

2017 (old version)	2019 (new version)	Type of Change	Reason for Change	Burden Change
Header - Appendix A	Header - N/A	Del	The reference to "Appendix A" is no longer applicable, so we have removed it.	N/A
Header - RECONCILIATION OF STATE INVOICE	Header - RECONCILIATION OF STATE INVOICE (ROSI)	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Quarter Covered	Period Covered	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
State	State Code	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Product / Package Code	Product Code / Package	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Product Name	FDA Product Name	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

Rebate Per Unit	Unit Rebate Amount	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
Adjusted Rebate Per Unit	Adjusted Unit Rebate Amount	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
See CMS-304, Appendix C	See Adjustment and Dispute Codes for CMS-304/304a	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A
See CMS-304, Appendix C	See Adjustment and Dispute Codes for CMS-304/304a	Rev	To align verbiage with other Medicaid Drug Rebate Program documentation.	N/A

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