

Online Quarterly Pricing Data Entry Screen in MDP (CMS-367a)

Maintain Quarterly Pricing

Select Quarter & Year

Quarter (required)
3rd

Year (required)
2020

Search By

Labeler Code (required)

Product Code (required)

Select

Drug Information (NDC:)

Package(s)

NDC3	Drug Name	Package Size Intro Date	Units Per Package Size	Termination Date	Reactivation Date	Nominal Price	Customary Prompt Pay Discount
No records available.							

0 - 0 of 0 items

Show 25 items per page

Quarterly Pricing For 3/2020

AMP	Best Price	Initial Drug Available For LE
<p>Form CMS-367a (Exp. 02/28/2023) 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.</p>		

Online Monthly Pricing Data Entry Screen in MDP (CMS-367b)

Maintain Monthly Pricing

Select Month & Year

Year (required)
2020

Month (required)
Sep

Search By

Labeler Code (required)

Product Code (required)

Select

Drug Information (NDC9:)

Package(s)

NDC3	Drug Name	Package Size Intro Date	Units Per Package Size	Termination Date	Reactivation Date
No records available.					

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Monthly Pricing for Sep 2020

5i Threshold	(required)	AMP	(required)	AMP Units	(required)
Select		00000000.000000			

Form CMS-367b (Exp. 02/28/2023) 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.

Online Product Data Entry Screen in DDR (CMS-367c)

Manage Existing Product

NDC1 <small>(required)</small>	NDC2 <small>(required)</small>	SELECT
COD Status <small>(required)</small>		Drug Category <small>(required)</small>
Select		Select
FDA Application No./OTC Monograph No. <small>(required)</small>	DESI Indicator <small>(system-generated)</small>	Clotting Factor <small>(system-generated)</small>
		<input type="radio"/> Yes <input checked="" type="radio"/> No
5i Drug Indicator <small>(required)</small>	5i Route of Administration <small>(required)</small>	Exclusively Pediatric <small>(system-generated)</small>
Select		<input type="radio"/> Yes <input checked="" type="radio"/> No
Drug Type <small>(required)</small>	Line Extension Drug Indicator <small>(required)</small>	Initial Drug Indicator <small>(system-generated)</small>
	Select	<input type="radio"/> Yes <input checked="" type="radio"/> No
FDA TEC <small>(required)</small>	FDA Approval Date <small>(required)</small>	Market Date <small>(required)</small>
	MM/DD/YYYY	MM/DD/YYYY
Purchased Product Date	Coverage Effective Date <small>(system-generated)</small>	Unit Type <small>(required)</small>
MM/DD/YYYY		Select

Baseline AMPs

*OBRA '93 Base AMP Quarter <small>(system-generated)</small>	*OBRA '93 Base AMP <small>(system-generated)</small>	<small>*This Base AMP was system-generated using Quarterly AMP data and is not available for manual entry. Please see the Labeler Data Guide for more details about the different Base AMP fields.</small>
Q/YYYY	0.000000	
*BBA '15 Base AMP Quarter <small>(system-generated)</small>	*BBA '15 Base AMP <small>(system-generated)</small>	
Q/YYYY	0.000000	
OBRA '90 Base AMP	DRA Base AMP	ACA Base AMP
0.000000	0.000000	0.000000

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.