October 6, 2014

Larry Loring, RPh
Executive Director
Ben Kesner, RPh
State Drug Inspector

CONFLICT OF INTEREST

Larry Loring, Ben Kesner or the New Mexico Board of Pharmacy have no relevant financial relationships with products or services mentioned in this presentation.
# CURRENT BOARD MEMBERS

## April 2013

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joe R. Anderson, R.Ph.</td>
<td>Albuquerque</td>
</tr>
<tr>
<td>Amy Buesing, R.Ph.</td>
<td>La Mesa</td>
</tr>
<tr>
<td>Allen Carrier</td>
<td>Santa Fe</td>
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<tr>
<td>Danny Cross, R.Ph.</td>
<td>Carlsbad</td>
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<tr>
<td>Rich Mazzoni, R.Ph.</td>
<td>Santa Fe</td>
</tr>
<tr>
<td>LuGina Mendez-Harper, R.Ph.</td>
<td>Peralta</td>
</tr>
<tr>
<td>Buffie Saavedra</td>
<td>Albuquerque</td>
</tr>
<tr>
<td>Anise Yarbrough</td>
<td>Corrales</td>
</tr>
<tr>
<td>Chris Woodul, R.Ph.</td>
<td>Ruidoso</td>
</tr>
</tbody>
</table>
DRUG DISPOSAL

• “Secure and Responsible Drug Disposal Act” Signed Into Law
• October 12, 2010
• Requires DEA and US Attorney General promulgate regulations for return of unused prescription drugs for disposal.

Disposal of Controlled Substances

• This rule proposes requirements to govern the secure disposal of controlled substances by both DEA registrants and ultimate users.
• Electronic and written comments period closed on February 19, 2013.
Disposal of Controlled Substances

• Final Rule published
• Federal Register / Vol. 79, No. 174 / Tuesday, September 9, 2014
  – Pages 53520 - 53570
• Effective Date October 9, 2014

MORE FROM DEA

• DEA FIELD DIVISION OFFICE FOR N.M.
• 2660 FRITTS CROSSING SE ALBUQUERQUE, NM 87106
• Diversion Number: (505) 452-4500
  Diversion Fax: (505) 873-9921
MORE FROM DEA

DISCLAIMER

Robbery or Burglary involving narcotics or other controlled substances from this Pharmacy is a FEDERAL Crime.

MORE FROM DEA

- RESCHEDULE HYDROCODONE COMBINATION PRODUCTS (HCP) FROM III TO II.

  - Federal Register Volume 79, Number 39
  - Thursday, February 27, 2014
  - Proposed Rules  Pages 11037-11045

  - Public review and comment until midnight April 27, 2014.
  - DEA will publish a Final Rule in the Federal Register.
MORE FROM DEA

- **Federal Register** /Vol. 79, No. 163 / Friday, August 22, 2014
  Schedules of Controlled Substances:
  Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II
  Pages 49661 – 49682

- **Effective October 6, 2014**
STILL MORE FROM DEA

- DEA Updates Form for Reporting Theft or Loss of Controlled Substances.
- DEA has an updated electronic version of the DEA Form 106.
- Include the National Drug Code (NDC) on the form.
- The paper version of DEA Form 106 is obsolete as of October 28, 2008.

STILL MORE FROM DEA

- New DEA Number Series
  - Effective December 6, 2013, DOD personal service contractors will be issued a new DEA registration number that begins with the letter "G".
  - Registrant type (first letter of DEA Number):
    - A/B/F/G – Hospital/Clinic/Practitioner/Teaching Institution/Pharmacy
    - M – Mid-Level Practitioner (NP/PA/OD/ET, etc.)
    - P/R – Manufacturer/Distributor/Researcher/Analytical Lab/Importer/Exporter/Reverse Distributor/Narcotic Treatment Program
    - X – Buprenorphine (Suboxone) physician
• Update on Industry Progress in Implementing Electronic Prescribing for Controlled Substances
  – July 24, 2014
Question:
Have any physician or pharmacy application vendors completed the process of becoming certified and audited to connect to the Surescripts network for EPCS purposes?

Answer:
Yes, as of the date of this memo, the following application vendors have completed the necessary development, certification, and audit processes and have been allowed to connect to the Surescripts network for EPCS purposes:
E-PRESCRIBING UPDATE

- EPCS Certified Prescriber Software
  - Allscripts
  - Bizmatics
  - Cerner Corporation
  - Delta Care Rx
  - DrFirst
  - Epic
  - Glenwood Systems
  - MD Toolbox
  - NewCrop
  - NextGen
  - RxNT
  - Stratus EMR

E-PRESCRIBING UPDATE

EPCS Certified Pharmacy Software

- AdvanceNet Health Solutions
- CarePoint
- Cerner Etreby
- Computer-Rx
- CVS/pharmacy
- Digital Business Solutions
- ExcelRx
- Express Scripts
- FrameworkLTC by SoftWriters
- Foundation Systems
E-PRESCRIBING UPDATE

EPCS Certified Pharmacy Software

- H E B Pharmacy
- Health Business Systems
- KeyCentrix
- Lagniappe Pharmacy Services (Alpha, InteRx, OpusRx, PPC, Rx-1, Synercom, Visual)
- McKesson Pharmacy Systems (Condor, EnterpriseRx, PharmacyRx, Pharmaserv, Zadall)
- MDScripts
- Micro Merchant Systems

E-PRESCRIBING UPDATE

EPCS Certified Pharmacy Software

- PDX
- Pharmacy Systems, Inc
- PharMerica
- PioneerRx
- QS/1 Data Systems
- Rite Aid
- ScriptPro USA
- SuperValu
- Transaction Data Systems
- VIP Computer Systems
- Walgreens
## Find E-Prescribing Pharmacies

### 139 pharmacies found within 10.0 miles of Albuquerque, NM 87102

- **ABG PHARMACY LLC**
  - 500 Louisiana St
  - ALBUQUERQUE, NM 87105
  - (505) 262-0726
- **ABG PHARMACY RETAIL**
  - 500 Louisiana St
  - ALBUQUERQUE, NM 87105
  - (505) 262-0726
- **ALBERTS/SONS SAV ON DRUGS #454**
  - 4500 Montgomery Blvd NE
  - ALBUQUERQUE, NM 87106
  - (505) 888-6806
- **ALBERTS/SONS SAV ON DRUGS #469**
  - 205 E. Eastern Blvd
  - ALBUQUERQUE, NM 87102
  - (505) 294-0357

### 48 pharmacies found within 10.0 miles of Albuquerque, NM 87102

- **Central Pharmacy**
  - 7226 Central Ave De Sota
  - Albuquerque, NM 87106
  - (505) 868-4273
  - Enabled for EPCDA
- **CVS Pharmacy #9472**
  - 14700 N. Tamalpais Blvd
  - ALBUQUERQUE, NM 87120
  - (505) 268-4523
  - Enabled for EPCDA
- **CVS Pharmacy #9473**
  - 4620 Río Grande Blvd NE
  - ALBUQUERQUE, NM 87103
  - (505) 291-0328
  - Enabled for EPCDA
- **CVS Pharmacy #9701**
  - 17700 Juan Blvd.
  - ALBUQUERQUE, NM 87104
  - (505) 291-0328
  - Enabled for EPCDA
DEA Issues Policy Statement on Role of Agents in Communicating CS Prescriptions

Drug Enforcement Administration (DEA) issued a statement of policy that clarifies the proper role of a duly authorized agent of a DEA-registered individual practitioner in communicating controlled substance (CS) prescription information to a pharmacy. The statement, published October 6, 2010, in the Federal Register, reminds health care providers that a prescription for a CS medication must be issued by a DEA-registered practitioner acting in the usual course of professional practice.
DEA Issues Policy Statement on Role of Agents in Communicating CS Prescriptions

- An authorized agent may prepare the prescription... for the signature of that DEA-registered practitioner.
- For a Schedule III–V drug, an authorized agent may transmit a practitioner-signed prescription to a pharmacy via facsimile, or orally to a pharmacy on behalf of the practitioner.
- An authorized agent may transmit by facsimile a practitioner-signed Schedule II prescription for a patient in a hospice or long-term care facility (LTCF) on behalf of the practitioner.
TIRF REMS (?)

- Transmucosal Immediate Release Fentanyl
- Risk Evaluation & Mitigation Strategies

TIRF REMS

- FDA-required program
- You must enroll in the TIRF REMS Access program to prescribe, dispense, or distribute TIRF medicines.
TIRF REMS

- https://www.tirfremsaccess.com/TirfUI/rem/public.action
ER/LA OPIATE REMS

- AVAILABLE MARCH 1, 2013
- NOT MANDATORY
- Assess patients for treatment
- Initiate therapy, modify dose, and discontinue
- Be knowledgeable about how to manage ongoing therapy
- Counsel patients and caregivers about the safe use, proper storage and disposal
- Be familiar with general and product-specific drug information concerning ER/LA opioid analgesics

http://www.er-la-opioidrems.com

Looking for Accredited REMS CME/CE? Click Here.

RISK EVALUATION AND MITIGATION STRATEGY (REMS)

A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration (FDA) to ensure that the benefits of a drug outweigh its risks.

The FDA has required a REMS for extended-release and long-acting (ER/LA) opioid analgesics.

Under the conditions specified in this REMS, prescribers of ER/LA opioid analgesics are strongly encouraged to do all of the following:

- Train (Educate Yourself): Complete a REMS-compliant education program offered by an accredited provider of continuing education (CE) for your discipline.
- Contact Your Patients: Discuss the safe use, serious risks, storage, and disposal of ER/LA opioid analgesics with patients and/or their caregivers every time you prescribe these medications. Click here for the ER/LA Opioid Analgesics REMS Patient Education Brochure.
- Emphasize Patient and Caregiver Understanding of the Medication Guide: Stress to patients and their caregivers the importance of reading the Medication Guide (mdg) that will be received from their pharmacist every time an ER/LA opioid is dispensed to them.
- Consider Using Other Tools: In addition to the POC, there are other publicly available tools to improve patient, household and community safety, as well as compliance with conditions of treatment, including Patient-Prescriber Agreement (PPA) and risk management instruments.

Click here for a complete list of products covered under the ER/LA Opioid Analgesics REMS Program.

For additional information about the ER/LA Opioid REMS Program, call 800-565-9774.
NABP Issues Rogue Online Pharmacy Public Health Alert – April, 2014

- The list of Internet drug outlets ranked as Not Recommended by NABP grew to 10,758, as reported in the Association’s April 2014 news release. These Web sites, 96% (10,392) of the total number of sites reviewed by NABP, were found to be out of compliance with pharmacy laws and practice standards established in the United States to protect the public health.

NABP Issues Rogue Online Pharmacy Public Health Alert – April, 2014

- Of these Not Recommended sites:
  - 2,426 have a physical address located outside of the US
  - 9,164 do not require a valid prescription
  - 6,185 issue prescriptions per online consultation or questionnaire only
  - 5,102 offer foreign or non-FDA approved drugs
  - 1,668 do not have secure sites
  - 4,268 have server locations in foreign countries
  - 1,181 dispense controlled substances
A pharmacy may compound a patient-specific sterile product pursuant to a prescription or order for an individual patient.

Preparation of non-patient specific compounded sterile product for sale is considered manufacturing, and requires registration with the FDA and the NM Board of Pharmacy as a wholesaler/distributor.
The Drug Quality and Security Act

- **HR 3204**
- The Drug Quality and Security Act
- **September 28, 2013**
  - Passed by the House
  - Sent to Senate
The Drug Quality and Security Act (H.R. 3204)

- **11/27/2013**
- Became Public Law No: 113-54

This legislation distinguishes compounders engaged in traditional pharmacy practice from those making large volumes of compounded drugs without individual prescriptions.
The Drug Quality and Security Act (H.R. 3204)

- State pharmacy boards regulate traditional pharmacy compounding.
- FDA registers pharmacy “outsourcing facilities” making large volumes of compounded drugs without individual prescriptions.
- Providers and patients would have the option of purchasing products from outsourcing facilities that comply with FDA quality standards.
NEW MEXICO LAW

June 14, 2013

- Drug, Device & Cosmetic Act
  - 26-1-16 J.
- Pharmacists may combine refills up to a 90-day supply.
- No controlled substances.
- Practitioner can specify no combining of refills on prescription.
The NM Board of Pharmacy is now utilizing an electronic version of its newsletter published by the NABP. To subscribe, please send an e-mail from the e-mail address you wish to use with the word SUBSCRIBE in the subject line of the e-mail to:

NewMexicoBOPNewsletter@nabp.net
PROTECTED HEALTH INFORMATION

- PHI ITEMS MUST BE SHRED OR OTHERWISE ALTERED SO THAT CONFIDENTIAL PATIENT INFORMATION DOES NOT END UP DISCARDED UNALTERED.

MAY 11, 2012

- SPECIAL BOARD MEETING
- RULE CHANGES
  - 16.19.4 PHARMACIST
  - 16.19.20 CONTROLLED SUBSTANCES
  - 16.19.29 Rx MONITORING PROGRAM
- EFFECTIVE AUGUST 15, 2012
16.19.4.16 RESPONSIBILITIES OF RPh AND RPh INTERNS

D. Prospective D.U.R.

1. Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:
   - (a) clinical abuse/misuse;
   - (b) therapeutic duplication;
   - (c) drug-disease contraindications;
   - (d) drug-drug interactions;
   - (e) incorrect drug dosage;
   - (f) incorrect duration of drug treatment;
   - (g) drug-allergy interactions;
   - (h) appropriate medication indication
MAY 11, 2012

(2) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing a controlled substance Prescription Monitoring report or another state's report if applicable and available, and/or consulting with the prescriber and/or counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

MAY 11, 2012

A RPh SHALL REQUEST AND REVIEW A PMP REPORT IF:

- PERSON EXHIBITS POTENTIAL ABUSE/MISUSE OF OPIATES
  - OVER-UTILIZATION
  - EARLY REFILLS
  - MULTIPLE PRESCRIBERS
  - SEDATED/INTOXICATED
  - UNFAMILIAR PATIENT
  - PAYING CASH INSTEAD OF INSURANCE
MAY 11, 2012

• A RPh SHALL REQUEST AND REVIEW A PMP REPORT IF:
  - **OPIATE** Rx FROM UNFAMILIAR PRACTITIONER
  - OUT OF STATE OR USUAL GEOGRAPHIC AREA

MAY 11, 2012

• A RPh SHALL REQUEST AND REVIEW A PMP REPORT IF:
  - providing **opiates** for a patient that is receiving chronic pain management prescriptions.
MAY 11, 2012

- EXEMPTION FROM PMP REPORTS
- LTCF PATIENTS
- TERMINAL DIAGNOSIS
• 16.19.20 CONTROLLED SUBSTANCES
  - Practitioners must register with the PMP in conjunction with their controlled substance registration.

• 16.19.20 .42 CONTROLLED SUBSTANCES
  - A. Prescription Requirements
  - Definition now same as in DEA rule.
  - E-Rx are acceptable if they meet DEA rule
MAY 11, 2012

- 16.19.20.42 CONTROLLED SUBSTANCES
  - F. (1) A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten day supply, based on the directions for use, and cannot be refilled.

MAY 11, 2012

- 16.19.20.45 PRESCRIPTION REFILL REQUIREMENTS:
  - (1) Controlled substance prescriptions dispensed directly to a patient shall not be refilled before 75% of the prescription days supply has passed, unless the practitioner authorizes the early refill, which must be documented by the pharmacist.
MAY 11, 2012

16.19.20.45 PRESCRIPTION REFILL REQUIREMENTS:

- (2) Controlled substance prescriptions delivered to a patient indirectly (as in mail order) to a patient shall not be refilled before 66% of a 90 day supply has passed or 50% of a 30 day supply has passed, unless the practitioner authorizes the early refill, which must be documented by the pharmacist.

MAY 11, 2012

16.19.29 CS Rx MONITORING PROGRAM

- Pharmacies have 1 registration
- Each RPh will register with the program
August 27, 2012

- 16.19.15 Dangerous Veterinary Drugs
- Added language for generic substitution
- NEW SECTION
  - 16.19.15.10 Animal Drug Product Selection
August 27, 2012

16.19.15.10 Animal Drug Product Selection

- Therapeutically equivalent
- Listed in FDA “Green Book”
- “no substitution” or “no sub”
- Label brand prescribed/name dispensed
- Pass on savings

August 27, 2012

16.19.4.14 ACTIVE STATUS

Any pharmacist who maintains competency through the development and maintenance of knowledge, skill and aptitude, to ensure continuing competence as a pharmacy professional, and is able to demonstrate to the board said competence in the practice of pharmacy shall be issued an active license.
Sterile products shall be prepared in an appropriate aseptic environment which meets USP <797> standards. Be tested every 6 months by an independent contractor and certified as meeting <797> standards.
10/4/2014

January 17, 2013

- 16.19.4.17 PHARMACIST CLINICIAN:

- **Effective January 1, 2015**, a Pharmacist Clinician with a controlled substance registration to prescribe controlled substances listed in Schedule II or Schedule III shall complete a minimum of 0.2 CEU (2 contact hours) per renewal period in the subject area of responsible opioid prescribing practices.

January 17, 2013

- PHARMACIST CLINICIANS

- Educational programs approved by the New Mexico Medical Board in the subject area of opioid prescribing shall meet the requirements of this section. These hours are included with the 20 required live CE hours.
CONTINUING PHARMACY EDUCATION REQUIREMENTS:

Effective January 1, 2015, a minimum of 0.2 CEU (2 contact hours) per renewal period shall be in the area of safe and appropriate use of opioids.

Example of safe and appropriate use of opioids CE

Pain Management Strategies and Expectations: Chronic Opiate Therapy for the Treatment of Chronic Non-cancer Pain (2 hours)
- Ernest Dole, PharmD, FASHP

http://www.powerpak.com/course/preamble/109605
April 18, 2013

- 16.19.4.17 NMAC – PHARMACIST
  CLINICIAN.
  - Prohibit prescribing for themselves or immediate family members, except under emergency situations.
  - Prohibit referring a patient for the use of medical cannabis.

April 18, 2013

- 16.19.22 NMAC – SUPPORT
  PERSONNEL AND PHARMACY
  TECHNICIANS
  - Allow support personnel (who are not pharmacy technicians) to place prescription drugs on the pharmacy shelf, in bins, or in a dispensing technology system in sites that utilize a barcode verification…
April 18, 2013

- The permissible ratio of pharmacy technicians to pharmacists on duty is to be determined by the Pharmacist-In-Charge.

April 18, 2013

- Non certified technician registrations expire after one year and cannot be renewed, except for a pharmacy technician that is enrolled in a board recognized technician training program.
April 18, 2013

- 16.19.30.9 NMAC – COMPOUNDING OF NON-STERILE PHARMACEUTICALS
- The wording allowing for office use compounding was removed from the regulation.
- A pharmacy may no longer compound for a prescriber’s office use.
June 20, 2013

• 16.19.4.10.A  PHARMACIST
  Allows CPE programs that are approved by other state boards of pharmacy to count toward your New Mexico pharmacist renewal.

June 20, 2013

• 16.19.20.53.B.  CONTROLLED SUSTANCES
  – PSEUDOEPHEDRINE SALES
  Pharmacies are required to submit PSE sales information electronically to the Board or their designated agency in a Board-defined format.
June 20, 2013

- 16.19.20.53.B. CONTROLLED SUBSTANCES
  - PSEUDOEPHEDRINE SALES
  - Begins September 15, 2013
  - Report every seven (7) days
  - Pharmacies may petition the executive director of the board for an alternative method for the submission

June 20, 2013

- 16.19.20.53.B. CONTROLLED SUBSTANCES
  - PSEUDOEPHEDRINE SALES
  - The board is authorized to contract with another agency for collection of data.
  - New Mexico Methamphetamine Special Information System (NMMSIS) – Brian Sallee
NMMSIS REPORTING

• USER REQUEST FORM ON BOARD WEB SITE
  – NMMSIS USER REQUEST FORM
  – IN “FORMS” SECTION

COMPLETE TOP SECTION
FORWARD TO NM PHARMACY BOARD
NMMSIS CONTACTS

- **Batch File Upload:**
  - https://secure.nmhidta.org
- **Direct Data Entry:**
  - www.nmmsis.org
- **Joe Herrera, NM HIDTA**
  - jherrera@nmhidta.org
- **Todd Thacker, NM HIDTA**
  - tthacker@nmhidta.org
- **Detective Brian Sallee, APD**
  - bsallee@cabq.gov
16.19.26.13 NALOXONE FOR OPIOID OVERDOSE
- PROTOCOL
- EDUCATION AND TRAINING
- AUTHORIZED DRUG(S)
- RECORDS
- NOTIFICATION
January 16, 2014

- **16.19.26.13 NALOXONE FOR OPIOID OVERDOSE**

  - **PROTOCOL**
    - Board approved
    - Copy available on site

---

January 16, 2014

- **16.19.26.13 NALOXONE FOR OPIOID OVERDOSE**

  - **EDUCATION AND TRAINING**
    - Board approved ACPE course
      - mechanisms of action;
      - contraindications;
      - identifying indications for use
      - patient screening criteria;
      - counseling and training patient and care-giver
      - evaluating patient's medical profile for drug interactions;
• 16.19.26.13 NALOXONE FOR OPIOID OVERDOSE
• EDUCATION AND TRAINING
  – Board approved ACPE course
  referring patient for follow-up care with PCP
  informed consent
  record management
  management of adverse events

January 16, 2014

• 16.19.26.13 NALOXONE FOR OPIOID OVERDOSE
• EDUCATION AND TRAINING
  – A minimum of 0.2 CEU of live ACPE approved naloxone drug therapy related continuing education every two years.
  – Continuing education shall be in addition to requirements in 16.19.4.10 NMAC.
January 16, 2014

- **16.19.26.13 NALOXONE FOR OPIOID OVERDOSE**
- **RECORDS & NOTIFICATION**
  - Generate naloxone prescription
  - Document informed consent
  - Notify PCP within 15 days of dispensing

**NALOXONE**

Volume XXV Number 4
February 28, 2014

Adopted Rules

This is an amendment to 16.19.26 NMAC, addition of new Section 13, effective 03-14-14.
April 24, 2014

- **NEW REGULATION**
- **16.29.36 COMPOUNDED STERILE PRODUCTS**
- New Mexico Register June 13, 2014
- **EFFECTIVE: June 29, 2014**
April 24, 2014

- PREVIOUS STERILE COMPOUNDING RULE REPEALED
  - 16.19.6.11 B, C

April 24, 2014

- New compounded sterile product rule incorporates much on USP <797> directly.
USP on Compounding offers compounding practitioners convenient access to all compounding-related general chapters from the United States Pharmacopeia-National Formulary (USP-NF), the official compendium for drugs marketed in the United States. USP on Compounding also features supporting general chapters that are referenced in the compounding chapters and in USP-NF General Notices and Requirements. It is delivered as an electronic publication in PDF format that is updated with the release of each new USP-NF edition and supplement.

Highlights & Features
- Complete, up-to-date text of all five essential compounding general chapters from USP-NF
  - <795> Pharmaceutical Compounding—Nonsterile Preparations
  - <797> Pharmaceutical Compounding—Sterile Preparations
  - <1160> Pharmaceutical Calculations in Prescription Compounding
  - <1163> Quality Assurance in Pharmaceutical Compounding
  - <1176> Prescription Balances and Volumetric Apparatus
- All supporting general chapters are referenced and hyperlinked in the compounding chapters—more than 40 in all!
  - Sterility Tests
  - Bacterial Endotoxin Test
  - Pharmaceutical Dosage Forms
- General Notices and Requirements, providing definitions and important information necessary to correctly interpret and apply compounding standards.
- Convenient PDF format, easy to access and always current!
  - Easily find related information via hyperlinks
  - Perform powerful keyword searches with Adobe Acrobat Reader
  - Available any time, from your computer

Subscription Information
USP on Compounding is offered as a 12-month electronic subscription in PDF format, in English only. Adobe Acrobat Reader (free download) is required to use the PDFs. USP on Compounding is updated with the release of each new USP-NF edition and supplement.
Health Care Work Force Data Collection, Analysis and Policy Act

- Signed into law by the Governor in February 2012
- Requires health professional licensing boards to conduct electronic surveys of their health professionals
**Health Care Work Force Data Collection, Analysis and Policy Act**

- **24-14C-5. HEALTH CARE WORK FORCE DATA COLLECTION BY BOARDS**
  - B. A board shall not approve a subsequent application for a license or renewal of a license until the applicant provides the information pursuant to Subsection C of this section.
  - C. A board shall adopt rules regarding the manner, form and content of reporting data; the consistency of data entry fields used; and the information that an applicant, pursuant to Subsection A of this section, shall provide to a board.

- **16.19.4.15 ISSUANCE OR RENEWAL OF PHARMACIST LICENSE**
  - (Adopted October 18, 2013)
  - The Board shall not approve the application for a pharmacist license or renewal of a pharmacist license until the applicant provides the data required by the Health Care Work Force Data Collection, Analysis and Policy Act.
Health Care Work Force Data Collection, Analysis and Policy Act

- The Board needs each licensed New Mexico pharmacist practicing in New Mexico to complete this survey by August 1, 2014.
- The survey is available on the board web site: http://www.rld.state.nm.us/Pharmacy

BOP WEBSITE
BOP WEBSITE

• [www.rld.state.nm.us/Pharmacy](http://www.rld.state.nm.us/Pharmacy)
### Prescription Monitoring Program

**NEW MEXICO BOARD OF PHARMACY**

#### NM PMP
- Login to the PMP
- Help with Your Account
- Register as a New User
- Register as a New Dispenser
- F.A.Q.s
- Training & Education
- PMP Resources
- PMP Regulations
- PMP Statistics
- PMP Links
- Prescription Drug Abuse
- Feedback
- Contact Us

#### What is the New Mexico Prescription Monitoring Program?

The New Mexico Prescription Monitoring Program (PMP) accumulates Schedule II-V controlled substance prescription and dispensing information into a restricted access online database in order to meet its mission to reduce the diversion of these controlled substances while serving as a valuable tool for legitimate medical practice and patient care.

**Read Me First! – New and Changing Processes with the NM PMP**

**Who can access the PMP?**

**What can I do once I’ve logged into the PMP?**

**Who has to report prescription information to the PMP?**

**What about if I’m a prescriber and I sometimes dispense controlled substances?**

**I believe information in the PMP is incorrect, how do I report this?**

Legitimate use of the PMP should by no means hinder health care providers in the normal course of using their professional skills to provide quality medical care to their patients while helping to identify and assist controlled substance diversion and abuse.