

**AFFIRMATION OF ACCURACY FORM  
v3.09.2023**

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 \_\_\_\_\_