NOTICE FROM THE EXECUTIVE OFFICER

February 09, 2011

Narcotics Monitoring System Questions and Answers

In November 2010, the Ministry hosted an information session, to introduce the database component (the Narcotics Monitoring System) of the Narcotics Strategy to Pharmacy Software Vendors. During the session, a number of questions were raised, and at the conclusion of the meeting, vendors were invited to submit any additional questions to the Ministry for response. A consolidated Questions and Answers document was prepared and has been distributed to the Pharmacy Software Vendors. Although some of the questions which were raised by the vendors are quite technical in nature, a large number of questions are relevant to pharmacists, and we are pleased to provide the same document for your review.

Narcotics Monitoring System
Questions and Answers

Glossary

BIN	Bank Identification Number
COB	Co-ordination of Benefits
CPhA	Canadian Pharmacists Association
DIN	Drug Identification Number
DIS	Drug Information System
DPD	Drug Product Database
DUR	Drug Utilization Review
eHO	eHealth Ontario
HNS	Health Network System
LTC	Long-Term Care
NAP	Narcotics Advisory Panel
NCS	Narcotic and controlled substance
NMS	Narcotics Monitoring System
NSPMP	Nova Scotia Prescription Monitoring Program
OCP	Ontario College of Pharmacists
ODB	Ontario Drug Benefit
OTC	Over-the-Counter
PIN	Product Identification Number

Please be advised that the answers below are based on current business requirements and may be subject to change, pending the finalization of the Regulations.

1. What is the Narcotics Monitoring System (NMS) project?

The NMS project will establish a database that will allow for the collection, monitoring, and disclosure of information for all narcotics and controlled substances (NCS) dispensed to people in Ontario, regardless of who pays for the prescription. The NMS is one component of a larger Narcotics Strategy, which was recommended to the Executive Officer by the Narcotics Advisory Panel (NAP).

2. Who is on the Narcotics Advisory Panel (NAP)?

The current list of NAP members can be found here:
http://www.health.gov.on.ca/en/public/programs/drugs/ons/ons_faq.aspx#10

3. Is there a legislated timeline or date when the NMS must be implemented?

The *Narcotics Safety and Awareness Act, 2010* received Royal Assent on November 29, 2010. Certain sections of the Act have not yet been proclaimed into force, and the Regulations have not been finalized, but the anticipated rollout is Summer 2011.

4. Will the *Narcotics Safety and Awareness Act, 2010* apply to all prescribers?

Any person who prescribes narcotic or controlled substances to people is required to comply with the provisions of the *Narcotics Safety and Awareness Act, 2010*, unless the regulations provide otherwise.

5. Will prescription pads be distributed to prescribers?

The ministry is aware that one component of the Nova Scotia Prescription Monitoring Program (NSPMP) is the distribution of numbered prescription pads to prescribers. This requirement will not be implemented in Ontario.

6. Will pharmacy software vendors be compensated for development and implementation work related to the NMS?

In alignment with standard process, the ministry will not be providing pharmacy software vendors with any reimbursement for development or implementation work. However, by building the NMS based on the CPhA v.3 Claim Standard, and aligning the requirements with the NSPMP wherever possible, the ministry has attempted to minimize the impact that the NMS project will have on pharmacy software vendors.

7. In other jurisdictions where a Drug Information System (DIS) has been implemented the Drug Utilization Review (DUR) is done first. In the proposed transaction flows, why is the ministry proposing that NMS submissions are done last in the transaction flow, after the financial adjudication?

During project development, several scenarios were considered. Placing the NMS submission at the end of the transaction flow will result in the collection of the most accurate data, with the least number of reversals and resubmissions required, and therefore the least workload impact on the pharmacist.

The NMS is not an adjudicator. Submissions will only be rejected for "data integrity" issues. There are no rejections in relation to DUR messages that may be returned by the NMS. It is felt that most required data fields will be accurately completed by the pharmacist, and if not, will be resolved after submission to an adjudicator if required. This will result in one final, accurate submission to the NMS.

Rejections or changes to a prescription are more likely to result from the adjudication process than from submission to the NMS. For example, if a submission was accepted by the NMS and then subsequently changed by the adjudicator (i.e. quantity exceeds limit, days supply exceeded, etc.), the NMS submission would have to be reversed and resubmitted with the information that was changed by the adjudicator.

However, based on feedback received in relation to work that has been completed by vendors in other jurisdictions, the ministry will not enforce a specific transaction flow order. Regardless of which transaction flow order a vendor chooses to follow, from the NMS perspective, the end result must be a submission which accurately reflects the dispensing event. In some instances, this may require a number of submissions and reversals, but it is imperative that the NMS receives accurate information.

8. Will an intervention code be used on NMS transactions to identify that it's for DUR only? For example, Manitoba DUR claims use the 'DU' intervention code for submissions that are only for DUR purposes, not to record a dispensing event.

Based on feedback received, the ministry anticipates implementing similar functionality in the NMS. If the pharmacy chooses to send an NMS transaction with an intervention code of 'DU', then the NMS will perform all the integrity checks and DUR checks but will not store the drug information as a dispensed event. If the pharmacist subsequently dispenses the drug, the ministry will require a second NMS transaction, to record the correct dispensing information. Please note that sending the DUR only record does not prevent it from being 'rejected' if the record does not pass integrity checks. In addition, the same DUR messages may also be received on the subsequent dispensing record that is submitted.

9. When an NMS submission has been made, and a modification of the prescription is made, do vendors have to reverse the first transaction and submit a new transaction to keep a unique transaction (pharmacy / adjudication date / current Rx number)?

The NMS will not have any functionality to modify a submission. If a prescription is changed, the original transaction must be reversed, and a new transaction which includes the corrected information must be submitted.

10. Will the NMS provide DUR functionality?

Yes, for NCS prescriptions, the NMS will provide some DUR functionality. However, for NMS purposes, DUR functions will be limited to: double-doctoring, poly-pharmacy, refill too soon, refill too late and duplicate drug other pharmacy response messages. In addition, when any of these conditions are found, the NMS will return a message line which will provide the pharmacist with the pharmacy phone number, date of service, DIN and quantity of the most recent narcotic or controlled substance NMS submission which generated the response code. Collectively, these informational messages will be referred to as "NMS DUR" messages.

11. Does the pharmacy require the patient's consent before submitting transactions to the NMS? How does this impact privacy legislation?

The *Narcotics Safety and Awareness Act, 2010* provides dispensers and prescribers with authority to collect and disclose to the ministry, information, including personal health information, for the purpose of complying with the Act. Consent from the patient is not required. The Ministry intends to make a notice available to prescribers, dispensers, operators of pharmacies and the public in respect of the collection, use and disclosure of personal information under the Act by way of publication on the Ministry website and in widely circulated newspaper, at a minimum, to ensure that all parties will be informed of their obligations under this Act.

12. How will this new program be communicated to the general public? Will the communication outline the roles of the prescriber, pharmacist and the patient? Will it include what can happen if an issue is identified?

The full communication plan for the Narcotics Strategy has not been developed at this time. These suggestions will be forwarded for consideration during development.

13. The government may be putting pharmacists in an awkward position if they have to inform a customer that a prescription should not be filled. Will the ministry be educating the public about this initiative?

Pharmacists already deal with this issue today for any customers that have Ontario Drug Benefit (ODB) coverage or a third-party insurance plan; however, this will be a new situation for cash paying customers. The ministry is already communicating the various components of the Narcotics Strategy to the public, and this communication will continue over the coming months.

14. When a prescription is not filled, what documentation must be maintained by the pharmacist, or within the Pharmacy Management Software, and for how long?

The regulations concerning what additional information, if any, needs to be maintained about such prescriptions have not been developed.

15. Will the pharmacist be reimbursed a fee-for-service if the NMS rejects a submission?

The NMS will only reject a submission as a result of missing or invalid data components. No payment will be made, in relation to these, or any submissions to the NMS.

A pharmacist may make a decision not to dispense, based on NMS DUR messages that are returned. The ministry has been exploring pharmacy reimbursement options through the "Expanding Pharmacy Professional Services Working Group". Based on this work and in collaboration with the Pharmacy Council, there may be future opportunities for reimbursement in these situations; however, this reimbursement would be managed through the HNS, not the NMS.

16. Will the NMS database be empty when it is implemented? Or will it be pre-populated with ODB data?

When pharmacists begin submitting NCS dispensing information to the NMS, the database will be empty. Therefore, in the initial stages, the NMS DUR messages will be based on limited information, until sufficient time has passed to allow NCS recipients' profiles to be established. For ODB eligible claims that are also submitted to the ministry for adjudication and payment, DUR functionality will continue to be provided through the Health Network System (HNS). After an appropriate period of time has passed, the ministry may review options for adjusting some of the DUR functionality of the HNS in order to avoid the duplication of DUR responses for ODB recipients.

17. Will drug-to-drug interaction monitoring by the HNS continue following implementation of the DIS?

The ministry continues to work with eHealth Ontario (eHO) to obtain synergy between electronic health solutions that are implemented. As future systems are implemented, the ministry will continue to explore options to avoid duplication of DUR functionality and response messages from the HNS, NMS and DIS wherever possible. At this time, all DUR functionality will continue for ODB eligible claims submitted for adjudication on the HNS.

18. What identification will be accepted for out-of-province recipients, out-of-country recipients, and those without health cards?

It is anticipated that the preferred identification for out-of-province recipients will be the health card from their province of residence. It is expected that acceptable alternate identification will be defined in the Regulations, which have not been finalized at this time.

19. How will the NMS identify health cards from out-of-province?

The ministry will be using the Cardholder Identity field (C.35.03) in the CPhA v.3 Claim Standard to identify out-of-province health cards. For example, QC will be accepted to identify a health card from the province of Quebec, in alignment with Canada Post abbreviations. This field is currently used for this purpose in the NSPMP and should not require any additional development work by pharmacy software vendors.

20. If the patient is from out-of-province or doesn't have an OHIP card, how will the Ministry validate the Client ID # or Code field (C.32.03) and decide on accepting or rejecting the transaction?

This information will be contained in the Pharmacy Reference Manual, which is anticipated for publication in March 2011.

21. The Ministry will be using the Cardholder Identity field (C.35.03) to identify the province and type of identification. Will this code be for information only or will it be used to validate the ID # entered in C.32.03? Will the Ministry provide a list of acceptable codes and descriptions?

The Cardholder Identity field (C.35.03) will be used to identify the type of client identification, similar to the solution implemented in the NSPMP. This will be a required field and will be used to validate the Client ID field (C.32.03). The list of acceptable codes and descriptions will be contained in the Pharmacy Reference Manual, which is anticipated for publication in March 2011.

22. What happens if the patient refuses to provide their health card number to the pharmacist or if the individual dropping off the prescription is an agent of the patient and does not have the health card number?

It is expected that identification requirements will be defined in the Regulations, which have not been finalized at this time. The ministry expects that the Regulations will define requirements for those without health cards, as well as for agents picking up prescriptions on behalf of others. Although unclear at this time, the Regulations may direct that any patient refusing to provide approved identification cannot be dispensed a prescription for an NCS.

23. What are the requirements for transaction submissions for out of province, out of country, RCMP and office use prescriptions?

The Ministry will implement a solution similar to that implemented in the NSPMP where the pharmacist will record approved identification for out of province residents, Canadian Forces, and RCMP personnel. The claim submissions for these as well as office use prescriptions will have similar requirements, but different codes than those implemented in the NSPMP. These will be defined in the Regulations and/or an **updated** version of the Ontario Public Drug Programs Technical Specifications Manual, which is anticipated for publication in February 2011.

24. Are there any special transaction submission requirements for Federal inmate patients, in-patients of a hospital, and/or prescriptions filled for ward stock or a facility supply?

These categories of transactions will be considered during the development of regulations under the legislation. It is expected that in the initial phase of the NMS implementation, the Ministry will propose that NCS medications dispensed to hospital in-patients and Federal inmate patients be initially excluded from the requirements of the *Narcotics Safety and Awareness Act, 2010.* It is expected that prescriptions for ward stock or facility supplies will be managed in a process similar to office-use prescriptions.

25. Do NCS prescriptions for residents of Long-Term Care (LTC) Homes have to be submitted to the NMS?

Unless exempt by the regulations, NCS medications dispensed to residents of LTC Homes would have to be submitted to the NMS.

26. Do Over-the-Counter (OTC) narcotics need to be submitted to the NMS?

The *Narcotics Safety and Awareness Act, 2010* applies to dispensed narcotic and controlled substances. If an individual purchases an OTC narcotic, reporting of this sale will not be required. However, if a pharmacist dispenses an OTC narcotic, pursuant to a prescription, submission of this dispensing information to the NMS is required.

27. Will the prescriber ID be mandatory on written prescriptions for NCS medications?

The *Narcotics Safety and Awareness Act, 2010* directs that prescribers of NCS products must record the registration number of the certificate of registration issued to the prescriber by the College (i.e. the prescriber license number) on prescriptions for NCS products. This is a legislated requirement. In addition, the ministry will be reinforcing this requirement through the broader communication and education component of the Narcotics Strategy.

28. What happens if the prescriber ID cannot be obtained (e.g. the prescriber is from a hospital Emergency Department)?

The NMS will allow submission of NCS dispensing information at a date later than the date of service. Pharmacists will be required to obtain the registration number of the prescriber, regardless of where the prescription was written, and make a submission to the NMS at that time.

29. Regarding field D.60.03 - Prescriber ID Reference and D.61.03 - Prescriber ID, will the Ministry accept the ID Reference of 99 and ID of 99999? Will the Ministry publish a list of prescribers to PSVs?

The ministry is expected to eliminate the acceptance of prescriber ID reference "99" and prescriber ID "99999" on the HNS in the spring of 2011. Pharmacists will be required to submit proper prescriber license numbers. The license numbers of Regulated Health Professionals with prescribing authority are published on the appropriate regulatory college's website, or can be obtained by contacting the prescribers.

30. How will the Ministry control out of province prescriptions?

Pharmacists will be required to submit NCS dispensing information to the NMS, for all NCS prescriptions dispensed to people in Ontario, regardless of the province of origin of the prescription. In accordance with the CPhA v.3 Claim Standard, the Prescriber ID Reference field (D.60.03) and the Prescriber ID field (D.61.03) will be used to identify prescribers from out-of-province. These codes are currently used for claim adjudication on the HNS, and are available in the current Ontario Public Drug Programs Technical Specifications manual which is posted on the ministry website:

http://www.health.gov.on.ca/english/providers/program/drugs/resources/resources.html

31. In what format will the list of NCS DINs be available?

The ministry will make the NCS List available in Excel and xml formats.

32. How often will the NCS List be updated?

Health Canada's Drug Product Database (DPD) is updated monthly. Based on this schedule, the ministry will review the DPD on a monthly basis, and will produce and post an updated NCS List on a monthly basis if required. Depending on when new NCS products become available on the Canadian market, changes to the list may not occur each month, in which case, notice of such will be provided. In addition, interim updates may be issued on an as needed basis. Each DIN in the list will include an effective date, to indicate when it was added to the NCS List.

33. When a new NCS List is distributed, how much advance notice will be provided, to ensure that pharmacy software vendors have sufficient time to update the pharmacy's drug file before a new list becomes effective?

The ministry will publish NCS lists with an effective date. To allow pharmacists to be compliant with the legislation, pharmacy software vendors will be expected to update their customers' drug files as soon as possible to ensure that the appropriate NCS dispensing information is submitted to the NMS.

34. Methadone dispensing information must be submitted to NMS. Will the Ministry include the private insurance Methadone PINs in the NCS List?

All methadone PINs which are reimbursed through the ODB program (including the PIN used for methadone maintenance treatment as well as those PINs reimbursed through the Exceptional Access Program for pain management), will be included in the NCS List. Transactions to the NMS which are submitted to record methadone dispensing must include one of these PINs. Private insurance PINs will not be included in the NCS List.

35. Are NMS submissions sent to the same "address" as ODB claims that are submitted to the HNS for adjudication?

Yes. NMS submissions will be sent to BIN 610054, in the same manner as ODB claims are submitted to the HNS for adjudication. NMS submissions will be distinguished from HNS claims by the inclusion of an "NMS Indicator".

36. What is the NMS Indicator?

The ministry will use the Special Services Code field (D.57.03) in the CPhA v.3 Claim Standard. The original intent was to use "NCS" in this field; however, based on feedback received, the ministry will be using "6", in alignment with the NSPMP.

37. Will the NMS provide a message if it is down? Is there a contingency plan if the NMS will not accept a submission?

The NMS is closely linked with the HNS adjudication infrastructure, which has only had one unscheduled outage in seventeen years. There will be no separate message from NMS in the unlikely event that the NMS is down.

Whereas the HNS will currently accept a claim submission for payment up to 7 days past the date of service, for submissions to the NMS, the ministry is exploring options to allow transactions to be submitted up to one year past the date of service. A requirement of the *Narcotics Safety and Awareness Act, 2010* is that pharmacists submit NCS dispensing information to the ministry. Therefore, in the unlikely event that the NMS is unable to accept a submission, and a pharmacist makes a decision to dispense, based on the information available to them at the time, a submission of the dispensing information is still a legal requirement, and will be accepted at a later time. This scenario is expected to be modelled during conformance testing.

38. If submitting to the NMS for ODB recipients, does the pharmacy software vendor submit in one file or two separate files?

For ODB recipients, one **claim** submission will be sent to the HNS for adjudication, and a separate **information transaction** will be sent to the NMS for NCS recording purposes.

39. To reduce wait time, would it be possible to send the authorization request for a narcotic product in parallel with the claim request?

The ministry does not have a concern if 2 submissions are sent simultaneously. However, we want to ensure that the source of all DUR messages is identified for the pharmacist. The pharmacist must be able to identify if a DUR message was sent from the NMS, the HNS, or another third party adjudicator. In addition, to ensure pharmacists are able to make the most informed decision possible, they must have all DUR messages available to them prior to dispensing.

40. Has the ministry considered the response time of these additional transactions?

Currently, the turnaround time for a claim submitted for adjudication on the HNS is less than one second. It is anticipated that the turnaround time for a submission to the NMS will be the same. However, total transaction time is also dependent on network traffic and other factors external to both the HNS and the NMS. Because each transaction is a separate event, with its own time-out period, no adjustments to time out periods should be required.

41. Can the pharmacy software bundle the responses from the adjudicator and the NMS and present an integrated response to the pharmacist?

The ministry will not direct how a pharmacy software system displays messages to the pharmacist. However, we want to ensure that the source of all DUR messages is identified for the pharmacist. The pharmacist must be able to identify if a DUR message was sent from the NMS, the HNS, or another third party adjudicator. In addition, to ensure pharmacists are able to make the most informed decision possible, they must have all DUR messages available to them prior to dispensing.

42. Does "Pharmacist ID" refer to the pharmacy or the pharmacist?

The list of data fields which was included in the materials which were provided at the pharmacy software vendor meeting held on November 24, 2010, was not an all inclusive list. The "Pharmacist ID" field, highlighted in the presentation, is the registration number of the dispensing pharmacist. This field will be mandatory for submissions to the NMS. Pharmacy ID Code (B.21.03) will also be a mandatory field in the NMS submission.

43. Will the NMS be using the Client ID # or the Provincial Health Care ID Code?

The ministry will be using the Client ID # or Code field (C.32.03), in the CPhA v.3 Claim Standard. The Provincial Health Care ID Code field will not be used.

44. Why is field D64.03 (SAN) being proposed to transmit the version number of the NCS List? What is the purpose of this information?

This field was initially proposed for use by the ministry for monitoring purposes, to ensure that pharmacies are using the most current NCS List to ensure that the ministry is receiving dispensing information for all required NCS products. However, based on feedback received, this field will be eliminated from the NMS requirements.

45. Regarding field B.22.03 – Provider Transaction Date, for nursing home prescriptions that are prepared a few days before dispensing to the patient, will pharmacy software vendors submit the authorization request at the creation date with the system date as the transaction date?

The Date of Service that is currently used for adjudication purposes should also be submitted to the NMS.

46. Regarding field E.01.03 - Adjudication Date, for pharmacies that are open after midnight, do we maintain the date of the previous day until 3:30 a.m.?

Yes, the adjudication date resets daily at 3:30 a.m., at the same time and in the same manner as the adjudication date resets daily in the HNS.

47. Is field D.55.03 - Current Rx Number mandatory for information only or will it be subject to validation performed on the uniqueness of the combination "Current Rx Number D.55.03", "Adjudication Date D.77.03", "Pharmacy ID Code C.21.03"?

It is expected that the same value submitted to the HNS for adjudication in field D.55.03 will also be sent to the NMS for recording purposes.

48. Will the Response Codes from the NMS be the same as the Response Codes in the HNS? What are all of the informational and reject messages that the NMS will return?

The NMS will use HNS response codes wherever possible. If necessary, new response codes may be obtained from CPhA for NMS specific errors. All response codes will be in alignment with CPhA v.3 Claim Standard, and at this time, no new codes are anticipated. A complete listing of this information will be contained in the Pharmacy Reference Manual, which is anticipated for publication in March 2011.

49. Can pharmacists over-ride the NMS responses?

The NMS will only reject a submission based on "data integrity" issues, and these cannot be over-ridden. The legislation requires pharmacists to report NCS dispensing information to the ministry, and the data must be complete and accurate. The NMS DUR responses will only include informational messages for double-doctoring, poly-pharmacy, fill-too-soon, fill-too-late and duplicate drug other pharmacy. Since these responses will be informational only, not rejections, there is no requirement to over-ride. In accordance with standard pharmacy practice, pharmacists must document on their prescription hard copies, if a decision to dispense was made, in situations when information messages were returned by the NMS.

50. How long is the reversal window on the NMS for ODB recipients and for non-ODB recipients?

Within the NMS, there is no distinction between ODB, non-ODB, cash or other third party adjudicator submissions. The ministry is proposing a 365 day window, to allow for electronic submission of NCS dispensing information up to 365 days after the date of service. This would allow reversals to be processed up to 365 days after the date of service.

51. If the pharmacy computer is down, what should the pharmacist do?

A requirement of the *Narcotics Safety and Awareness Act, 2010* is that pharmacists submit NCS dispensing information to the ministry. Therefore, if a pharmacy's computer system is unable to make a submission to the NMS at the time of dispensing, pharmacists will be expected to submit NCS dispensing information as soon as possible after their system is available (i.e. within 24 hours of dispensing). Although the ministry is proposing a 365 day window, to allow for electronic submission of NCS dispensing information up to 365 days after the date of service, the expectation is that NCS dispensing transactions are submitted to the NMS in real-time, at the time of dispensing.

52. Can the NMS handle batch processing? Is there a time out period?

Each submission to the NMS is handled on an individual transaction basis, and each submission has its own time-out period. The intent of the NMS is that

submissions are done in real-time, to ensure pharmacists have access to all available DUR messaging, before dispensing occurs.

53. What is the timeout window for claim acceptance and acknowledgement allowed at host and at client?

As soon as the pharmacist sees any response (either an information message or an acceptance), the transaction is complete and an acknowledgement of having received the response is to be sent. When the NMS receives this acknowledgement, that is considered the indication that the transaction is complete, and the session is no longer open.

54. If an NMS transaction times out, could the pharmacist let the patient leave with the prescription, without having had a response from the NMS?

The pharmacist must use their professional judgement when deciding whether to dispense a prescription or not. If a prescription is dispensed in the unlikely event that the NMS is unavailable, the pharmacist will be required to submit the NCS dispensing information when the NMS is available.

55. If, after a "time out", the pharmacy software vendor resends the same transaction, how will the NMS respond to the transaction?

If the original transaction was unsuccessful (i.e. a response was not received), then a subsequent resend will not be determined as a duplicate. If the time out occurs at the Ministry when sending the response, the NMS will process a network reversal as described in the Technical Specifications manual.

56. How will compound prescriptions consisting of Narcotic substances be handled? Will specific PINs be required?

For NCS compounds, the DIN of the most active NCS ingredient should be included in field D.56.03. This is consistent with the process that is followed for compounded prescription claims submitted for adjudication on the HNS. Some PINs may be required, and will be provided at a later date.

57. How will partially filled prescriptions be handled by the NMS?

Each portion of a partially filled prescription for an NCS product will require a separate submission to the NMS, representing the quantity dispensed at that time. There are no additional or different requirements for partially filled prescriptions.

58. How are prescriptions which are filled with two different strengths of the same drug processed?

Each dispensing event will require a separate submission to the NMS. Therefore, if a prescription is filled with two strengths of the same medication, two submissions to the NMS will be required.

59. Please provide the expected transaction flow for an ODB/co-ordination of benefits (COB) scenario, where an ODB claim is co-ordinated with a third party adjudicator.

The NMS will not impact the current ODB/COB transaction flow. The expectation is that the submission to the NMS will accurately reflect the final dispensing event that occurred, including all changes that may have been directed by either ODB or a third party payor. For this reason, the ministry suggests that the submission to the NMS is the last in the transaction flow.

60. When will test cases, test patients and the NMS test region be available?

Conformance testing is expected to be available two to three months before the NMS rollout date.

61. Will conformance be done remotely, or onsite at the vendor's location?

Conformance testing is typically managed remotely, and it is not anticipated to be different for the NMS project.

62. What would trigger a pharmacy level audit?

Data analysis is expected to identify dispensing events or patterns which may initiate a pharmacy level audit.

63. Who would be conducting a pharmacy level audit?

The *Narcotics Safety and Awareness Act, 2010* provides the Minister of Health authority to appoint Inspectors for the purposes of the Act.

64. What types of information must the Pharmacy supply, from their software, in the event of an audit?

It is reasonable to expect that a software system should be able to produce a report to identify all dispensing events for prescriptions for NCS products. It is suggested that these reports should be retrievable based on a number of variables, including DIN, patient identifier and date ranges. Other information may also be requested.

65. Now that licensed Pharmacy Technicians will be playing a more broadened role in the dispensing of prescriptions, how does this change the NMS program? Will vendors be expected to send the Pharmacy Technician's license number in field D.76.03-Pharmacist ID if they are the professional that processed the prescription?

Although the framework for the delegation of specific controlled acts has not been finalized, it is anticipated that a pharmacist will continue to be ultimately responsible for a dispensed prescription, particularly for NCS products, and therefore, the pharmacist identifier will be required on the NMS transaction.