PAGE	Of	

## MEDICAID DRUG REBATE

## PRIOR QUARTER ADJUSTMENT STATEMENT (PQAS)

(for reconciling unit changed, disputed units, and PPAs)

LABELER NAME:	LABLER CONTACT:	STATE:						
LABELER CODE:	PHONE:	INVOICE NO						
PERIOD COVERED:	EMAIL:	DATE						

Α	В	С	D	Е	F	G	Н	I	J	K	L	М	N	0	Р	Q	R
PRODUCT/ PACKAGE	PRODUCT	FFS/MCO	ORIGINAL UNIT REBATE	CURRENT UNIT REBATE	UNITS	CURRENT UNITS	PRIOR UNITS	CURRENT UNITS PAID	PRIOR UNITS	CURRENT UNITS DISPUTED	ORIGINAL AMOUNT	REVISED INVOICE		AMT PAID	AMT PAID THIS	ADJM	DISP
CODE	NAME	RECORD ID	AMOUNT	AMOUNT	INVOICED	TO DATE	PAID	TO DATE	DISPUTED	TO DATE	INVOICED	AMOUNT	PAID	TO DATE	TRANS	CODE	CODE
TOTALS				ı													

CMS-304a (Exp. 05/31/2024) OMB No. 0938-0676 Plus Interest Payment

TOTAL REMITTANCE

Form CMS-304a (PQAS: Prior Quarter Adjustment Statement) is required for manufacturers only in those instances where a change to an original quarterly rebate data submittal is necessary. When needed, the use of Form CMS-304a 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 control number for this information collection is 0938-0676. The time required to complete this information collection is estimated to average 28 hours per response, including the time to review instructions, search existing data sources, 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.