



PROFESSIONAL ALLOWANCES REPORTING TEMPLATE - PHARMACIES

Reporting Period	From: July 1, 2007 to September 30, 2007	
Report Due Date	November 20, 2007	
Provide the information below:		
CPhA Pharmacy ID: (ON Number)		
Pharmacy Name:		
Address:		
City:		
Postal Code:		
Report Prepared By: (first name and last name)		
Telephone Number:		
Email Address:		
Date Submitted: (month, day, year)		
REPORTING OF PROFESSIONAL ALLOWANCE INFORMATION:		
Total amount of Professional Allowances received or receivable from drug manufacturers (includes monies received in respect of prescriptions paid for both publicly and privately)		
	Record amount here -->	
Total amount of Professional Allowance monies expended (includes monies expended for the purposes of public and private direct patient care initiatives)		
	Record amount here -->	
REPRESENTATIONS:		
The Pharmacy named above certifies, to its knowledge, that:		
(i) the Professional Allowance monies as reported above are an accurate and complete account of all Professional Allowances received by the Pharmacy from Manufacturers during this reporting period;		
(ii) the Professional Allowance monies were not expended on any of the prohibited uses as described in the ODBA and DIDFA Code of Conduct and have been used for the purposes of public and private direct patient care initiatives.		
Signature 1:	Title:	
I, _____, have authority to bind the Pharmacy named above		
Signature 2:	Title:	
I, _____, have authority to bind the Pharmacy named above		

Definitions

For purposes of this Professional Allowance Reporting Template:
(i) 'Professional Allowance' has the meaning prescribed in s.1(8) and Schedule 3 (Code of Conduct) of O.Reg 201/96 made under the <i>Ontario Drug Benefit Act</i> (ODBA) and s.2(1) and Schedule 1 (Code of Conduct) of R.R.O. 1990, Regulation 935 made under the <i>Drug Interchangeability and Dispensing Fee Act</i> (DIDFA);
(ii) 'Manufacturer(s)' includes a supplier, distributor, broker or agent of a manufacturer; and
(iii) 'Pharmacy(ies)' includes a wholesaler, operator of a pharmacy, a company that owns, operates, or franchises a pharmacy, or the directors, officers, employees or agents of any of the foregoing.

How to submit

Pharmacies that do not own or operate more than one pharmacy location may submit their report via email, regular mail, or fax. Appendix A is not required.

- **When submitting via email**, page 1 of the signed report should be scanned and submitted as an attachment to an email that is sent to PublicDrugPrgrms.moh@Ontario.ca.
- **When submitting via regular mail**, submit page 1 of the original signed report on paper, and submit Appendix A in Excel on a CD. The mailing address is 415 Yonge Street, Suite 1601, Toronto, Ontario, M5B 2E7.
- **When submitting via fax**, submit page 1 of the signed report to fax number (416) 325-6647.

Pharmacies that own or operate more than one pharmacy location may submit their report via email, or regular mail. Appendix A is required.

- **When submitting via email**, the email should have two attachments and it should be sent to PublicDrugPrgrms.moh@Ontario.ca. Page 1 of the signed report should be scanned and submitted as one attachment. Appendix A should be completed in Excel, and attached as well.
- **When submitting via regular mail**, submit page 1 of the original signed report on paper, and submit Appendix A in Excel on a CD. The mailing address is 415 Yonge Street, Suite 1601, Toronto, Ontario, M5B 2E7.

Note:

The information reported above is subject to audit under section 14 of the *Ontario Drug Benefit Act*. In the event of an audit, the Pharmacy must make source documents available to Ministry inspectors.

Notes

Pharmacies that own or operate more than one pharmacy location may submit their report via email, or regular mail. When submitting via email, the email should have two attachments and it should be sent to PublicDrugPrgrms.moh@Ontario.ca. Page 1 of the signed report should be scanned and submitted as one attachment. Appendix A should be completed in Excel, and attached as well. When submitting via regular mail, submit page 1 of the original signed report on paper, and submit Appendix A in Excel on a CD. The mailing address is 415 Yonge Street, Suite 1601, Toronto, Ontario, M5B 2E7.

Pharmacies that do not own or operate more than one pharmacy location may submit their report via email, regular mail, or fax. Appendix A is not required. When submitting via email, page 1 of the signed report should be scanned and submitted as an attachment to the email. When submitting via regular mail or fax, submit page 1 of the original signed report on paper. The fax number is (416) 325-6647. The email address and the mailing address are provided above.

Note: Pharmacies with multiple locations have three methods in which they can report the receipt and usage of Professional Allowances. The reporting method will be determined based upon the receipt / recipient of the Professional Allowances.

- a. Consolidated Reporting – Head office receives Professional Allowances directly on behalf of all or more than one of its store locations. Therefore, head office will need to consolidate the individual store data in the reporting of the Professional Allowance information.
- b. Individual Store Reporting Directly – The individual store location will separately file a reporting package directly to the Ministry if it receives Professional Allowances directly from the drug manufacturer.
- c. Dual Reporting – Both head office and the individual pharmacy receive Professional Allowances directly from the drug manufacturer on behalf of the individual pharmacy. For dual reporting, both the head office and the individual pharmacy will file a reporting package with the Ministry based upon the pro-rata level of Professional Allowances that it receives.