NV Department of Health and Human Services
Drug Transparency Reporting Instructions

Pharmaceutical Sales Representative Compensation & Samples Reporting Instructions
Version (v): 12/07/2018; **Supersedes:** n/a
SB539 – Sec 4.6(4)/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 templates provide representatives a standardized form to use for reporting that incorporates all the fields required by law in a classic format (Compensation_and_Sample_template vmm.dd.yy).
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 not provided a State issued pharmaceutical representative identification number should contact the drug manufacturer directly.
6. For technical assistance, send your questions to: drugtransparency@dhhs.nv.gov

<u>**Selected Detailed Field Descriptions**</u>:

➤ **"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":**
  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.

- ➢ **"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_Middle_Name":**
  This is the middle name of the recipient who was provided or received the compensation or sample. If a middle name or initial was not provided, leave blank.

- ➢ **"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.

- ➢ **"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 provided. If compensation was not provided or did not meet the criteria per regulation, leave blank.

- ➢ **"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.

➢ **"Quantity":**
If a sample drug was provided, enter the total number of samples provided. If no drug sample was provided, leave blank.