

2020 (old version)	2021 (new version)	Type of Change	Reason for Change	Burden Change
<p><b>File Format Header:</b>            MEDICAID DRUG REBATE AGREEMENT            CONTACT INFORMATION SHEET</p> <p>Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.</p> <p>N/A</p>	<p><b>File Format Header:</b>            MEDICAID DRUG REBATE AGREEMENT            MANUFACTURER CONTACT FORM            Form CMS-367d</p> <p>Note: If more than one labeler code, complete a separate 367d for each labeler code.</p>	Rev	To align Header with other Medicaid Drug Rebate Program documentation.	N/A
	<p><b>Manufacturer Signature Block:</b></p> <p>Verification by the Manufacturer</p> <p>I certify that the contact information provided on this form is accurate.</p> <p>By: <input type="checkbox"/> _____ <input type="checkbox"/> _____            (signature) (Please print name)</p> <p>Date: _____</p>	Add	For manufacturers to confirm the information submitted on their 367d is accurate.	N/A

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