



MEDICAID DRUG REBATE AGREEMENT

**ENCLOSURE B (PAGE 2 OF 2)  
SUPPLEMENTAL DATA SHEET**

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

\_\_\_\_\_  
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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\_\_\_\_\_

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-367d (Exp. 11/30/2013)

OMB No. 0938-0578