

NV Department of Health and Human Services

Drug Transparency Reporting Instructions

Pharmaceutical Sales Representative Compensation & Samples Reporting Instructions

Version (v): 05/15/2019; Supersedes: 12/07/2018

NRS 439B.660(4)

Reporting Date: On or before March 1

Reporting Frequency: Annually

Form Template Name: "Compensation_Samples_template vmm.dd.yy"

Purpose: Nevada Revised Statutes (NRS) 439B.660(4) requires that sales representatives registered with the Nevada Department of Health and Human Services (DHHS) that engage in business in Nevada submit a report detailing their compensation and samples distributions in Nevada for the preceding calendar year (January 1st to December 31st). Eligible events that should be reported include any type of compensation greater than \$10 or total compensation with a value that exceeds \$100 in aggregate. Sales representatives are required to report the names of all licensed, certified, or registered health care providers, pharmacy employees, operators or employees of a medical facility, and individuals licensed or certified under the provisions of title 57 of NRS to whom they provided eligible compensation or samples.

Reporting Requirements Detailed in NRS 439B.660(4) can be found at the following link:

<https://www.leg.state.nv.us/NRS/NRS-439B.html#NRS439BSec660>

Instructions:

1. The department's excel template provides representatives a standardized form to use for reporting that incorporates all the fields required by law (Compensation_Samples_template vmm.dd.yy). Review instructions carefully as omission of indicated fields will result in submission rejection.
2. All fields listed in the template document are required fields, unless otherwise noted.
3. Please do not rearrange or change the departmental template headers in any way.
4. All values should be specific to the calendar year immediately preceding the year of report submission.
5. PLEASE NOTE: Representatives who do not have a state-issued pharmaceutical representative identification number should contact the drug manufacturer directly.
6. All representatives registered with a status of "active" during the reporting period must submit a report, even if they did not complete eligible compensation or sample distribution events. The Activity field described below should indicate "No" for representatives that completed no eligible compensation or sample distribution events during the reporting period.
7. For technical assistance, send your questions to: drugtransparency@dhhs.nv.gov

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Selected Detailed Field Descriptions:

- **“Manufacturer_Name”:**
The name of the drug manufacturer on behalf of which the sales representative was registered to provide compensation or sample(s).
- **“Rep_State_ID”:**
Submissions lacking this field for any entry will be rejected. This is the State-issued pharmaceutical representative 7-digit identification number that was issued at the time the manufacturer registered the representative in Nevada to engage in business in the state. Representatives may have multiple identification numbers if there have been multiple periods of enrollment or if the pharmaceutical representative worked for multiple manufacturers. It is critical to ensure the state issued identification number coincides with the enrollment(s) under the listed manufacturer.
- **“Rep_First_Name”:**
This is the first name of the pharmaceutical representative.
- **“Rep_Last_Name”:**
This is the last name of the pharmaceutical representative.
- **“Activity”:**
For representatives registered with a status of “active” that completed no eligible compensation or samples distribution events during the reporting period, this should be marked as “No”. Otherwise, leave the field blank.
- **“Transaction_Date”:**
The transaction date is the date on which the representative provided the compensation or sample to the recipient.
- **“Recip_First_Name”:**
This is the first name of the recipient who was provided or received the compensation or sample.
- **“Recip_Last_Name”:**
This is the last name of the recipient who was provided or received the compensation or sample.
- **“Recip_Pro_Desig”:**
This is the job title, position, or professional designation of the recipient who was provided or received the compensation or sample. Select from the drop-down list of options.

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- **“NPI”:**
National Provider Identifier (NPI) number is a required field for health care providers who have an assigned NPI. Each NPI number is 10 digits. The individual NPI number for each provider should be used instead of the institutional number. If the recipient does not have an NPI number, leave blank.
- **“Zip_Practice”:**
Enter the zip code of the provider’s practice location.
- **“Comp_Amount”:**
If compensation was provided, enter the dollar amount or the equivalent dollar amount provided. If compensation was not provided or did not meet the criteria per regulation, leave blank. Compensation is a blanket term for items of value transferred to a recipient.
- **“Comp_Type”:**
If compensation was provided, enter the type of compensation (e.g. meal, gift certificate or cash, etc.). If compensation was not provided or did not meet the criteria per regulation, leave blank.
- **“Drug_Name”:**
If a sample drug was provided, enter the proprietary name of the drug. The proprietary prescription drug name should be entered unless the drug does not have a proprietary drug name. If there is no proprietary name, the nonproprietary drug name should be used for this value. If no drug sample was provided, leave blank.
- **“NDC”:**
If a sample drug was provided, enter the 11-digit National Drug Code (NDC) of the sample drug provided (format XXXXX-XXXX-XX). Provide the complete NDC with hyphens (-) separating the labeler, product, and packaging codes. Example: 01234-1234-01. Include any leading zeros. If no drug sample was provided, leave blank.