

# NV Department of Health and Human Services Drug Transparency Technical Guidelines

## Pharmacy Benefit Manager Reporting Instructions

Version (v): 9/13/2022; Supersedes: v10/13/2021

**Reporting Date:** On or before April 1  
**Reporting Frequency:** Annually  
**Form Template Name:** "PBM Reporting\_template vmm.dd.yy"

### Worksheet Tabs:

**First Tab:** "Drugs over \$40 by NDC"  
**Second Tab:** "Diabetes by NDC"

**Purpose:** NRS 439B.645 requires that Pharmacy Benefit Managers (PBMs) report specific information regarding drugs included on Nevada list(s) #2 and #4

**Reporting Requirements Detailed in NRS 439B.645 can be found at the following link:**

<https://www.leg.state.nv.us/NRS/NRS-439B.html#NRS439BSec645>

### Instructions:

1. The person responsible for submitting the report must include an affirmation of the accuracy of the information included. The department has provided such a form for convenience. If this form is not utilized, the following statement, with signature will suffice: "I declare under penalty of perjury that the attached is true and correct. Executed on (date)."
2. This document is used for reporting on drugs that appear on Lists #2 and #4.
3. The department's excel template provides PBMs with a standardized form to use for reporting that incorporates all the fields required by law.
4. All fields listed in the template document are required fields, unless otherwise noted.
5. The departmental template headers should not be rearranged or changed in any way.
6. The data required is specific to the drugs on Nevada's published lists only. It is important to not include other data.
7. All data refers to the previous calendar year before submission of report.
8. All values should be reported with data specific to use in Nevada.
9. All rebate amounts should be listed in United States dollars.

- 10. Information should be reported separately on each tab as appropriate.**
- 11. Where aggregate and individual drug reporting is required, you may total individual results at bottom of template where instructed.**
- 12. For technical assistance, send questions to [drugtransparency@dhhs.nv.gov](mailto:drugtransparency@dhhs.nv.gov)**