

# Addendum B

## *The Centers for Medicare & Medicaid Services*

### *Average Sales Price Data*

Name of Drug or Biological Manufacturer (as “manufacturer” is defined in section 1927(k)(5) of the Social Security Act):

Legal Address:

Manufacturer Contact(s):

Name:

Email:

Title:

Fax:

Address:

Telephone No.:

Name:

Email:

Title:

Fax:

Address:

Telephone No.:

I certify that the reported Average Sales Prices were calculated accurately and that all information and statements made in this submission are true, complete, and current to the best of my knowledge and belief and are made in good faith. I understand that information contained in this submission may be used for Medicare reimbursement purposes.

Name of CEO, CFO or Authorizing Official:

Title:

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Signature

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Date

#### PRA Disclosure Statement

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