

**MEDICAID DRUG REBATE AGREEMENT  
ENCLOSURE B (PAGE 1 OF 3)  
SUPPLEMENTAL DATA SHEET**

\_\_\_\_\_  
LABELER CODE (as assigned by FDA)

\_\_\_\_\_  
LABELER NAME (Corporate name associated with labeler code)

\_\_\_\_\_  
LEGAL CONTACT – Person to contact for legal issues concerning the rebate agreement

\_\_\_\_\_  
NAME OF CONTACT

\_\_\_\_\_  
AREA                      PHONE NUMBER                      EXTENSION

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY    STATE    ZIP CODE

\_\_\_\_\_  
INVOICE CONTACT – Person responsible for processing invoice utilization data

\_\_\_\_\_  
NAME OF CONTACT

\_\_\_\_\_  
AREA                      PHONE NUMBER                      EXTENSION

\_\_\_\_\_  
NAME OF CORPORATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY    STATE    ZIP CODE

Note: This sheet is to be returned with the signed rebate agreement. If more than one labeler code, attach one sheet for each code.

CMS-367a (Exp. 08/31/06)

OMB No. 0938-0578

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ENCLOSURE B (PAGE 2 OF 3)  
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\_\_\_\_\_  
LABELER NAME (Corporate name associated with labeler code)  
\_\_\_\_\_

TECHNICAL CONTACT – Person responsible for sending and receiving data

\_\_\_\_\_  
NAME OF CONTACT

	AREA	PHONE NUMBER	EXTENSION
FAX #			

\_\_\_\_\_

EMAIL Address:  
\_\_\_\_\_

\_\_\_\_\_  
NAME OF CORPORATION  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_

CITY	STATE	ZIP CODE
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\_\_\_\_\_

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CMS-367a (Exp. 08/31/06)  
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**MEDICAID DRUG REBATE AGREEMENT  
ENCLOSURE B (PAGE 3 OF 3)  
SUPPLEMENTAL DATA SHEET**

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LABELER CODE (as assigned by FDA)

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LABELER NAME (Corporate name associated with labeler code)

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PLEASE INDICATE THE MEDIA PREFERENCE YOU INTEND TO USE FOR TRANSMITTING DATA IDENTIFIED IN APPENDIX A OF THE REBATE AGREEMENT TO CMS. THE INSTRUCTIONS, TECHNICAL SPECIFICATIONS AND MATERIALS APPROPRIATE TO THE OPTION SPECIFIED WILL BE MAILED TO YOU UPON RECEIPT OF YOUR SIGNED AGREEMENT.

- OPTION 1    TELECOMMUNICATIONS**  
Transmit data through telecommunications. Record formats are attached. Upon election of this option, CMS will mail additional instructions, including the "Dial In" number of the CMS electronic mailbox.  
(See next pages for Telecommunications format.)
  
- OPTION 2    3 1/2" HD DISKETTE**  
Upon election of this option, a preprogrammed diskette will be mailed to you, along with instructions.
  
- OPTION 3    PAPER**  
For manufacturers with five or fewer NDCs. The form for submitting data is attached.  
(See next pages "Paper Reporting Format")

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