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E-HEALTH PORTAL MOH OMAN

CONTROLLED DRUGS SERVICES- BUSINESS USER MANUAL



ICT HEALTH OMAN LLC |

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Table of Contents

Table of Contents	1
1 Overview	3
2 Controlled Drugs service Roles.....	3
3 Workflow	3
4 Step-by-Step Instructions.....	3
4.1 Business Registration	3
4.2 Controlled Drugs Services	4
4.2.1 Submitting “Controlled Drugs Licensing” Application.....	4
4.2.2 Renew Licensing Application.....	7
4.3 Controlled Drug Import/Export.....	8
4.4 Quarterly Statement	10
4.5 Waste Disposal.....	12
4.6 Report Lost/Damage.....	13

Ver.	Date	Author	Change
1	02/12/2018	AK	First release version
1	02/12/2018	AK	Overall revision

1 Overview

eHealth Portal is a large project with a diverse user base, including patients, business users, and MOH staff. Each users group has one or more user sub-groups. This document is intended only for business users working in the pharmaceutical industry in Oman, including but not limited.

This document must not be shared with any other users group.

The purpose of this document is to introduce the controlled drugs services related roles, explain relevant workflows, if any, and provide systematic usage instructions complimented with screen-shots.

2 Controlled Drugs service Roles

Controlled Drugs services depends on a ministry staff processing applications using different roles. These are not relevant to the business users and not added here.

3 Workflow

The workflows are not relevant to the business users.

4 Step-by-Step Instructions

Steps below demonstrate how business users can submit requests for "Non Registered Drugs" through ministry of health portal.

4.1 Business Registration

To access pharmacy related e-services, you must first register your business on eHealth Portal through this link: <https://www.moh.gov.om/en/business-registration-at-moh>

Details are mentioned in the same page. This is one-time process and must be carried by an authorized signatory as per Ministry of Commerce and Industry (MOCI) registration papers. Once the business is registered, the authorized

signatory may access the registered business from 'My Sites' on the top-bar after log in.

In that page, click on Members page and then “Add” button to add authorized employees so the business can be represented on the portal by employees other than those in the top management and listed in the MOCI papers.

Please note, to add authorized employees, they must first sign in to the portal so their account is created and searchable.

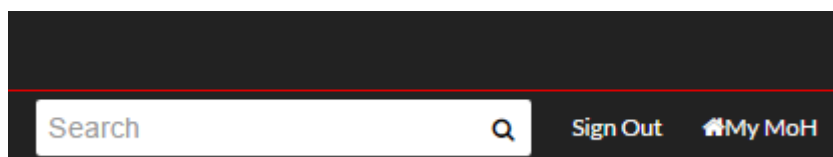
4.2 Controlled Drugs Services

Please note that all of the “Controlled Drugs” services below can be used only by an authorized employee of the business and not on individual basis.

Instructions below show how to access the service as Business users must access the controlled drugs Services from the Business Dashboard accessible after successful registration of the business as explained in 4.1 above.

4.2.1 Submitting “Controlled Drugs Licensing” Application.

Screen1: After you login into the portal, click on “My MoH”. Then click on “Business Dashboard” (only visible if business is registered and you are added as a staff member).



Screen2: Click on “Controlled Drugs Licensing”



Screen3: You will have three options and you need to enter all required details before you can submit any of the requests. Please make sure you select the correct registered company.



License Request Type

- Renew Application
- New Application**
- Renew Application
- Cancel Application

Application for Controlled Drugs Licensing Page 1 of 4

Submission Date
31/12/2017

Contact person name (Required)

Contact person phone (Required)

Contact person email (Required)

Registered Company
IT Pharmacy

Organization location and its legal form to be displayed on license (Required)

Branch Name
IT-Pharmacv IT-Pharmacv

Requested License Details

Requested Permission
Cultivate

Controlled Drug Type
Narcotic Substances

Purpose of Licensing

Next

Next

Screen4: You need to enter the applicant detail before submitting the application and attach all required attachments.

Application for Controlled Drugs Licensing Page 2 of 4

[Back](#) [Next](#)

Add Details of Applicant

Name of Applicant as per Passport <input type="text"/>	Designation of Applicant Pharmacist <input type="text"/>	
Date of Birth <input type="text"/>	Nationality Afghanistan <input type="text"/>	Address (Full address including city and country) <input style="width: 100%; height: 30px;" type="text"/>

[Add](#)

[Back](#) [Next](#)

Attachments

Copy of the license issued by MOH for doctor/pharmacist(Required)

[Browse file](#) [Upload File](#)

Copy of the license issued by MOH for the institution(Required)

[Browse file](#) [Upload File](#)

Copy of the labour card or passport for the applicant(Required)

[Browse file](#) [Upload File](#)

CLEARANCE certificate issued by the Royal Oman Police(ROP) for the applicant(Required)

[Browse file](#) [Upload File](#)

Undertaking letter by the director that no penalty against the applicant(Required)

[Browse file](#) [Upload File](#)

[Back](#) [Next](#)

Screen5: After you submit the application, you will get successfully notification message and also an email.

The application has been submit. You will be contacted by the MOH soon.

Controlled Drugs
Controlled Drugs Licensing
Controlled Drug Import/Export
Quarterly Statement
Waste Disposal
Report Lost/Damage

4.2.2 Renew Licensing Application

Screen6: For the expired licenses, you can use the “Renew Application” option to submit the renewal application.

Controlled Drugs Licensing

License Request Type

- Renew Application
- New Application
- Renew Application**
- Cancel Application

in Draft Mode(not submitted)

Screen7: You will be able to view all licenses details through this screen and You need to click on “Action” then “Renew”, to submit the renewal application.

Controlled Drugs - Renew Application

Ref #	Request Date	Request Type	Applicant Name	License No	Application Status	Expiry Date	Actions
208	26/10/2017	Drug License (Cultivate-Narcotic Substances (New) --Narcotic Substances (New))	dsdsdsds	1	?		Renew Actions
213	13/11/2017	Drug License (Trading-Narcotic Substances (New) --Narcotic Substances (New))	Azzan	0	?	12/11/2018	Actions
216	21/11/2017	Drug License (Dealing-Narcotic Substances (New) --Narcotic Substances (New))	Munzir baig	0	?	20/11/2018	Actions
472	02/05/2018	Drug License (Cultivate-Narcotic Substances (Renewal) -- Narcotic Substances (Renewal))	dsdsdsds	1 (1)	?	26/05/2019	Actions
473	27/05/2018	Drug License (Production-Psychotropic Substances (New) -- Psychotropic Substances (New))	sds	1	?	26/05/2019	Actions

Screen9: The preview screen will display all required details and you can modify all required details before you can submit the application.

Controlled Drugs - Renew Application

Ref # 213

Submission Date 13/11/2017

Expiry Date 12/11/2018

Contact person name Azzan

Contact person phone 94041422

Contact person email azzan.mushefri@icthealth.com

Registered Company محلات وصيدلية مسقط ش.م.م

Organization location and its legal form to be displayed on license Oman,Muscat

Requested License Details

Requested Permission Trading

Controlled Drug Type Narcotic Substances

Purpose of Licensing

No:	Applicant name	Designation of Applicant	Date of Birth	Nationality	Address (Full address including city and country)
1	Azzan	Doctor	21/08/2003	Oman	Oman, Muscat

Attachments

- Copy of the license issued by MOH for doctor/pharmacist(Required) [pdf.pdf](#)
- Copy of the license issued by MOH for the institution(Required) [pdf.pdf](#)
- Copy of the labour card or passport for the applicant(Required) [pdf.pdf](#)
- CLEARANCE certificate issued by the Royal Oman Police(ROP) for the applicant(Required) [pdf.pdf](#)
- Undertaking letter by the director that no penalty against the applicant(Required) [pdf.pdf](#)

Back Apply New Renew

Screen10: After you submit the application,you will get successfully notification message and also an email.



4.3 Controlled Drug Import/Export

Screen11: You can request for a license to import or export drugs by clicking on> Controlled Drug Import/Export and you need to enter all required details before you can submit the request.

Application for Controlled Drug Import/Export Page 1 of 4

Submission Date Next

31/12/2017

Contact person name (Required)

Contact person phone (Required)

Contact person email (Required)

Contact Person Address (Required)

Registered Company

IT Pharmacy

Registered Company

IT Pharmacy

Details of the Product/s

Application type

Import

Product type

Narcotic

Institution Type

Government

Next

Screen12: You need to enter the product detail before submitting the application. You can add multiple products in one application.

Back Next

Add New Controlled Drug

Trade Name (Required) <input type="text"/>	Generic Name LIVE ATTENUATED VARIC ▾	Dosage Form Pre filled Syringe ▾
Strength (Required) <input type="text"/>	Strength Unit mg/ML ▾	
Quantity (Required) <input type="text"/>	Quantity Unit Ampoules ▾	
Pack Size (Required) <input type="text"/>		Add

Back Next

Screen13: Add the details of the Manufacturer.

Details of the Manufacturer

Manufacturer Name (Required)

Manufacturer Country

 ▾

Manufacturer Address (Required)

Details of the Importer

Importer Name (Required)

Importer Country

 ▾

Importer Address (Required)

Details of the Exporter

Exporter Name (Required)

Exporter Address (Required)

Institution and LPO Details

Institution Name (Required)

Institution Address (Required)

Country

LPO Date

Attach LPO Copy

fileselect

Port of Import/Export (Required)

Back Next

Screen14: After you submit the application,you will get successfully notification message and also an email.

The application has been submit. You will be contacted by the MOH soon.

Controlled Drugs

- Controlled Drugs Licensing
- Controlled Drug Import/Export
- Quarterly Statement
- Waste Disposal
- Report Lost/Damage

4.4 Quarterly Statement

Screen15: Through this service, you will be able to submit the quarterly statement. You need to enter all required details before you can submit the request.

Submission Date
31/12/2017

Applicant name (Required)
Super Admin

Applicant phone (Required)

Applicant email (Required)
azzan.mushefri@icthealth.com

Registered Company
مخازن وصيدلية مسقط ش.م

Branch Name
Muscat Pharmacy & Stores

Institution Type
Government

Institution Name
Not Applicable

Quarter
First

Year
2016

Next

Screen16: You need to enter the product detail before submitting the application. You can add multiple products in one application.

Add New Controlled Drug

Trade Name (Required)

Generic Name

Dosage Form

Strength (Required)

Strength Unit

Quantity (Required)

Quantity Unit

Pack Size (Required)

Screen17: You have to fill the fields with correct details for each quarter.

Add Stock Details

Generic Name

Manufacturer (Required)

Opening Stock (Required)

Quarterly Received - First Month (Required)

Quarterly Received - Second Month (Required)

Quarterly Received - Third Month (Required)

Quarterly Sales - First Month (Required)

Quarterly Sales - Second Month (Required)

Quarterly Sales - Third Month (Required)

Remarks (Required)

Closing Stock (Required)

Agents or Supplier

Screen18: After you submit the application, you will get successfully notification message and also an email.

The application has been submit. You will be contacted by the MOH soon.

Controlled Drugs

- Controlled Drugs Licensing
- Controlled Drug Import/Export
- Quarterly Statement
- Waste Disposal
- Report Lost/Damage

4.5 Waste Disposal

Screen19: If there is any drug that needs to be disposal, then you need to submit an application through this service. You need to enter all required details before you can submit the request.

Submission Date
31/12/2017 Next

Applicant name (Required)
Super Admin

Applicant phone (Required)
94041422

Applicant email (Required)
azzan.mushefni@icthealth.com

Registered Company
IT Pharmacy

Branch Name
IT-Pharmacy IT-Pharmacy Next

Screen20: Adding the Carton details.

Back Submit

Add New Carton Details

Carton Number Phase

Total Unit (Wt: Kg, Vol: L) Remarks Add

Screen21:

After you added the Carton details, You need to add the carton content details

Carton Number	Phase	Total Unit (Wt: Kg, Vol: L)	Remarks
1	Liquid	25	

Add Carton Details Edit Delete

Back Submit

Back

Add New Carton Content Details

Trade Name Chemical Name Dosage Form

Strength Batch number Total Quantity Add

Back

Screen22: After you submit the application, you will get successfully notification message and also an email.

The application has been submit. You will be contacted by the MOH soon.



4.6 Report Lost/Damage

Screen23: If there is any lost or damage drugs, then you need to inform the ministry by submitting an application through this service and you have to enter all required details before you can submit the request.

Submission Date

31/12/2017

Next

Applicant name (Required)

Super Admin

Applicant phone (Required)

Applicant email (Required)

azzan.mushefri@icthealth.com

Registered Company

مخبرات وصيدلانية مسقط ش.م

Branch Name

Muscat Pharmacy & Stores

Report on Narcotic Drug Loss/Damage

Institution Type

Government

Institution Name

Not Applicable

Department (Required)

Report Date (Required)

31 December, 2017

Report Number (as numbered internally by your organization) (Required)

Governorate

Dhofar

Healthcare Facility Name (Required)

Medical Ward (Required)

Controlled Drug Type

This application is to inform about narcotic drug/s that is/are

Screen24: You need to enter the lost or damage product detail before submitting the application.

Product Details

Drug Name (Required)

Strength (Required)

Strength Unit

Quantity (Required)

Dosage Form

Screen25: Add the details of the concerned staff and all details related to the incident. You have to enter all required details before you can submit the request.

Concerned staff name (Required)

Concerned staff Designation (Required)

Concerned staff mobile number (Required)

Concerned staff id copy

Letter in PDF format signed by concerned staff explaining reasons in detail for loss/damage**

Witness name (Required)

Witness Designation (Required)

Witness id copy

Ward or unit in-charge name (Required)

Ward or unit in-charge mobile number (Required)

Ward or unit in-charge id copy

NO or ANO name (Required)

NO or ANO mobile number (Required)

NO or ANO id copy

Pharmacy in-charge name (Required)

Pharmacy in-charge comments, if any

Superintendent (of pharmacy or store) id copy

Superintendent (of pharmacy or store) name (Required)

Superintendent (of pharmacy or store) mobile number (Required)

Screen26: After you submit the application, you will get successfully notification message and also an email.

The application has been submit. You will be contacted by the MOH soon.

Controlled Drugs
Controlled Drugs Licensing
Controlled Drug Import/Export
Quarterly Statement
Waste Disposal
Report Lost/Damage

Note: Requests can be electronically returned, rejected or accepted by the ministry staff processing your request. In all cases, the requester will receive an email notification as well as a notification in the portal's top bar.

If the application is returned, you will need to open the application, edit it as per the reasons mentioned by the ministry staff, and resubmit it.

For more details please contact the department on: dgpa-it@moh.gov.om

END OF DOCUMENT