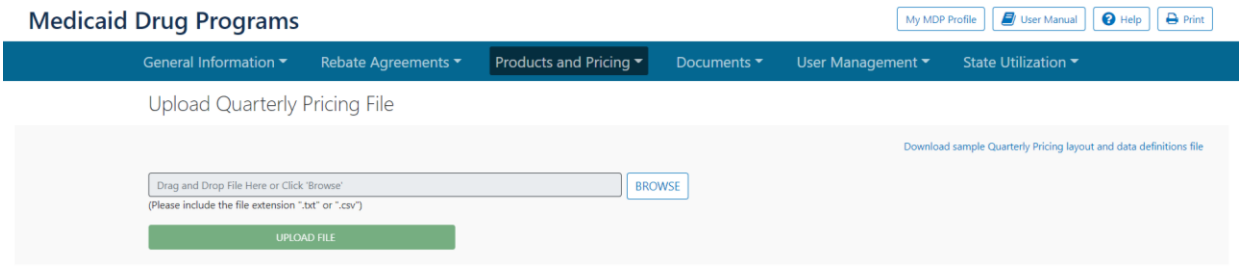
Quarterly Pricing (CMS-367a) Instructions:



MEDICAID DRUG REBATE PROGRAM

MDP QUARTERLY PRICING DATA FILE SUBMISSION TO CMS
Form CMS-367a

FILE FORMAT

Effective: July 1, 2021

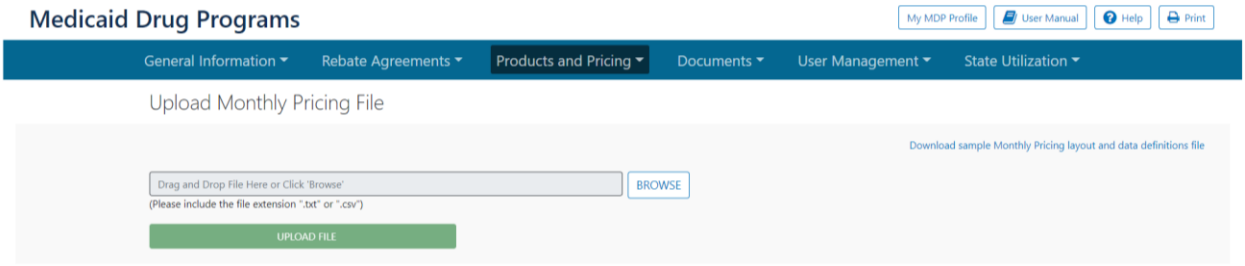
Source: Drug Manufacturers
Target: CMS

Ordinal Position	Field Name (.TXT) Header Row (.CSV)	Size	Position	Remarks
1	Record ID	1	1 - 1	Constant of "Q"
2	Labeler Code	5	2 - 6	NDC 1
3	Product Code	4	7 - 10	NDC 2
4	Period Covered	5	11 - 15	QYYYY
5	Average Manufacturer Price	15	16 - 30	99999999.999999
6	Best Price	15	31 - 45	99999999.999999
7	Nominal Price	9	46 - 54	999999999
8	Customary Prompt Pay Discount	9	55 - 63	999999999
9	Initial Drug Available for Line Extension	1	64 - 64	Y, N, X or Z
10	Initial Drug	9	65 - 73	See Data Definitions

Form CMS-367a (Exp. 09/30/2025) is used by manufacturers on a quarterly 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-367a on a quarterly 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 34.8 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.

Monthly Pricing (CMS-367b) Instructions:



MEDICAID DRUG REBATE PROGRAM

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

FILE FORMAT

Effective: July 1, 2021

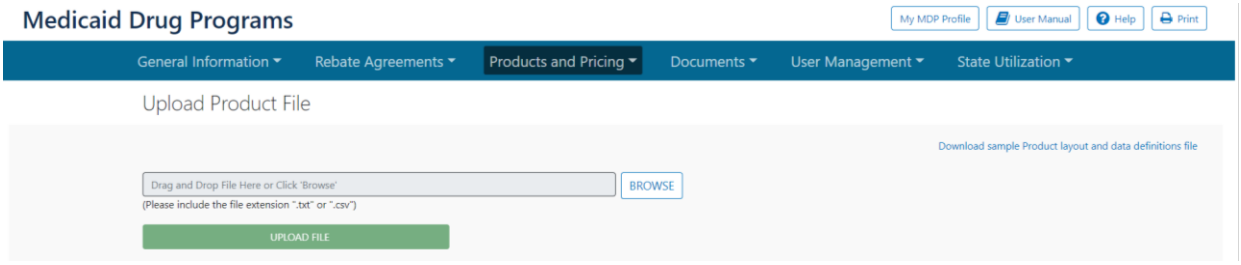
Source: Drug Manufacturers
Target: CMS

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	99999999999.99
8	5i Threshold	1	46 – 46	Y, N, X, or Z

Form CMS-367b (Exp. 09/30/2025) 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.

Monthly Pricing (CMS-367c) Instructions:



MEDICAID DRUG REBATE PROGRAM

MDP PRODUCT DATA FILE SUBMISSION TO CMS Form CMS-367c

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 "P"
2	Labeler Code	5	2 - 6	NDC 1
3	Product Code	4	7 - 10	NDC 2
4	Package Size	2	11 - 12	NDC 3
5	Drug Category	1	13 - 13	See Data Definitions
6	Unit Type	3	14 - 16	See Data Definitions
7	FDA Approval Date	8	17 - 24	MMDDYYYY
8	Therapeutic Equivalence Code	2	25 - 26	See Data Definitions
9	Market Date	8	27 - 34	MMDDYYYY
10	Termination Date	8	35 - 42	MMDDYYYY
11	Drug Type	1	43 - 43	See Data Definitions
12	OBRA'90 Baseline AMP	15	44 - 58	99999999.999999
13	Units Per Package Size	11	59 - 69	9999999.999
14	FDA Product Name	63	70 - 132	FDA Product Name
15	Package Size Intro Date	8	133 - 140	MMDDYYYY
16	Purchased Product Date	8	141 - 148	MMDDYYYY
17	5i Drug Indicator	1	149 - 149	See Data Definitions

18	5i Route of Administration	3	150 - 152	See Data Definitions
19	Covered Outpatient Drug Status	2	153 - 154	See Data Definitions
20	FDA Application Number/ OTC Monograph Number	7	155 - 161	See Data Definitions
21	Line Extension Drug Indicator	1	162 - 162	See Data Definitions
	Reactivation Date	n/a	n/a	See Data Definitions

Form CMS-367c (Exp. 09/30/2025) is used by manufacturers to report a new drug to CMS either electronically or via file transfer, or when the manufacturer has to report a change to the product data of an existing drug electronically or via file transfer. When needed, the use of Form CMS-367c 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.

MDP PRODUCT DATA
FILE SUBMISSION TO CMS
Form CMS-367c

FILE FORMAT

Effective: July 1, 2021

Source: Drug Manufacturers
Target: CMS

Ordinal Positon	Field Name (.TXT) Header Row (.CSV)	Size	Position	Remarks
1	Record ID	1	1 - 1	Constant of "P"
2	Labeler Code	5	2 - 6	NDC 1
3	Product Code	4	7 - 10	NDC 2
4	Package Size	2	11 - 12	NDC 3
5	Drug Category	1	13 - 13	See Data Definitions
6	Unit Type	3	14 - 16	See Data Definitions
7	FDA Approval Date	8	17 - 24	MMDDYYYY
8	Therapeutic Equivalence Code	2	25 - 26	See Data Definitions
9	Market Date	8	27 - 34	MMDDYYYY
10	Termination Date	8	35 - 42	MMDDYYYY
11	Drug Type	1	43 - 43	See Data Definitions
12	OBRA'90 Baseline AMP	15	44 - 58	99999999.999999
13	Units Per Package Size	11	59 - 69	9999999.999
14	FDA Product Name	63	70 - 132	FDA Product Name
15	Package Size Intro Date	8	133 - 140	MMDDYYYY
16	Purchased Product Date	8	141 - 148	MMDDYYYY
17	5i Drug Indicator	1	149 - 149	See Data Definitions
18	5i Route of Administration	3	150 - 152	See Data Definitions
19	Covered Outpatient Drug Status	2	153 - 154	See Data Definitions
20	FDA Application Number/ OTC Monograph Number	7	155 - 161	See Data Definitions
21	Line Extension Drug Indicator	1	162 - 162	See Data Definitions
	Reactivation Date	n/a	n/a	See Data Definitions

Form CMS-367c (02/28/2023) is used by manufacturers to report a new drug to CMS either electronically or via file transfer, or when the manufacturer has to report a change to the product data of an existing drug electronically or via file transfer. When needed, the use of Form CMS-367c 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 43.5 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.