claimed	16	64 - 79	999999999999.99
11	Number of Prescriptions	8	80 - 87	99999999
12	Medicaid Amount Reimbursed	16	88 - 103	999999999999.99
13	Non-Medicaid Amount Reimbursed	16	104 - 119	999999999999.99
14	Total Amount Reimbursed	16	120 - 135	999999999999.99
15	Filler - State Invoice Delete Flag - SDUD Submission to CMS	1	136 - 136	See Data Definitions