

Prescription Drug Manufacturers

Drug manufacturers must submit a report to the Nevada Department of Health and Human Services (DHHS) containing information described in the table below for prescription drugs posted on the DHHS website. Reports must be submitted to drugtransparency@dhhs.nv.gov annually by April 1st for the previous calendar year. DHHS will compile a report, submit and post it in accordance with NRS 439.

| Reporting Information | Text or Number |
|--|--|
| Cost of producing the drug | Number |
| Total administrative expenditures relating to the drug, including marketing and advertising costs | Number |
| Profit earned from the drug | Number |
| Percentage of total profit for the previous calendar year that is attributable to each drug on the list published by the department | Number |
| Total amount of financial assistance provided through patient prescription assistance programs | Number |
| Cost associated with coupons provided directly to consumers and for programs to assist consumers in paying copayments, and the cost to the manufacturer attributable to the redemption of those coupons and the use of those programs | Number |
| Wholesale acquisition cost of the drug | Number |
| History of any increases in the wholesale acquisition cost of the drug over the five years immediately preceding the date on which the report is submitted, including: <ul style="list-style-type: none"> • the amount of each such increase expressed as a percentage of the total wholesale acquisition cost of the drug, • the month and year in which each increase became effective. • and any explanation for the increase. | Text Number Date Text |
| Aggregate amount of all rebates provided to pharmacy benefit managers for sales of the drug within Nevada. | Number |
| Reasons why the wholesale acquisition cost of the drug increased, if it did in the last year. For each drug, list factors contributing to the increase, and: <ul style="list-style-type: none"> • Percentage of total increase attributable to each factor, and • Explanation of role each factor played in the increase. | Text |

Pharmacy Benefit Managers

Pharmacy benefit managers (PBM) must submit a report to the Nevada DHHS containing information described in the table below for prescription drugs posted to the department website. Reports must be submitted to drugtransparency@dhhs.nv.gov annually by April 1st for the previous calendar year. DHHS will compile a report, submit and post it in accordance with NRS 439.

| Reporting Information | Text or Number |
|--|------------------|
| Total amount of rebates negotiated with manufacturers | Number |
| Total amount of all rebates described above that were retained by the PBM | Number |
| Total amount of all rebates negotiated for purchase of such drugs for use by: <ol style="list-style-type: none"> 1. Recipients of Medicare; 2. Recipients of Medicaid; 3. Persons covered by 3rd parties which are governmental agencies 4. Persons covered by 3rd parties which are NOT governmental agencies; and 5. Plans subject to the Employee Retirement Income Security Act (ERISA) that require compliance with the state reporting requirement. | Numbers and Text |

Pharmaceutical Sales Representatives

Pharmaceutical sales representatives on a list submitted to DHHS by drug manufacturers during anytime in the previous calendar year must report to DHHS by March 1st for the previous calendar year, and must include items in the table below. DHHS will compile a report, submit to drugtransparency@dhhs.nv.gov and post it in accordance with NRS 439.

| Reporting Information | Text or Number |
|--|----------------|
| List of health care providers or facilities to whom: <ol style="list-style-type: none"> 1. Any type of Compensation with a value that exceeds \$10; or 2. Total compensation exceeding \$100 in aggregate. | Number |
| The name and manufacturer of each prescription drug for which the pharmaceutical sales representative provided a free sample to a provider of health care licensed, certified or registered in this State, pharmacy or employee thereof, operator or employee of a medical facility or person licensed or certified under the provisions of title 57 of NRS and the name of each such person to whom a free sample was provided. | Text |