

## **Manufacturer Notice**

This invoice constitutes the State's quarterly Medicaid utilization information, which is being provided to the manufacturer pursuant to the National Drug Rebate Agreement and the Iowa Medicaid Supplemental Drug Rebate Agreement. Written notice of any alleged errors in the utilization information (by NDC number) and payment of rebates based on all utilization information not alleged to be erroneous is due to the Iowa Department of Health and Human Services within 38 days of this invoice.