TEXAS
Health and Human Services

Texas Vendor Drug Program
Drug Manufacturer Manual

September 2020

txvendordrug.com/about/manual/manufacturer

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1 Introduction

1.1 Mission Statement

The mission of the Texas Vendor Drug Program is to:

- Provide statewide access to covered outpatient drugs and quality pharmaceutical care for people enrolled in Medicaid, the Children's Health Insurance Program (CHIP), the Children with Special Health Care Needs (CSHCN) Services Program, the Healthy Texas Women's Program (HTW), and the Kidney Health Care Program (KHC), efficiently and cost-effectively;
- Manage the drug formulary, preferred drug list (PDL), clinician-administered drug program, and rebate programs, to maximize revenue;
- Manage the Texas Medicaid Electronic Health Record Incentive/Promoting Interoperability Program, providing incentive payments to eligible Medicaid providers and hospitals when they adopt and meaningfully-use certified electronic health record technology.

1.2 About this Manual

This document assists manufacturers with Texas Medicaid processes for formulary additions, billing, and federal and supplemental rebate programs. Manufacturers are responsible for ensuring compliance with federal and state processes.

1.3 Rules and Statutes

This document makes frequent reference to rules and statutes associated with VDP, including the Texas Administrative Code (TAC), Texas Government Code, and United States Code of Federal Regulations. Links to these rules and statutes are available online at txvendordrug.com/about/rules.

2 Drug Approval

2.1 Centers for Medicare and Medicaid Services

The Medicaid Drug Rebate Program (MDRP) is an arrangement between Centers for Medicare & Medicaid Services (CMS), state Medicaid agencies, and participating drug manufacturers, to partially offset the federal and state costs of most

outpatient prescription drugs dispensed to Medicaid beneficiaries. Manufacturers must enroll with CMS and sign agreements to pay rebates on all drugs dispensed to people enrolled in Medicaid before the drug is considered for inclusion on the Texas Medicaid formulary. Texas Medicaid requires a CMS-approved National Drug Rebate Agreement (NDRA) to commence the Certificate of Information (COI) process (see section 2.2).

Refer to the Medicaid NDRA information at medicaid.gov/medicaid/prescription-drugs/medicaid-drug-rebate-program/medicaid-national-drug-rebate-agreement/index.html for instructions on participating in the MDRP.

2.1.1 Reporting Requirements

To maintain Drug Data Reporting (DDR) status, manufacturers must report initial product and pricing information on all covered outpatient drugs within 30 days of the end of the month and quarter of the optimal effective date.

For every month and quarter thereafter, pricing data is due within 30 days of the end of each respective monthly and quarterly period and is updated as often as necessary.

Product data and pricing corrections are reported or updated as soon as they become available. When a manufacturer markets a new drug, information is submitted to the Medicaid DDR system to ensure the drug is listed with the United States Food and Drug Administration (FDA).

Refer to the Federal Register at federalregister.gov/documents/2018/03/23/2018-05947/medicaid-program-announcement-of-medicaid-drug-rebate-program-national-rebate-agreement to learn more.

2.2 Texas Medicaid and CHIP Formularies

After completing the Medicaid NDRA with CMS, complete the ***Texas Drug Code Index Certification of Information*** (HHS Form 1326) to request the addition of the drug on the Medicaid and CHIP formularies. Download the form at txvendordrug.com/resources/downloads.

- *Refer to 1 TAC Section 354.1921 (Addition of Drugs to the Texas Drug Code Index) at* txvendordrug.com/about/rules/texas-administrative-code

The TDCI COI is used when a drug is new to the market or when an existing drug on the TDCI has a new formulation or labeler changes. Manufacturers with products on the TDCI are responsible for using the form to announce changes about any of

the information on this form, no later than the date on which revisions are scheduled to occur.

Drugs submitted using this form should include the manufacturer's name on the label of the container sold to the pharmacy and the National Drug Code (NDC) of the company holding the drug as its own. All drugs on the TDCI must bear the FDA-defined labeler code, except for licensed full-service drug wholesalers marketing the final sale to the provider.

The following are required when a drug is considered for inclusion on the TDCI:

- A rebate agreement with CMS with a listing on the MDRP at data.medicaid.gov/Drug-Pricing-and-Payment/Drug-Products-in-the-Medicaid-Drug-Rebate-Program/v48d-4e3e/data
- A listing on First Databank (FDB)

Refer to the ***VDP Drug Addition Process*** for timelines and information regarding formulary additions, as well as, clinician-administered drug coverage provided under the medical benefit. Download the document at txvendordrug.com/resources/downloads.

2.2.1 Acceptance to the Texas Medicaid & CHIP Formularies

VDP reviews all submitted forms for completeness. Manufacturers should complete all fields in the "Drug Description," "Pricing Information," and "Certification" sections in their entirety. The fields in the "Contacts" section are answered as applicable.

HHSC requires drug prices, such as the average manufacturer price (AMP), submitted on the COI. Drug companies may not have the AMP information at the initial launch of the product but must provide it to HHSC within 30 days after the close of the calendar quarter in which the AMP is calculated. Drug companies must provide AMP pricing within 10 days upon HHSC's request.

Submit HHS Form 1326 with FDA approval letter(s) and any of the applicable documents:

- FDA new drug application approval letter
- FDA abbreviated new drug application approval letter
- FDA over-the-counter monograph

Manufacturers must also submit the following:

- Copy of package insert
- Copy of Certificate of Liability Insurance
- Material for physicians or file card, if available
- Other applicable documents

The review process takes up to 90 days once the form is submitted to HHSC and considered complete. If approved, the drug is added to both the Medicaid and CHIP formularies. HHSC will respond with either an approval letter containing the date the drug was added to the formulary or a denial letter containing the date and the reason why the COI was denied.

- *Refer to 1 TAC Section 354.1923 (Review and Evaluation) at* txvendordrug.com/about/rules/texas-administrative-code

2.2.2 Acceptance to State Program Formularies

2.2.2.1 Healthy Texas Women

The HTW Program provides access to women's health and family planning services at no cost to eligible women in Texas. The program has a drug rebate program for all manufacturers whose products are covered by the program. Effective February 18, 2020, the Texas Health and Human Services Commission and the Centers for Medicare and Medicaid Services reached an agreement to provide comprehensive women's health services through a Medicaid demonstration waiver over the next five years. The HTW program is jointly funded by the state and federal governments. The program serves approximately 300,000 people annually. Program-eligible individuals are:

- At or below 200 percent of the federal poverty level
- Age 15 – 44
- Not pregnant
- Texas residents
- United States citizens or qualified immigrants

A drug must be on the Medicaid formulary (see section 2.2.1) before it is considered for addition to the HTW formulary. Participation in the rebate programs for HTW varies depending on the budget source used to pay for the original claim or encounter eligible for a rebate.

1. Claims and encounters for clients under 18 (Rebate Programs called TWHP) are paid by the State of Texas General Revenue funding. Participation in this rebate program is voluntary with some exceptions.

2. Claims and encounters for postpartum clients (Rebate Programs called HTW+) are paid by State of Texas General Revenue funding. Participation in this rebate program is voluntary with some exceptions.

3. Claims and encounters for clients 18 and over (Rebate Program called HTW) are paid with Federal Funding and are subject to CMS federal rebate rules. Participation in this rebate program is mandated if the manufacturer has signed a National Drug Rebate Agreement with CMS.

Manufacturers with questions related to program formulary coverage, refer to Table 5 for contact information.

2.2.2.1.1 Healthy Texas Women Plus

On September 1, 2020, HHHC launched an enhanced, cost-effective, and limited postpartum care services package for women enrolled in the Healthy Texas Women program called HTW Plus based on the direction of Senate Bill 750, 86th Legislature, Regular Session, 2019.

HTW Plus services focus on treating major health conditions recognized as contributing to maternal morbidity and mortality in Texas, including postpartum depression and other mental health conditions, cardiovascular and coronary conditions, and substance use disorders, including drug, alcohol, and tobacco use.

Eligible individuals meet the standard HTW eligibility criteria and have been pregnant in the 12 months before HTW enrollment.

The HTW Plus program is currently state-funded.

2.2.2.2 Kidney Health Care

The KHC Program is a CMS-designated State Pharmaceutical Assistance Program (SPAP) providing drug reimbursement for approximately 20,000 kidney dialysis and transplant patients. The program is one hundred percent state-funded. Its

formulary is a closed formulary and contains medications related to end-stage renal disease. Manufacturers with signed rebate agreements are given priority.

Refer to Table 6 for contact information for manufacturers with questions related to program formulary coverage.

2.2.2.3 Children with Special Health Care Needs

The CSHCN Services Program is a comprehensive health benefits plan for low-income children with special health care needs. The program has an open formulary like Medicaid and is the payer of last resort for approximately 2,300 eligible people.

Refer to Table 4 for contact information for manufacturers with questions related to program formulary coverage.

3 Federal and State Rebate Invoicing

CMS sends Texas quarterly updates to the Unit Rebate Amounts (URA) for each manufacturer, approximately forty-five days after the end of the calendar year quarter. URAs are computed by CMS based on information submitted by manufacturers. The Texas VDP rebate system loads all drug data and manufacturer information from CMS.

HHSC computes URAs for the CHIP, CSHCN, HTW, and KHC programs separately, and loads the information into the rebate system from separate files (see section 4).

HHSC invoices manufacturers for rebates on all fee-for-service (FFS) claims and managed care encounters loaded into the rebate system every quarter. CMS requires the generation and transmission of federal rebate invoices within 60 days after the end of each calendar quarter. Supplemental rebate invoices are generated and transmitted 75 days after the end of each calendar quarter.

Drug rebate invoices are calculated based on 11-digit NDCs, drug quantity units on paid claims (original, coordinated, and adjusted claims), URA, interest owed, and prior period adjustments (PPA). Manufacturers request claim level detail to confirm utilization by contacting Conduent State Healthcare, the VDP pharmacy claims and rebate administration vendor, at PCRA_CLDandDisputes@Conduent.com.

An invoice is created for each program. Applicable program names and descriptions are included in the title of the invoice. Refer to the list of program names (as of Sept. 1, 2020) in Table 1.

Table 1: HHSC Invoice Programs

Program Name	Program Description
TXMED	Fee-for-Service Medicaid pharmacy claims
TXSUPP	Supplemental Fee-for-Service Medicaid pharmacy claims
TXEFMAP	Fee-for-Service Medicaid pharmacy claims based on special grant requirements
TXEFMAPSUP	Supplemental fee-for-service Medicaid pharmacy claims based on special grant requirements
TXMCO	Managed care Medicaid pharmacy claims
TXMCOSUP	Supplemental Medicaid managed care pharmacy claims
TXMCOEFMAP	Managed care Medicaid pharmacy claims based on special grant requirements
TXMCOEFMAPSUP	Supplemental Medicaid managed care pharmacy claims based on special grant requirements
TXJCODE	Drugs extracted from Fee-for-service Medicaid medical claims
TXMCOJCOD	Drugs extracted from Medicaid managed care medical claims
TXEFMAPJCOD	TXEFMAPJCODE – Drugs extracted from Medicaid Fee-for-Service Medical Claims based on Special Grant Requirements
TXMCOEFMAPJC	Drugs extracted from Medicaid managed care medical claims based on special grant requirements
CNSF	Children's Health Insurance Program (CHIP) Not State Funded
BCCP	Fee-for-service breast and cervical cancer pharmacy claims

Program Name	Program Description
KHC	Kidney Health Care Program
CSHCN	Children with Special Health Care Needs Services Program
TWHP	Texas Women's Health Program. The state-funded portion of the Healthy Texas Women's Program serving women under 18 years of age.
TXMCOBCCP	Managed care breast and cervical cancer pharmacy claims
HTW	Healthy Texas Women Program. The Federally Funded portion of the Healthy Texas Women's Program subject to CMS rebate rules serving women 18 years of age and older.

4 Payment of Invoices and Dispute Resolution

Once a manufacturer has received an invoice, payment is due to HHSC within 38 days from receipt of the invoice, to avoid incurring interest. Two CMS forms are required when submitting payment or disputing an invoice:

- *Reconciliation of State Invoice* (Form CMS-304)
- *Prior Quarter Adjustment Statement* (Form CMS-304a)

Both forms are submitted with payment to identify where the payment is applied in the rebate system. Download both forms from txvendordrug.com/resources/downloads.

4.1 Reconciliation of State Invoice

Use the ROSI to respond to Texas when:

- Disputing invoiced units
- State invoice contains zero URAs

- Documenting invoice(s), program(s) and amount(s) to be paid, even if the state invoice contains zero URAs

Manufacturers must remit accurate rebate payments, and the current URA must be applied to the units paid.

4.2 Prior Quarter Adjustment Statement

Use the PQAS to uniformly explain prior quarter payments or disputes. The PQAS may accompany the ROSI or submitted separately. Submit both forms with rebate payments or payment adjustments for all prior quarters.

The PQAS is used for reporting all prior quarter actions, including invoiced unit changes, prior disputed unit adjustments, and other information. Complete a separate quarter-specific PQAS for each prior quarter reconciled and submit the completed PQAS with the payment/credit for all prior quarters.

If the manufacturer completes and submits the PQAS with the ROSI, the amount of the remittance must equal the total remittance shown on the ROSI, plus or minus the total remittance on the PQAS. An explanation of any interest payment must accompany the submission.

A PQAS is submitted in the required format, in paper form or electronically, depending on the manufacturer's capabilities. No additional information is entered on the form itself and all information must be included unless instructed in the data definitions found on the form.

Payment packages received from a manufacturer are allocated to the respective 11-digit NDCs invoiced for all rebate programs. Invoices are compared to the ROSI and/or PQAS forms returned by the manufacturer with the payment to identify which NDC 11-digit line items are different from the invoice or are in dispute.

The Medicaid Drug Rebate Data Guide for Manufacturers has complete instructions for ROSI and PQAS submittal and reporting requirements for manufacturers participating in the CMS MDRP.

The guide is part of the DDR for Medicaid System and accessible after registering with CMS and signing an NDRA. Contact CMS at DRP@cms.hhs.gov for access to the DDR system or questions about the ROSI or PQAS forms.

Submit payments to the contact in Table 2. Payments must include the invoice number, as indicated on the invoice.

Table 2: Rebate Reimbursement Correspondence

Media	Contact
Mailing address	Attention: VDP Drug Rebates Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services P. O. Box 149055 Austin, TX 78714
Overnight delivery	Attention: VDP Drug Rebates Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services 4900 N. Lamar Blvd. Austin, TX 78751

4.3 Dispute Resolution

Manufactures submitting a check for payment of their current invoice must include a ROSI documenting the invoice, program, and amounts to be applied. A PQAS should also accompany the payment when the prior quarter is paid.

Once received, check amounts are allocated at the NDC 11-digit level by the drug rebate system. If the check is not fully allocated then the rebate system lists the line items in dispute. Next, an extract from the rebate system is pulled containing claim details for disputed NDCs and automatically provided to the manufacturer. It is the manufacturer's responsibility to review the claim detail extract and provide any additional information to resolve the dispute. When resolving disputes, the manufacturer must:

- Contact CMS to correct any discrepancies in the URA submitted to CMS
- Correct the ROSI or PQAS form and resubmit it to Conduent if there are any discrepancies in the URA

Discrepancies regarding units dispensed are resolved on a case-by-case basis by Conduent in collaboration with the manufacturer. Direct questions involving dispute resolution to Conduent at PCRA_CLDandDisputes@Conduent.com.

5 Rebate Programs

5.1 Supplemental Rebate Program

Texas Medicaid created the Supplemental Drug Rebate Program in conjunction with the Preferred Drug List (PDL). The PDL is a list of medications recommended by the Texas Drug Utilization Review (DUR) Board and approved by the HHSC Executive Commissioner. The DUR Board considers the drug's efficaciousness, clinical significance, cost-effectiveness, and safety when making recommendations to add drugs to the PDL. The PDL is published in January and July of each year. Medications designated as non-preferred on the PDL require prescribing providers to obtain prior authorization.

5.1.1 Application and Approval Process

The DUR Board meets quarterly to develop criteria and standards impacting Texas Medicaid, including:

- Developing and submitting recommendations to the PDL
- Suggesting clinical prior authorizations on outpatient prescription drugs
- Recommending educational interventions for Medicaid providers
- Reviewing drug utilization across the Medicaid program

The VDP PDL vendor notifies manufacturers of drug classes scheduled for review before each quarterly DUR Board meeting. A solicitation list is created using all the branded products on the drug class list, as well as some generic exceptions, and manufacturers' contact information is obtained from signed supplemental rebate contracts.

Submit the ***Manufacturer Contact Form*** to request an addition to the solicitation list. The VDP PDL vendor distributes the solicitation list to manufacturers approximately 3 months before each DUR Board meeting. This provides an opportunity for manufacturers to submit a supplemental rebate offer based on a Guaranteed Net Unit Price (GNUP), valid for 12 months. Download the form at txvendordrug.com/resources/downloads.

- GNUP is equal to the Wholesaler Acquisition Cost (WAC) price per unit minus the Federal Unit Rebate Amount (FURA) minus the Supplemental Unit Rebate Amount (SURA).

Once HHSC makes a final decision on PDL composition, contracts are forwarded to the manufacturers for signature. HHSC signs and executes the completed contracts received from manufacturers.

5.2 CHIP Drug Rebate Program

Complete the ***CHIP Drug Rebate Agreement*** (HHS Form 1337) and return two originals to the Texas Contract Manager (see Table 3) to participate in the rebate program. Download the form at txvendordrug.com/resources/downloads.

5.2.1 Program Specific Requirements

Drug manufacturers must submit quarterly pricing data to HHSC as stated in their signed agreements (see Table 7).

5.3 Healthy Texas Women Program

VDP collaborates with the HTW program to determine which Medicaid drugs are included as part of the HTW and HTW Plus formulary. VDP undertakes a quarterly formulary review, the results of which are submitted to the HTW Program. The HTW program reviews the list of drugs and submits an approved list to the DUR/FM formulary team for inclusion on the HTW formulary.

Participation in the rebate programs for Healthy Texas Women varies depending on the budget source used to pay for the original claim or encounter eligible for a rebate.

1. Claims and encounters for clients under 18 (Rebate Programs called TWHP) are paid with State of Texas General Revenue funding. Participation in this rebate program is voluntary with some exceptions.

2. Claims and encounters for postpartum clients (Rebate Programs called HTW+) are paid with State of Texas General Revenue funding. Participation in this rebate program is voluntary with some exceptions.

3. Claims and encounters for clients 18 and over (Rebate Programs called HTW) are paid with federal funding and are subject to CMS Federal rebate rules. Participation in this rebate program is mandated if the manufacturer has signed a National Drug Rebate Agreement with CMS.

Manufacturers with questions related to program formulary coverage, refer to Table 5 for contact information.

5.4 Kidney Health Care Program

The KHC Program is mandated by the Legislature to have a rebate agreement with the manufacturer before a drug is added to the formulary

Manufacturers participating in the MDRP as an approved SPAP can exclude prices to SPAPs from their Medicaid Best Price calculations. This allows the State to use the full CMS rebate rate to simplify the paperwork for both the State and the manufacturer. All rebate money collected for KHC drug claims is returned to the program for client services.

Complete the ***KHC Program Drug Rebate Agreement*** (HHS Form 1329) and return two originals to the KHC program (see Table 6) to participate in the rebate program. Download the form at txvendordrug.com/resources/downloads.

5.5 CSHCN Services Program

Complete the ***CSHCN Services Program Drug Rebate Agreement*** (HHS Form 1343) and return two signed original copies to the CSHCN Services Program (see Table 4) to participate in the rebate program. Download the form at txvendordrug.com/resources/downloads.

5.5.1 Program Specific Requirements

Drug manufacturers must submit quarterly pricing data to HHSC as stated in their signed agreements (see Table 7).

6 Value-Based Agreements

Senate Bill 1780, 86th Legislature, Regular Session (2019), amended Subchapter B, Chapter 531 of the Texas Government Code, by adding Section 531.0701, to allow HHSC to enter into a value-based agreement for VDP by written agreement with a drug manufacturer, based on outcome data or other metrics to which HHSC and the drug manufacturer agree in writing. The value-based agreement is a written agreement linking payment for a drug or product to its value and is consistent with federal and state law and approved by CMS as part of the Medicaid state plan. Agreements may include things of value, including, but not limited to:

- Rebates

- Discounts
- Price reductions
- Contributions
- Risk sharing
- Reimbursements
- Payment deferral or installment payments
- Guarantees
- Patient care
- Shared savings payments
- Withholds
- Bonuses

Complete the *Value-Based Agreement Concept* (HHS Form 1402) to submit a proposal. Download the form at txvendordrug.com/resources/downloads.

7 340B Claims

7.1 Health Resources and Services Administration (HRSA)

Section 340B of the Public Health Services Act (42 U.S.C-256b) requires drug manufacturers to provide outpatient drugs to eligible healthcare organizations or covered entities at significantly reduced prices. This program enables covered entities to purchase drugs at discounted prices and use the remaining funds to provide comprehensive services to eligible people. This policy also allows insurers, including Medicaid, to share in the savings generated by the 340B Program.

To prevent duplicate discounts and ensure manufacturers are not invoiced for claims submitted using 340B drugs:

- Outpatient pharmacies submit a value of “2Ø” (340B / Disproportionate Share Pricing/Public Health Service) in the “Submission Clarification Code” field (42Ø-DK) for all pharmacy claims

- Prescribers submit a Healthcare Common Procedure Coding System (HCPCS) code, 11-digit NDC, NDC unit of measure, NDC quantity, and modifier value of “U8” for medical claims including clinician-administered drugs

Only claims submitted with these values are excluded from the drug rebate system invoicing process. If claims are not submitted with these values and HHSC invoices for rebates, then contracted entities such as pharmacies or medical facilities must resolve the dispute with the manufacturer.

HHSC does not approve alternative arrangements for preventing duplicate discounts. The drug rebate system relies on the correct submitted values to identify claims excluded from the rebate invoicing process.

Refer to the “340B Providers” page on the VDP website at txvendordrug.com/providers/340b-providers.

8 Bankruptcy

HHSC pursues collection efforts when a manufacturer’s drug rebate agreement with CMS is terminated because of bankruptcy. Manufacturers should notify HHSC within 10 business days of when a bankruptcy proceeding is filed. Contact HHSC through the addresses in Table 8.

9 Contacts

9.1 CHIP

Table 3: CHIP Contact Information

Media	Contact
Mailing address	Texas Contract Manager RE: CHIP Rebate Program Magellan Medicaid Administration 11311 Cornell Park Drive, Suite 102 Blue Ash, OH 45242
Phone	513-774-8500

9.2 CSHCN Services Program

Table 4: CSHCN Services Program Contact Information

Media	Contact
Overnight Delivery	Office of Primary and Specialty Health Children with Special Health Care Needs Services Program 1100 W. 49th Street, MC 1938 Austin, TX 78756
Mailing address	Office of Primary and Specialty Health Children with Special Health Care Needs Services Program P.O. Box 149347, MC 1938 Austin, TX 78714-9347
Phone	800-252-8023

9.3 HTW Program

Table 5: HTW Program Correspondence

Media	Contact
Mailing address	HTW Program Vendor Drug Program, MC 2250 4900 N. Lamar Blvd. Austin, Texas 78751
Telephone	512-776-7796

9.4 KHC Program

Table 6: KHC Program Contact Information

Media	Contact
Overnight Delivery	Office of Primary and Specialty Health Kidney Health Care Program 1100 W. 49th Street, MC 1938 Austin, TX 78756
Mailing address	Office of Primary and Specialty Health Kidney Health Care Program P.O. Box 149347, MC 1938 Austin TX 78714-9347
Telephone	800-222-3986

9.5 Other Correspondence

Table 7: Quarterly Pricing Correspondence

Media	Contact
Mailing address	Texas Contract Manager Conduent Pharmacy Rebate Operations 12365A Riata Trace Parkway Austin, TX 78727
Email	Antoine.Nelson@conduent.com PCRA-RateFiles@conduent.com vdp-rebates@hhsc.state.tx.us

Table 8: Bankruptcy Proceeding Correspondence

Media	Contact
Mailing address	Attention: VDP Drug Rebates Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services P.O. Box 149055 Austin, Texas 78714
Overnight delivery	Attention: VDP Drug Rebates Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services 4900 N. Lamar Blvd. Austin, Texas 78751

Document History Log

STATUS [1]	REVISION [2]	EFFECTIVE	DESCRIPTION [3]
Baseline	1.0	Sept. 1, 2020	Initial update

1. Status is represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions
2. Revisions are numbered according to the version of the issuance and sequential numbering of the revision; e.g., “1.2” refers to the first version of the document and the second revision.
3. Brief description of the changes to the document made in the revision.