

AFFIRMATION OF ACCURACY FORM

This form satisfies the following NRS:

- [NRS 439B.635](#) **Manufacturer of certain prescription drugs to prepare, submit and affirm accuracy of annual report; contents of report.**

- [NRS 439B.640](#) **Manufacturer of drug that has undergone significant price increase to submit report describing reasons for increase; affirmation of accuracy of report; contents of report.**

- [NRS 439B.642](#) **Wholesaler of certain prescription drugs to prepare, submit and affirm accuracy of annual report; contents of report.**

- [NRS 439B.645](#) **Pharmacy benefit manager to submit and affirm accuracy of annual report concerning certain drugs; contents of report.**

This affirmation of accuracy is to be a “statement signed by the person responsible for compiling the report under penalty of perjury affirming the accuracy of the information in the report”.

Reports provided:

- ___ Manufacturer-Essential Drugs
- ___ Manufacturer-Significant Increase
- ___ Wholesaler
- ___ PBM

I attest that I am authorized to report on behalf of the entity named below.

I attest that all information provided in the attached report(s) is accurate to the best of my knowledge. This attestation is made under penalty of perjury.

Name _____ Title _____

Signature _____ Date _____

Reporting Entity Represented _____