New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy
5200 Oakland Avenue, NE ▪ Suite A ▪ Albuquerque, New Mexico 87113
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.state.nm.us/boards/Pharmacy.aspx

April 12-13, 2012 Board Meeting Minutes

New Mexico Board of Pharmacy Regular Board Meeting

Location: 5200 Oakland Ave. Suite A, Albuquerque, New Mexico 87113

Call to Order: The meeting was called to order by the Chairman Richard Mazzoni, R.Ph., at 9:10 a.m.

MEMBERS PRESENT:
Richard Mazzoni R.Ph., Chairman
Amy Buesing R.Ph., Member
LuGina Mendez-Harper R.Ph., Member
Danny Cross, R.Ph., Member
Joe Anderson R.Ph., Member
Ray Nunley R.Ph., Member
Buffie Saavedra-Shean, Public Member (Thursday 4/12/12)
Allen Carrier, Public Member

MEMBERS ABSENT Buffie Saavedra-Shean, Public Member (Friday 4/13/12)

STAFF ATTENDING:
William Harvey, Executive Director
Debra Wilhite, Administrative Secretary
Mary Smith, Assistant Attorney General
Larry Loring, Inspector
Adela Padilla, Inspector
Bobby Padilla, Inspector
Cheranne McCracken, Inspector
Kristofer Mossberg, Inspector
Sarah Trujillo, Licensing Administrator

Thursday April 12, 2012

1. 9:10 a.m. Call to Order

2. Roll Call

Present were Mr. Carrier, Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Chairman Mazzoni.

3. Approval of the Agenda:

Mr. Harvey stated that he would like to add letter "g." pseudoephedrine status: proposed protocol – rule 16.19.20 NMAC discussion to the agenda. The board approved the agenda as amended.

Motion: Motion was made by Mr. Cross, seconded by Mr. Nunley to approve the agenda as amended, board voted unanimously to pass the motion.

4. Approval of January 2012 Minutes:

Motion made by Mr. Cross, seconded by Mr. Nunley to approve the minutes as presented, board voted unanimously to pass the motion.

5. Applications:

a) Application List

Ms. Lugina Mendez-Harper presented the application list to the board.

Motion: 20 Clinic applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra, board voted unanimously to pass motion.

Motion: 5 Emergency Medical Services applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass motion.

Motion: 1 Limited Controlled Substance application and is in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass the motion.

Motion: 15 Custodial Nursing Home applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 8 Pharmacy/Hospital applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass motion.

Motion: 27 Non-Resident Pharmacy applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass motion.

Motion: 2 Seller/Dispenser of Contact Lenses all are in order. Motion Made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass motion.

Motion: 1 Drug Warehouse and is in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 33 Wholesale/Broker applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Carrier, board voted unanimously to pass motion.

NEW MEXICO BOARD OF PHARMACY
REGULAR MEETING
APPLICATION LIST
April 12 & 13, 2012

CLINIC /HOME HEALTH

1.Ace Leadership School Based Health Center
800-B 20th
Albuquerque, NM 87104

CONSULTANT PHARMACIST

New
Brenda Vigil, R.Ph.

***The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2) or Section 10-15-1H(7) of the Open Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings.**
H(1) are licensing matters, H(2) is limited to personnel matters, H(7) is pending or threatened litigation.

2.Basin Occupational & Urgent Care *900 S Main* *Aztec, NM 87401*	*New* *Jennifer Beyhan, R.Ph.*
3. Central Regional Education Cooperative *Jemez Valley School Based Health Center* *8501 Hwy 4* *Jemez Pueblo, NM 87024*	*New* *Michel Disco, R.Ph.*
4.Christus St Vincent *Employee Health Clinic* *465 St Michael's Drive Suite 118* *Santa Fe, NM 87505*	*New* *Terri Willis, R.Ph.*
5.Christus St Vincent *Women's Care Specialist* *465 St Michael's Drive Suite 117* *Santa Fe, NM 87505*	*Relocation* *Terri Willis, R.Ph.*
6.El Centro Family Health *Roy School Based Clinic* *375 East 6th Street* *Roy, NM 87743*	*Change of Ownership* *Christine Martinez-Vigil R.Ph.*
7.El Centro Family Health *Las Vegas School Based Clinic* *1024 South Pacific* *Las Vegas, NM 87701*	*Change of Ownership* *Christine Martinez-Vigil R.Ph.*
8.El Centro Family Health *Maxwell School Based Clinic* *4th & Park* *Las Vegas, NM 87728*	*Change of Ownership* *Christine Martinez-Vigil R.Ph.*
9.Farmington Community Health Center *1001 W Broadway* *Farmington, NM 87401*	*Remodel* *Wesley Langner, R.Ph.*
10.Lovelace Health System Inc *DBA Roswell Regional Family Care* *2335 N Main* *Roswell, NM 88201*	*Change of Ownership* *Karen Snow, R.Ph.*
12.Mesilla Valley Pain Clinic *1240 S Telshor Suite A* *Las Cruces, NM 88011*	*New* *Jennifer McConnell, R.Ph.*
13.MMC Cancer Center *2530 S Telshor Blvd* *Las Cruces, NM 88011*	*Remodel* *Janet Pate, R.Ph.*
14.New Mexico Oncology *DBA NM Cancer Center* *4901 Lane Avenue NE* *Albuquerque, NM 87109*	*Class Upgrade* *Tara Arriola, R.Ph.*

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15.New Mexico Treatment Services LLC
104 Los Alamos Hwy
Espanola, NM 87532

Class Up-Grade
Rick Mascarenas, R.Ph.

16.PMG @ Dr Don C Trigg
305 E Miel de Lina
Tucumcari, NM 88401

Relocation
Robert Grzywacz, R.Ph.

17.PMS-Cuba School Based Health Center
50 County Road #13
Cuba, NM 87013

New
Wesley Langner, R.Ph.

18.PMS-Lake Arthur School
700 Broadway
Lake Arthur, NM 88253

New
Wesley Langner, R.Ph.

19.Select Physical Therapy
2113 Golf Course Road #106
Rio Rancho, NM 87124

Relocation
Kenneth Wagg, R.Ph.

20.SJRMC Behavioral Health
555 S Schwartz
Farmington, NM 87401

Relocation
Ernest Armenta, R.Ph.

EMERGENCY MEDICAL SERVICES

CONSULTANT PHARMACIST

1.American Medical Response
2809 Broadbent Parkway
Albuquerque, NM 87107

New
Shirley Jojola, R.Ph.

2.Dona Ana County Fire & Emergency Services
1430 Portland Drive
Las Cruces, NM 88005

Relocation
Raymond Rede, R.Ph.

3.Tri State Care Flight LLC
2111 W Hwy 66
Gallup, NM 87301

New
George Gonzales, R.Ph.

4.Tri State Care Flight LLC
819 Magnolia
T or C, NM 87901

New
George Gonzales, R.Ph.

5.Western States Air Medical
1 Hays Road
Las Vegas, NM 87701

Relocation
Emily Connor, R.Ph.

LIMITED CONTROLLED SUBSTANCES

Quest Diagnostics
5601 Office Blvd NE
Albuquerque, NM 87109

Change of Ownership

CUSTODIAL/NURSING HOME

CONSULTANT PHARMACIST

1.Above and Beyond Inc
7100 Constitution NE #23
Albuquerque, NM 87110

New
Keun-Kyu Yi, R.Ph.

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2.Adelante Development Center *6913 Seminole* *Albuquerque, NM 87110*	*New* *Lori Carabajal, R.Ph.*
3.Alegria Family Services *1605 Osage SW* *Albuquerque, NM 87105*	*New* *Joel Villarreal, R.Ph.*
4.Alegria Family Services *220 Atrisco Road SW* *Albuquerque, NM 87105*	*New* *Joel Villarreal, R.Ph.*
5.Bright Horizons Inc *8122 Camino del Venado* *Albuquerque, NM 87120*	*New* *Reynaldo Saenz, R.Ph.*
6.Brookdale Place of Albuquerque LLLC *4910 Tramway Bridge Drive NE* *Albuquerque, NM 87111*	*New* *Ronald Lujan, R.Ph.*
7.Brookdale Place of Albuquerque LLLC *4900 Tramway Bridge Drive NE* *Albuquerque, NM 87111*	*New* *Ronald Lujan, R.Ph.*
8.Con Carino Assisted Living Facility *813 4th Street* *Las Vegas, NM 87701*	*New* *Eloy Aragon, R.Ph.*
9.Eddy County Juvenile Detention *202 N Main* *Carlsbad, NM 88220*	*New* *Clover Wagner, R.Ph.*
10.Halo Haven LLC *6108 Costa Blanca Avenue NW* *Albuquerque, NM 87114*	*New* *Keun Kyu Yi, R.Ph.*
11.Medical Resort at Fiesta Park *8820 Horizon Blvd NE* *Albuquerque, NM 87113*	*New* *Annabel Roberts, R.Ph.*
12.Morocco House *11316 Morocco NE* *Albuquerque, NM 87111*	*New* *Lori Carabajal, R.Ph.*
13.Preferred Assisted Living *Country Sunset* *1163 Canal Street* *Haten, NM 87737*	*New* *Scott Wallace*
14.Ramah Care Services Inc *1120 Burke Drive* *Gallup, NM 87301*	*New* *Perry Storey, R. Ph.*

15.Ramah Care Services Inc *1118 Burke Drive* *Gallup, NM 87301*	*New* *Perry Storey, R. Ph.*
PHARMACY /HOSPITAL	***PHARMACIST IN CHARGE***
1.Albuquerque-AMG Specialty Hospital *235 Elm Street NE* *Albuquerque, NM 87102*	*Change of Ownership* *David King, R.Ph.*
2.ESI Express Scripts *4500 Alexander Blvd NE* *Albuquerque, NM 87107*	*Remodel* *Henna Griego, R.Ph.*
3.Farmington Community Health Center Pharmacy *1001 West Broadway* *Farmington, NM 87401*	*Remodel* *Wesley Langner, R.Ph.*
4.Lovelace Health System Inc *DBA Roswell Regional Hospital* *117 E 19th Street* *Roswell, NM 88201*	*Change of Ownership* *Karen Snow, R.Ph.*
5.Phil's Pill *5510 Lomas NE* *Albuquerque, NM 87110*	*Remodel* *Phil Griego, R.Ph.*
6.Presbyterian High Resort Infusion Center *4100 High Resort Blvd* *Rio Rancho, NM 87124*	*New* *Anna Marie Garcia, R.Ph.*
7.Safeway Pharmacy *415 N Main Street* *Aztec, NM 87410*	*Remodel* *William Beyhan, R.Ph.*
8.Safeway Pharmacy *3540 E Main Street* *Farmington, NM 87401*	*Remodel* *Jennifer Beyhan, R.Ph.*
NON-RESIDENT PHARMACY	***PHARMACIST IN CHARGE***
1.CJ Pharmacy II *422 Main Street* *Sterling, CO 80751*	*New* *Janae Lock, R.Ph.*
2.Drugcrafters *3550 Parkwood Blvd Bldg F Suite 630* *Frisco, TX 75034*	*New* *James Jones, R.Ph.*
3.Elite Rx LLC *135 Gemini Circle Suite 201* *Birmingham, AL 35209*	*New* *Leticia Creasey, R.Ph.*
4.Florida Discount Drugs Inc *DBA Taylors Pharmacy* *1021 W Fairbanks Avenue* *Winter Park, FL 32789*	*New* *Michael Johnson, R.Ph.*

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5.Home Choice Partners Inc *5365 Robin Hood Road #200* *Norfolk, VA 23513*	*New* *Regina Baker, R.Ph.*
6.Linden Care LLC *123 Eileen Way* *Syosset, NY 11791*	*New* *Jordan Fogal, R.Ph.*
7.Miami Executive Pharmacy Inc *7400 North Kendall Drive Suite 100* *Miami, FL 33156*	*New* *Beatriz Corredeira, R.Ph.*
8.MicroPharmX *311 N Arthur* *Amarillo, TX 79107*	*Change of Ownership* *Peter Verven, R.Ph.*
9.Minu Rx LTD *DBA Memorial Compounding Rx* *Houston, TX 77004*	*New* *Khyati Mohamed, R.Ph.*
10.MWI Veterinary Supply Company *311 N Arthur* *Amarillo, TX 79107*	*New* *Peter Verven, R.Ph.*
11.Nevada IRX LLC *DBA Ascend Specialty Rx* *6330 S Sandhill Road #12* *Las Vegas, NV 89120*	*New* *Margaret Bender, R.Ph.*
12.NuVision Pharmacy Inc *4001 McEwen Road Suite* *Dallas, TX 75244*	*New* *Lloyd Neal, R.Ph.*
13.People's Choice Pharmacy *7142 N University Drive* *Tamarac, FL 33321*	*New* *Daniel Singer, R.Ph.*
14.Pharmacy Resources Incorporated *5290 East Yale Circle Suite* *Denver, CO 80222*	*New* *Gregg Pederson, R.Ph.*
15.Precision Specialty Pharmacy *2775 S Jones Blvd #100A* *Las Vegas, NV 89146*	*New* *Billy Wong, R.Ph.*
16.Prescription Corporation of America *66 Ford Road Suite 230* *Denville, NJ 07834*	*New* *Eric Goldstein, R.Ph.*
17.Prescriptions Plus Inc *3361 Fairlane Farms Road* *Wellington, FL 33414*	*New* *Ani Rotomyan, R.Ph.*

18.Senderra Rx Partners LLC — *New*
1301 E Arapaho Road Suite 101 — *Tommy Phillips, R.Ph.*
Richardson, TX 75081

19.Specialty Pharmacy Management LLC — *New*
DBA Reliance RX — *Amy Bridget Nash, R.Ph.*
45 Earhart Drive
Amherst, NY 14221

20.Sinu Topic Inc — *Change of Ownership*
755 Lakefield Road Unit D — *George Suarez, R.Ph.*
Westlake Village, CA 91361

21.Talon Compounding Pharmacy — *New*
2950 Thousand Oaks Drive #25 — *Christopher Good, R.Ph.*
San Antonio, TX 78247

22.Texas Compounding Pharmacy — *New*
5300 Bee Cave Road Building 3 Suite 100 — *Andrea Ruiz, R.Ph.*
Austin, TX 78746

23.Tobin Drug Store — *New*
DBA Pencol Compounding Pharmacy — *Susan Davenport, R.Ph.*
1325 S Colorado Blvd Suite B 024
Denver, CO 80222

24.Walgreen Arizona Drug Co — *New*
14418 W Meeker Blvd Suite 101 — *Jenny Watters, R.Ph.*
Sun City West, AZ 85375

25.Walgreen Co — *New*
14901 NW 79th Court — *Gregory Gamble, R.Ph.*
Miami Lakes, FL 33016

26.Vet Approved Rx — *New*
14675 Hwy 194 — *Josh Regel, R.Ph.*
Oakland, TN 38060

27.Wells Pharmacy Network LLC — *New*
11120 S Crown Way Suite 11 — *Holly Neary, R.Ph.*
Wellington, FL 33414

SELLER/DISPENSER OF CONTACT LENSES

1.Jewelry Box Stores Inc — *New*
DBA Eve's
700 S Telshor Blvd #1406
Las Cruces, NM 88011

2.Trend One — *New*
6211 4th Street NW #14
Albuquerque, NM 87107

DRUG WAREHOUSE

Miners' Colfax Medical Center — *New*
200 Hospital Drive
Raton, NM 87740

WHOLESALER/BROKER

1.Acme Delivery Service Inc — *New*
18101 E Colfax Avenue
Aurora, CO 80011

2.Affymax Inc — *New*
4001 Miranda Avenue
Palo Alto, CA 94304

3.ApoPharma USA Inc — *New*
9605 Medical Center Drive Suite 390
Rockville, MD 20850

4.Bayshore Pharmaceuticals LLC — *New*
51 JFK Parkway 1st Floor West
Short Hills, NJ 07078

5.Cephalon Inc — *New*
41 Moores Road
Frazer, PA 19355

6.Ceptaris Therapeutics Inc — *New*
101 Linden Wood Drive Suite 400
Malvern, PA 19355

7.Corcept Therapeutics Incorporated — *New*
149 Commonwealth Drive
Menlo Park, CA 94025

8.Discus Dental LLC — *New*
1700A South Baker Drive
Ontario, CA 91761

9.DSC Logistics Inc — *New*
140 Greenwood Industrial Parkway
McDonough, GA 30253

10.Excel Inc — *New*
699 Kapkowski Road
Elizabeth, NJ 07201

11.Exel Inc — *New*
500 Independence Avenue
Mechanicsburg, PA

12.FidoPharmBrands LLC — *New*
777 Township Line Road Suite 170
Yardley, PA 19067

13.Galen US Incorporated — *New*
25 Fretz Road
Souderton, PA 18964

14.Genesis Pharmaceutical Inc — *New*
1710 Whitney Mesa Drive
Henderson, NV 89014

15.Independence Pharmaceuticals LLC — *New*
10 West 4th Street
Newport, KY 41071

16.Inogen Inc — *New*
326 Bollay Drive
Goleta, CA 93117

17.MAP Pharmaceuticals Inc — *New*
420 International Blvd #500
Brooks, NY 40109

18.Medline Industries Inc — *New*
8001 SW 47th Street
Oklahoma City, OK 73179

19Medline Industries Inc — *New*
1089 E Mill Street
San Bernardino, CA 92408

20.Pacific Pharma Inc — *New*
1800 Waters Ridge Drive #100
Lewisville, TX 75057

21.Photocure Inc — *New*
202 Carnegie Center Suite 204
Princeton, NJ 08540

22.Prestium Pharma Inc — *New*
272E Deerpath Road Suite 350
Lake Forest, IL 60045

23.Prinston Pharmaceuticals Inc — *New*
2002 Eastpark Blvd
Cranbury, NJ 08512

24.Renaissance Pharma Inc — *New*
272 E Deerpath Road Suite 350
Lake Forest, IL 60045

25.Royal Pharmaceuticals LLC — *New*
2317 Hwy 34 Suite 1D
Manasquan, NJ 08736

26.Santa Cruz Biotechnology Inc — *New*
3600 Dry Creek Road
Paso Robles, CA 93446

27.Slate Pharmaceuticals Inc — *New*
318 Blackwell Street Suite 240
Durham, NC 27701

28.Specialty Wholesale Industries — *New*
428 Louisiana SE A-3
Albuquerque, NM 87108

29.Slate Pharmaceuticals Inc — *New*
633 Davis Drive Suite 100
Morrisville, NC 27560

30.Sucampo Pharma Americas Inc — *New*
15 Ingram Blvd
La Vergen, TN 37086

31.Theracom — *Change of Ownership*
9717 Key West Avenue
Rockville, MD 20850

32.Tri-Anim Health Services Inc — *New*
11010 Strang Line Road
Lenexa, KS 66215

33.VWR International Lane — *New*
8711 Riggin Avenue
Visalia, CA 93291

b) Pharmacist Clinicians

Motion: Recommendations and PhC certification approved for Aerin Greco and Shanelle Scalesy. Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley, board voted unanimously to pass the motion.

The board will table discussion for Tom White and Frank Latino until Tuesday April 13, 2012 when Mr. Kirk Irby is present.

On Friday April 13, 2012 Mr. Irby was in attendance and discussed referring the protocols for Tom White and Frank Latino back to the credentialing committee for further evaluation.

Mr. Irby also stated that approval of protocols should reflect evidence based medicine. The board was in agreement.

Motion: Motion was made by Ms. Mendez-Harper, seconded by Mr. Carrier to attach the application list to the minutes, board voted unanimously to pass the motion.

6. MTP Report* (Approximately 9:30 a.m.)

Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley to go into closed session to discuss the MTP report, Mr. Carrier, Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Chairman Mazzoni, voted unanimously to pass the motion.

The board went back into open session and the only issue discussed was the MTP report.

7. 10:00 a.m. Rule Hearings:

The Chairman Mr. Mazzoni opened the hearing at 10:00 a.m. and took roll call, present were Mr. Carrier, Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, and Mr. Nunley.

The Chairman presented the notice of hearing as exhibit #1, proposed amendment language for 16.19.23 NMAC and 16.19.20 NMAC as exhibit #2, and the attendance sheet as exhibit #3.

Mr. Harvey stated that he has not received any written comments from the public.

The board discussed the amendments presented and approved the language as presented.

a. 16.19.23 Parental Responsibility:

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 19 PHARMACISTS
PART 23 PARENTAL RESPONSIBILITY ACT COMPLIANCE

16.19.23.1 ISSUING AGENCY: Regulation and Licensing Department - Board of Pharmacy, ~~1650 University Blvd, NE - Ste. 400B, Albuquerque, NM 87102, (505) 841-9102.~~

16.19.23.2 SCOPE: All licensed pharmacists and pharmacist applicants subject to licensure by the Board of Pharmacy.

16.19.23.3 STATUTORY AUTHORITY: Section 61-11-6.A(1) Pharmacy Act directs the State Board of Pharmacy to adopt, regularly review and revise rules and regulations necessary to carry out the provisions of the Pharmacy Act after hearings open to the public. The Board adopts this Part pursuant to the Parental Responsibility Act (Ch. 25, Laws of 1995) which requires all professional licensing boards to promulgate rules and regulations to implement the Parental Responsibility Act.

16.19.23.4 DURATION: Permanent

16.19.23.5 EFFECTIVE DATE: October 14, 1995, unless a later date is cited at the end of a Section or Paragraph.

16.19.23.6 OBJECTIVE: The objective of Part ~~24~~ 23 of Chapter 19 is to ensure that pharmacists, pharmacist interns, pharmacy technicians, all registrants pursuant to the Controlled Substances Act, Pharmacy Act, Drug Precursor Act and any other individual(s) licensed by, and applicants for ~~pharmacist~~ licensure from, the Board of Pharmacy comply with the Parental Responsibility Act (Ch. 25, Laws of 1995)~~.~~.

16.19.23.7 DEFINITIONS:

A. HSD means the New Mexico Human Services Department;

B. Statement of Compliance means a certified statement from HSD stating that an applicant or licensee is in compliance with a judgment and order for support; and

C. Statement of Non-compliance means a certified statement from HSD stating that an applicant or licensee is not in compliance with a judgment and order for support.

16.19.23.8 DISCIPLINARY ACTION: If an applicant or licensee is not in compliance with a judgment and order for support, the Board:

A. shall deny an application for a license;

B. shall deny the renewal of a license; and

C. has grounds for suspension or revocation of the license.

16.19.23.9 CERTIFIED LIST: ~~Upon receipt of HSDs HSD's certified list of obligors not in compliance with a judgment and order for support, the Board shall match the certified list against the current list of Board licensees and applicants. Upon the later receipt of an application for license or renewal, the Board shall match the applicant against the current certified list. By the end of the month in which the certified list is received, the Board shall report to HSD the names of Board applicants and licensees who are on the certified list and the action the Board has taken in connection with such applicants and licensees.~~ HSD shall provide the Board with a certified list of obligors not in compliance with a judgment and order for support or subpoenas or warrants relating to paternity or child support proceedings within ten calendar days after the first day of each month. By the end of the month in which the certified list is received, the Board shall report to the department the names of applicants and licensees who are on the list and the action the board has taken in connection with such applicants and licensees.

16.19.23.10 INITIAL ACTION: Upon determination that an applicant or licensee appears on the certified list, the Board shall commence a formal proceeding under section 13 to take the appropriate action under section ~~9~~8; or for current licensees only, informally notify the licensee that the licensees name is on the certified list, and that the licensee must provide the Board with a subsequent Statement of Compliance from HSD by the earlier of the application for license renewal or a specified date not to exceed 60 days. If the licensee fails to provide this statement, the Board shall commence a formal proceeding under section 14.

16.19.23.11 NOTICE OF CONTEMPLATED ACTION: Prior to taking any action specified in section 9, the Board shall serve upon the applicant or licensee a written notice stating that the Board has grounds to take such action, and that the Board shall take such action unless the licensee or applicant mails a letter (certified mail return receipt requested) within twenty (20) days after service of the notice requesting a hearing; or provides the Board, within thirty (30) days of the date of the notice, with a Statement of Compliance from HSD; and if the applicant or licensee disagrees with the determination of non-compliance, or wishes to come into compliance, the applicant or licensee should contact the HSD Child Support Enforcement Division.

16.19.23.12 EVIDENCE AND PROOF: In a hearing under this Section, relevant evidence is limited to the following:

A. A Statement of Non-compliance is conclusive evidence that requires the Board to take the appropriate action under section 11 of this part, unless

B. The applicant or licensee provides the board with a subsequent Statement of Compliance which shall preclude the Board from taking any action under this Part.

16.19.23.13 ORDER: When a disciplinary action is taken under this Part solely because the applicant or licensee is not in compliance with a judgment and order for support, the order shall state that the application or license shall be reinstated upon presentation of a subsequent Statement of Compliance. The Board may also include any other conditions necessary to comply with Board requirements for reapplications or reinstatement of lapsed licenses.

16.19.23.14 PROCEDURES: Proceedings under this Part shall be governed by the Uniform Licensing Act, Section 61-1-1, et seq.

Motion: Motion was made by Mr. Cross, seconded by Ms. Buesing to approve the language as presented, board voted unanimously to pass the motion.

b. 16.19.20.65C Synthetic Cannabinoids:

16.19.20.65 SCHEDULE I:

C(32) Synthetic cannabinoids: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture of preparation which contains any quantity of the following synthetic cannabinoids which

demonstrates binding activity to the cannabinoid receptor or analogs or homologs with binding activity:

(a) CP 55,244 ((hydroxymethyl)-4-[2-hydroxy-4-(2-methyloctan-2-yl)phenyl] 1,2,3,4,4a,5,6,7,8,8a-decahydronaphthalen-2-ol)
(b) CP 55,940 (5-hydroxy-2-(3-hydroxypropyl) cyclohexyl]-5-(2-methyloctan-2-yl)phenol)
(c) JWH-081 (1-pentyl-3-[1-(4-methoxynaphthoy)]indole)
(d) JWH-122 (1-pentyl-3-(4-methyl-1-naphthoyl)indole)
(e) JWH-133 3-(1,1-dimethylbutyl)-6a,7,10,10a-tetrahydro -6,6,9-trimethyl-6H dibenzo[b,d]pyran
(f) JWH 203 1-pentyl-3-(2-chlorophenylacetyl)indole)
(g) JWH 210 4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone
(h) AM-694 (1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole)
(i) AM-1221 (1-(N-methylpiperdin-2-yl)methyl-2-methyl-3-(1-naphthoyl)-6-nitroindole
(j) AM-2201 (1-(5-fluoropentyl)-3-(1-naphthoyl)indole)
(k) RCS-4 or SR-19 (1-pentyl-3-[(4-methoxy)-benzoyl]indole)
(l) RCS-8 or SR-18 (1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole)
(m) JWH-210 (1-pentyl-3-(4-ethylnaphthoyl)indole)
(n) WIN-49,098 (Pravadoline) (4-methoxyphenyl)-[2-methyl-1-(2-morpholin-4-ylethyl)indol-3-yl]methanone
(o) WIN-55,212-2 (2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo-1,4-benzooxazin6-yl)-1-naphthalenylmethanone)

(p) Any of the following synthetic cannabinoids, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

(i) Naphthoylindoles: Any compound containing a 3-(1- naphthoyl) indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-015, JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-210, JWH-398 and AM-2201;

(ii) Naphthylmethylindoles: Any compound containing a1Hindol- 3-yl-(1-naphthyl) methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-175, JWH-184, and JWH-199;

(iii) Naphthoylpyrroles: Any compound containing a 3-(1- naphthoyl) pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-307;

(iv) Naphthylmethylindenes: Any compound containing a naphthylideneindene structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-176;

(v) Phenylacetylindoles: Any compound containing a 3- phenylacetylindole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent including, but not limited to, JWH-203, JWH-250, JWH-251, and RCS-8;

(vi) Cyclohexylphenols: Any compound containing a 2-(3- hydroxycyclohexyl) phenol structure with substitution at the 5- position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not substituted in the cyclohexyl ring to any extent including, but not limited to, Cannabicyclohexanol (CP 47,497 C8 homologue), CP 47,497 and CP 55,490

(vii) Benzoylindoles: Any compound containing a 3-(benzoyl) [5] OTS-3833.4 indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4- morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent including, but not limited to, AM-694, Pravadoline (WIN 48,098), RCS-4, and AM-1241;

Motion: Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley to approve the language as presented, Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, and Mr. Mazzoni voted yes, and Mr. Carrier voted no. The motion was passed.

Proposed changes/additions are underlined. Proposed deletions are struck through. Public and professional comments are welcome. Please submit comments to the board through written correspondence within 15 days before the board meeting, fax number 505-222-9845, email William.Harvey@state.nm.us or mail to 5200 Oakland Ave. NE Suite A, Albuquerque, NM 87113.

Interested persons may testify in person at the rule hearing. Please bring at least 15 copies of any handout you wish to distribute to the board.

8. 1:00 p.m. Stipulated or Settlement Agreements/Surrenders/Default Hearings and Orders*

The board asked to go into closed session to discuss the surrenders being presented.

Motion: Motion was made by Ms. Harper, seconded by Mr. Anderson to go into closed session,

a. Case 2012-016 CS Surrender – Rustemeyer:

Motion: Accept voluntary surrender. Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley, board voted unanimously to pass the motion.

b. Case 2012-014 PT Surrender – Loud:

Motion: Accept voluntary surrender. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

c. Case 2012-004 PT Surrender – Wright:

Motion: Accept voluntary surrender. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass the motion.

9. Committee Reports:

Tele-Pharmacy Committee: No report at this time.

Pharmacist Practice Committee: Ms. Mendez-harper stated that the committee met twice and discussed proposed amendments for the following rules;

Meeting Minutes of NM Board of Pharmacy : Pharmacy Practice Committee

February 28, 2012 5:30 – 7:10 PM NM Board of Pharmacy Conference Room

Present: Lugina Mendez-Harper, Joe Anderson, Frances Lovett, Jennifer Ortega, Kristina Wittstrom, Ernest Dole, Dale Tinker, Adela Padilla, Cheranne McCracken, Bill Harvey.

Agenda Items and Actions
Committee Overview

1.1.1 Committee Overview Handout
Chair Harper presented informational packets defining the committee charge and the layout of items to be considered by the committee.

1.1.2 Contact Information
A member contact information sheet was passed to for updates and corrections.

1.1.3 Committee Secretary
KWittstrom volunteered to serve as the committee secretary. Meetings will be electronically recorded and the recording synthesized into suitable record of activities and decisions

Previously Discussed Items
Previously discussed items are presented for confirmation of the decisions.

(1) Public Speaking Documentation
The committee concurs that no documentation is necessary for public speaking events in that no patient-provider relationship exists and there is no provision of pharmaceutical care.

(2) Pharmacist-ordered lab testing

A. 16.19.4.16 section B provided in the meeting handout.
   - The committee concurred on the recommended wording.
   - The committee recommends the addition of definitions for
     i. CLIA waiver
     ii. CLIA waived test

B. 16.19.4.17 section D provided in the meeting handout.
   - The committee recommends adding a separate section (4)(b)(ii) to read: 'Ordering of lab data and other tests necessary for monitoring of drug therapy.'
   - The committee recommends changing the current section (4)(b) (ii) to (4)(b)(iii) while leaving the wording as it currently stands.

C. The committee recommends that the proposed changes suggested in B above be forwarded to the Pharmacist Clinician Committee for review and acceptance of wording.

D.

Tabled Items

Brown Bag Event Documentation
Feedback from NMPhA: Brown bag events provide a service to the public that may be inhibited by restrictive regulation particularly if patient specific records are required. There is no patient relationship and the service provider should not be required to keep records.
Extensive discussion summarized three key points as recommendations:

1. Drug information services, including brown bag events, are to be provided only by a registered pharmacist or pharmacy intern.

Brown bag events fall into the category of pharmacist practice independent of a licensed pharmacy and should be added to that area of regulation.

2. Patient participants in brown bag events must be provided with name of individual providing the service. [E.g. This service provided to you by John Brown, Pharm D on (date)]
Neither the pharmacist providing the service nor the organization sponsoring the event, are required to collect or maintain patient specific records.

3. Pharmacists providing services should document participation as part of ongoing record of professional activity. Brown bag events should be recorded by individual practitioners as evidence of maintenance of competency, or at a minimum evidence of active participation in the practice of pharmacy.

CMcCracken & LHarper will explore potential placement of recommendations within the regulations or add the recommendations to other topics for future discussion as appropriate.

March 28, 2012 5:00 – ~7:00 PM NM Board of Pharmacy Conference Room

Present: LuGina Mendez-Harper, Joe Anderson, Frances Lovett, Jennifer Ortega, Kristina Wittstrom, Ernest Dole, Dale Tinker, Adela Padilla, Cheranne McCracken, Traci White (remote)

Agenda Items and Actions

I. February Minutes
Approved with correction of name spelling for Frances Lovett.

II.a Pharmacist-ordering lab tests

16.19.4.16 B. (6)a items i and ii accepted as written in provided handout

16.19.4.17 D.(4)(b) ii correct to read: ordering of lab data and other tests appropriate for monitoring drug therapy

16.19.4.17 (4)(b) iii correct to read: procedures, decision criteria or plan the pharmacist clinician is to follow when exercising prescriptive authority

Approved corrections will be made and forwarded to Pharmacist Clinician Committee for review and approval.

II.b Brown bag event

16.19.4.16 RESPONSBILITES OF PHARMACIST AND PHARMACIST INTERNS
Add: (7) drug regimen review, as defined in 61-11-2L

Suggest: (8) Professional consultation, without dispensing, will require that the patient be provided with the identification of the pharmacist or pharmacy intern providing the service.

[Intended to limit the provision of services such as brown bag events, health fairs, drug screening etc to pharmacists or pharmacy interns and require that patients be provided with the identification of individuals providing the services]

III.a Definition of Pharmacy Practice

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 able to demonstrate to the Board said competence in the practice of pharmacy, shall be issued an active license. Records of continuing education or continuous professional development shall be maintained and available for inspection by the Board or the Board's agent.

The committee recommends amending 16.19.4.14 to the above

Discussion included: (1) 80 hours aggregate does not assure competency; (2) each pharmacist must maintain a level of competency suitable for their practice; (3) it is the responsibility of each pharmacists to record continuing education and other activities that demonstrate an active and ongoing effort to maintain competency; (4) a requirement to maintain competency has no exemptions [remove items A-E should be included under X. Practice of Pharmacy]; (5) determination of competency (or incompetency) is determined, as and when needed, by the Board or its agents; (6) this regulation pertains to active status for purposes of license renewal; (7) focus is on competency.

16.19.4.7 DEFINITIONS: X "Practice of pharmacy"

The practice of pharmacy includes continually optimizing patient safety, wellness, and quality of services through the effective use of emerging technologies and competency-based and performance-based training. Such practice may include, but is not limited to:

1. Traditional dispensing
2. Specialty practice
3. Inspectors
4. Management of pharmacy services
5. Provision of medication therapy management services
6. Et al.

There was consensus on the first statement as written above. Concern about examples for clarity is to be addressed the second statement followed by examples of current types of pharmacy practice. CMcCracken and LHarper to prepare details for review at the next meeting.
Submitted by KWittstrom

Brown bag proposed language.

16.19.4.16 RESPONSIBILITIES OF PHARMACIST AND PHARMACIST INTERN:

A. The following responsibilities require the use of professional judgment and therefore shall be performed only by a pharmacist or pharmacist intern:

(1) receipt of all new verbal prescription orders and reduction to writing;

(2) initial identification, evaluation and interpretation of the prescription order and any necessary clinical clarification prior to dispensing;

(3) professional consultation with a patient or his agent regarding a prescription;

(4) evaluation of available clinical data in patient medication record system;

(5) oral communication with the patient or patient's agent of information, as defined in this section under patient counseling, in order to improve therapy by ensuring proper use of drugs and devices;

(6) professional consultation with the prescriber, the prescriber's agent, or any other health care professional or authorized agent regarding a patient and any medical information pertaining to the prescription.

(1) <u>drug regimen review, as defined in 61-11-2L;</u>

<u>professional consultation, without dispensing, will require that the patient be provided with the identification of the pharmacist or pharmacist intern providing the service.</u>

Pharmacist Ordering of Lab Data

16.19.4.16 RESPONSIBILITIES OF PHARMACIST AND PHARMACIST INTERN:

B. Only a Pharmacist Shall Perform The Following Duties:

(5) any verbal communication with a patient or patient's representative regarding a change in drug therapy or performing therapeutic interchanges (i.e. drugs with similar effects in specific therapeutic categories); this does not apply to substitution of generic equivalents;

(6) Ordering of laboratory data by pharmacists:

a. Pharmacists may order laboratory data available to patients over-the-counter (including CLIA-waived tests).

i. CLIA waiver: Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver granted by the Centers for Medicare & Medicaid Services (CMS) in order to perform CLIA-waived tests.

ii. A list of approved CLIA-waived tests can be found on the CMS website.

b. A pharmacist may order laboratory data as part of a patient care plan (including CLIA-waived tests) and is responsible for ensuring laboratory results are interpreted in a timely manner, and patient referred for appropriate evaluation and treatment if warranted based on abnormal results. Pharmacists ordering laboratory data shall have access to the results (e.g. on-line, from entity processing results) to ensure timely result interpretation.
c. Documentation of laboratory data ordered, and results including follow up, shall be maintained for a period of 3 years and available for inspection by the board or board's agent upon request. Documentation may be electronic, and must be made available to the board or board's agent within 72 hours of request.
i. Exempted from 3 year record availability requirement: point of care testing (i.e. CLIA-waived) testing as part of a community service.
d. Exempted: when a patient obtains an over-the-counter laboratory test, not ordered by pharmacist.
(7) any other duty required of a pharmacist by any federal or state law.

16.19.4.17 PHARMACIST CLINICIAN:

D. Prescriptive authority, guidelines or protocol:

(1) Only a registered pharmacist clinician with current protocols, registered with the New Mexico medical board or the New Mexico board of osteopathic medical examiners, may exercise prescriptive authority.
(2) A pharmacist clinician seeking to exercise prescriptive authority shall submit an application to the board. The application must include the supervising physicians' name and current medical license, protocol of collaborative practice and other information requested by the board. A pharmacist may submit the application with the initial application for certification or as a separate application after becoming certified and registered as a pharmacist clinician.
(3) The protocol will be established and approved by the supervising physician as set forth in these regulations and will be kept on file at each practice site of the pharmacist clinician and with the board.
(4) The protocol must include:
(a) name of the physician(s) authorized to prescribe dangerous drugs and name of the pharmacist clinician;
(b) statement of the types of prescriptive authority decisions the pharmacist clinician is authorized to make, including, but not limited to:
(i) types of diseases, dangerous drugs or dangerous drug categories involved and the type of prescriptive authority authorized in each case;
(ii) ordering of lab data and other tests appropriate for monitoring of drug therapy
(iii) procedures, decision criteria or plan the pharmacist clinician is to follow when exercising prescriptive authority;

Pharmacist CE Committee: No report at this time.

Pharmacist Clinician Committee: No report at this time.

Emergency Preparedness Committee: No report at this time. Ms. Amy Buesing suggested that discussions regarding concerns surrounding mass prescribing, handling and dispensing of medications during emergency situations should be addressed.

Board of Pharmacy/Chiropractic Formulary Committee: Proposed Drug Formulary: Mr. Anderson stated that the committee has not had a formal meeting. Ms. Mary Smith stated that an order granting motion for stay by the Appeals Court was filed 2/27/12 and in addition the board appointed Mr. Anderson and Mr. Mazzoni to represent the board at the last board meeting to appear at the mediation. Ms. Smith complimented Mr. Anderson, Mr. Mazzoni and Mr. Harvey on their credible knowledge and substance presented during the mediation process.

Board of Pharmacy/BAOM Education Committee: No report at this time.

Pharmacy Technician Committee: Mr. Cross stated that the committee will discuss proposed language regarding the roles and responsibilities of the technicians, pharmacists and support personnel, offering counseling or not.

Substance Abuse/Harm Reduction Committee: Proposed changes to NMAC 16.19.4, proposed changes to NMAC 16.19.20, and proposed changes to 16.19.29: Ms. Saavedra-Shean presented proposed language for rules 16.19.4 NAMC, 16.19.20 NMAC and 16.19.29 NMAC, all of which the board agreed to refer back to the committee for further preparation.

16.19.29 NMAC proposed language:

16.19.29.7 DEFINITIONS:

A. "Controlled substance" has the meaning given such term in 30-31-2 NMSA.

B. "Board of pharmacy" means the state agency responsible for the functions listed in 16.19.29.8 NMAC.

C. "Patient" means the person or animal who is the ultimate user of a drug for whom a prescription is issued and for whom a drug is dispensed.

D. "Dispenser" means the person who delivers a schedule II - V controlled substance as defined in Subsection E to the ultimate user, but does not include the following:
(1) a licensed hospital pharmacy that distributes such substances for the purpose of inpatient hospital care;
(2) a practitioner, or other authorized person who administers such a substance; or
(3) a wholesale distributor of a schedule II - V controlled substance;
(4) clinics, urgent care or emergency departments dispensing no more than 12 dosage units to an individual patient within a 72 hour period.

E. "Schedule II, III, IV and V controlled substance" means substances that are listed in schedules II, III, IV, and V of the schedules provided under 30-31-5 to 30-31-10 of NMSA or the federal controlled substances regulation (21 U.S.C. 812).

F. "Report" means a compilation of data concerning a patient, a dispenser, a practitioner, or a controlled substance.
[16.19.29.7 NMAC - N, 07-15-04; A, 06-11-11]

16.19.29.8 REQUIREMENTS FOR THE PRESCRIPTION MONITORING PROGRAM:

A. The board shall monitor the dispensing of all schedule II, III, IV and V controlled substances by all pharmacies licensed to dispense such substances to patients in this state.

B. Each dispenser shall submit to the board by electronic means information regarding each prescription dispensed for a drug included under Subsection A of this section. Information to be reported shall conform to the standards developed by the American society for automation in pharmacy (ASAP) and published in the "ASAP telecommunications format for controlled substances", 2009 4.1 edition. Information submitted for each prescription shall include:
(1) dispenser DEA number;
(2) date prescription filled;
(3) prescription number;
(4) whether the prescription is new or a refill;
(5) NDC code for drug dispensed;
(6) quantity dispensed;
(7) patient name;
(8) patient address;
(9) patient date of birth;
(10) prescriber DEA number;
(11) date prescription issued by prescriber;
(12) and payment classification.

C. Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board; but shall report at least every seven days. The executive director shall have the authority to approve alternate submission schedules. A record of each controlled substance prescription dispensed must be transmitted to the boards' agent by computer modem.
[16.19.29.8 NMAC - N, 07-15-04; A, 06-11-11]

16.19.29.9 ACCESS TO PRESCRIPTION INFORMATION:

A. Prescription information submitted to the board shall be confidential and not subject to public or open records laws, except as provided in Subsections C, D and E of 16.19.29.9 NMAC.

B. The board shall maintain procedures to ensure that the privacy and confidentiality of patients and patient information collected, recorded, transmitted, and maintained is not disclosed to persons except as in Subsection C, D, and E of this 16.19.29.9 NMAC.

C. After receiving a complaint, the board inspectors shall review the relevant prescription information. If there is reasonable cause to believe a violation of law or breach of professional standards may have occurred, the board shall notify the appropriate law enforcement or professional licensing, certification or regulatory agency or entity, and provide prescription information required for an investigation.

D. The board will establish written protocols for reviewing the prescription data reported. These protocols will be reviewed and approved by the board as needed but at least once every calendar year. These protocols will define information to be screened, frequency and thresholds for screening and the parameters for using the data. Data will be used to notify providers, patients and pharmacies to educate, provide for patient management and treatment options.

E. The board shall be authorized to provide data in the prescription monitoring program to the following persons:

(1) persons authorized to prescribe or dispense controlled substances, for the purpose of providing medical or pharmaceutical care for their patients;

(2) an individual who request's their own prescription monitoring information in accordance with procedures established under 61-11-2.D NMSA, 1978 and Subsection G of 16.19.6.23 NMAC;

(3) New Mexico medical board, New Mexico board of nursing, New Mexico board of veterinary medicine, New Mexico board of dental health care, board of examiners in optometry, osteopathic examiners board, acupuncture & oriental medicine board, and podiatry board for their licensees;

(4) professional licensing authorities of other states if their licensees practice in the state or prescriptions provided by their licensees are dispensed in the state;

(5) local, state and federal law enforcement or prosecutorial officials engaged in an ongoing investigation of an individual in the enforcement of the laws governing licit drugs;

(6) human services department regarding medicaid program recipients;

(7) metropolitan, district, state or federal court(s) under grand jury subpoena or criminal court order;

(8) personnel of the board for purposes of administration and enforcement of this regulation, or 16.19.20 NMAC or;

(9) the controlled substance monitoring program of another state or group of states with whom the state has established an interoperability agreement;

(10) a parent to have access to the prescription records about his or her minor child, as his or her minor child's personal representative when such access is not inconsistent with state or other laws.

(11) The board shall use de-identified data obtained from the prescription drug monitoring database to identify and report to state and local public health authorities the geographic areas of the state where anomalous prescribing, dispensing or use of controlled substances is occurring.

(12) The board shall share prescription drug monitoring database data with the department of health for the purposes of tracking inappropriate prescribing and misuse of controlled substances, including drug overdose.

F. The board shall provide data to public or private entities for statistical, research, or educational purposes after removing information that could be used to identify individual patients and persons who have received prescriptions from dispensers.

[16.19.29.9 NMAC - N, 07-15-04; A, 06-11-11]

16.19.29.10 REPORTS: A written request will be filed with the board prior to release of a report.

A. Persons listed in Paragraphs (1) through (10) of Subsection E of 16.19.29.9 NMAC must submit a written request listing the information for the report.

B. Reports will be prepared and delivered to the requesting person via U.S. mail, facsimile, or other electronic means.

C. Reports may be provided by secured electronic means after verification of electronic request.

D. The program will produce reports for the board that evaluate the effectiveness of the program and assist in identifying diversion of controlled substances. The program will produce statistical reports to evaluate the dispensing of controlled substances and utilization of the program. These reports will be able to provide data on:

(1) number of solicited reports from prescribers for a specified time period;
(2) number of solicited reports from a specified prescriber for a specified time period;
(3) number of solicited reports from pharmacies for a specified time period;
(4) number of solicited reports from a specified pharmacy for a specific time period;
(5) number of solicited reports from other unauthorized individuals for a specified time period;
(6) number of individuals receiving a prescription for a specified schedule for a specified time period;
(7) threshold report of number of individuals receiving a prescription for a specified schedule from 6 or more prescribers or 6 or more pharmacies within a specified time period;
(8) number of solid dosage units for a specified schedule for pain relievers, tranquilizers, stimulants and sedatives for a specified time period;
(9) list of individual prescriptions for a specified zip-code or state code;
(10) number of prescriptions for a specified zip-code;
(11) number of dosage units for a specified drug and specified zip-code.

E. The board shall receive a quarterly program outcomes report from staff or contractors. A statistical analysis of the data that does not include protected information should be reported on the web site or in the newsletter.

[16.19.29.10 NMAC - N, 07-15-04; A, 06-11-11]

16.19.29.11 AUTHORITY TO CONTRACT: The board is authorized to contract with another agency of this state or with a private vendor, as necessary, to ensure the effective operation of the prescription monitoring program. Any contract shall be bound to comply with the provisions regarding confidentiality of prescription information in 16.19.29.9 NMAC of this regulation and shall be subject to the penalties specified in 16.19.29.12 NMAC of this regulation for unlawful regulations.

[16.19.29.11 NMAC - N, 07-15-04]

16.19.29.12 REGISTRATION FOR ACCESS TO PRESCRIPTION INFORMATION:

A. Practitioners with individual drug enforcement administration (DEA) issued numbers will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued to the practitioner. One subaccount per practitioner account is authorized for an agent of the practitioner. The agent designated by the practitioner will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued to the agent.

B. Pharmacies with DEA issued numbers will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued. Pharmacies will designate one individual who will complete and submit a hard copy written, signed and notarized application. After verification of submitted information, a username and password will be issued to the individual. Pharmacies will not be permitted to obtain a subaccount.

C. All registrations will be renewed every three years by completing and submitting a new application.

D. All registrants to the prescription monitoring program will complete a web based training program approved by the board.

[16.19.29.12 NMAC - N, 07-15-04; 16.19.29.12 NMAC - N, 06-11-11]

16.19.29.13 INFORMATION EXCHANGE WITH OTHER PRESCRIPTION MONITORING PROGRAMS:

course of professional practice and the hospital or clinic authorizes the practitioner to order controlled substances for the administration to its patients under its state controlled substance registration;
(2) the hospital or clinic has verified with the practitioner's licensing board that the practitioner is permitted to order controlled substances within the state;
(3) the practitioner acts only within their scope of employment in that hospital or clinic;

(4) the hospital or clinic maintains a current list of practitioners given such authorization and includes the practitioner's full name, date of birth, professional classification and license number, and home and business addresses and phone numbers;
(5) the list is available at all times to board inspectors, the D.E.A., law enforcement and health professional licensing boards; and
(6) the hospital or clinic shall submit a current list of authorized practitioners with each hospital or clinic controlled substance renewal application.
[16.19.20.8 NMAC - Rp 16 NMAC 19.20.8, 07-15-02; A, 12-15-02; A, 07-15-2004; A, 05-14-10]

16.19.20 NMAC proposed language:

16.19.20.8 REGISTRATION REQUIREMENTS: Persons required to register:
A. manufacture - term includes repackagers;
B. distributors - term includes wholesale drug distributors;
C. dispensers - pharmacies, hospital pharmacies, clinics (both health and veterinarian);
D. practitioners - includes a physician, doctor of oriental medicine, dentist, physician assistant, certified nurse practitioner, clinical nurse specialist, certified nurse-midwife, veterinarian, pharmacist, pharmacist clinician, certified registered nurse anesthetists, psychologists, chiropractic examiner, euthanasia technicians or other person licensed or certified to prescribe and administer drugs that are subject to the Controlled Substances Act;
(1) Practitioners must register with the new mexico prescription monitoring program in conjunction with their controlled substance registration.
E. scientific investigators or researchers;
F. analytical laboratories and chemical analysis laboratories;
G. teaching institutes;
H. special projects and demonstrations which bear directly on misuse or abuse of controlled substances - may include public agencies, institutions of higher education and private organizations;
I. registration waiver: an individual licensed practitioner (e.g., intern, resident, staff physician, mid-level practitioner) who is an agent or employee of a hospital or clinic, licensed by the board, may, when acting in the usual course of employment or business, order controlled substances, for administration to the patients of the facility, under controlled substance registration of the hospital or clinic in which he or she is employed provided that:
(1) the ordering of controlled substances for administration, to the patients of the hospital or clinic, is in the usual course of professional practice and the hospital or clinic authorizes the practitioner to order controlled substances for the administration to its patients under its state controlled substance registration;
(2) the hospital or clinic has verified with the practitioner's licensing board that the practitioner is permitted to order controlled substances within the state;
(3) the practitioner acts only within their scope of employment in that hospital or clinic;
(4) the hospital or clinic maintains a current list of practitioners given such authorization and includes the practitioner's full name, date of birth, professional classification and license number, and home and business addresses and phone numbers;
(5) the list is available at all times to board inspectors, the D.E.A., law enforcement and health professional licensing boards; and
(6) the hospital or clinic shall submit a current list of authorized practitioners with each hospital or clinic controlled substance renewal application.
[16.19.20.8 NMAC - Rp 16 NMAC 19.20.8, 07-15-02; A, 12-15-02; A, 07-15-2004; A, 05-14-10]

16.19.20.42 PRESCRIPTION REQUIREMENTS:
A. ~~Prescriptions for controlled substances shall be dated and signed as of the date of issue, and shall contain the full name and address of the patient, the name, address and federal registration number of the prescribing practitioner. Prescriptions for controlled substances listed in schedule II shall be written in ink, indelible pencil, or typewritten and manually signed by the practitioner.~~ All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed, directions for use, and the name, address and registration number of the practitioner. A practitioner may sign a paper prescription in the same manner as

he would sign a check or legal document (*e.g.*, J.H. Smith or John H. Smith). Where an oral order is not permitted, paper prescriptions shall be written with ink or indelible pencil, typewriter, or printed on a computer printer and shall be manually signed by the practitioner. A computer-generated prescription that is printed out or faxed by the practitioner must be manually signed. Electronic prescriptions shall be created and signed using an application that meets the requirements of part 1311 the code of federal regulations.
An individual practitioner may sign and transmit electronic prescriptions for controlled substances provided the practitioner meets all of the requirements of part 1306.08 of the code of federal regulations.

B. A prescription for a schedule II controlled substance may be transmitted by the practitioner or the practitioner's agent to a pharmacy via facsimile equipment, provided the original written, signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance, except as noted in Subsections C and D of 16.19.20.41 NMAC and Subsection E of 16.19.20.42 NMAC. The original prescription shall be maintained in accordance with 16.19.20.31 NMAC.

C. A prescription prepared in accordance with Subsection A of 16.19.20.41 NMAC written for a schedule II narcotic substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, or subcutaneous infusion may be transmitted by the practitioner or the practitioner's agent to the parenteral products pharmacy by facsimile. The facsimile serves as the original written prescription for purposes of this paragraph and it shall be maintained in accordance with 16.19.20.31 NMAC.

D. A prescription prepared in accordance with Subsection A of 16.19.20.41 NMAC written for a schedule II substance for a resident of a long term care facility may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The facsimile serves as the original written prescription for purposes of this sub-section and it shall be maintained in accordance with 16.19.20.31 NMAC.

E. A prescription prepared in accordance with Subsection A of 16.19.20.41 NMAC written for a schedule II narcotic substance for a patient enrolled in a hospice program certified by medicare under title XVIII or licensed by the state may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The practitioner or the practitioner's agent will note on the prescription that the patient is a hospice patient. The facsimile serves as the original written prescription for purposes of this sub-section and it shall be maintained in accordance with 16.19.20.31 NMAC.

F. A pharmacist may dispense directly a controlled substance listed in schedule III or IV, which is a prescription drug as determined under the New Mexico Drugs and Cosmetics Act, only pursuant to either a written prescription signed by a practitioner or a facsimile of a written, signed prescription transmitted by the practitioner or the practitioner's agent to the pharmacy or pursuant to an oral prescription made by an individual practitioner and promptly reduced to written form by the pharmacist containing all information required for a prescription except the signature of the practitioner.

(1) A prescription for any product containing hydrocodone that is not a paper, faxed, or eprescsribed prescription shall not exceed a seven day supply and cannot be refilled.

G. A pharmacy employee must verify the identity of the patient or the patient's representative before a new prescription for a controlled substance listed in schedule II, III, or IV, is delivered. Acceptable identification means a state issued driver's license, including photo, or other government issued photo identification. The identification number of the government issued identification and the name imprinted on that identification must be recorded in a manner to be determined by a written policy developed by the pharmacist-in-charge. Exceptions are, a new controlled substance prescription filled for a patient known to the pharmacist or pharmacist intern, whose identification has already been documented in a manner determined by a written policy developed by the pharmacist-in-charge; a controlled substance prescription filled for home delivery; or a controlled substance prescription filled for and delivered to a licensed facility
[16.19.20.42 NMAC - Rp 16 NMAC 19.20(1), 07-15-02; A, 01-15-08]

16.19.20.45 PRESCRIPTION REFILL REQUIREMENTS:

A. Prescriptions for Schedule III or IV substances shall not be filled or refilled more than six (6) months after the date of issue or be refilled more than five (5) times unless renewed by the practitioner and a new prescription is placed in the pharmacy files.

(1) Prescriptions for products containing hydrocodone shall not be refilled before 75% of the prescription days supply has passed.

B. Schedule V prescriptions may be refilled only as expressly authorized by the prescribing physician on the prescription. If no such authorization is given, the prescription may not be refilled.
[16.19.20.45 NMAC - Rp 16 NMAC 19.20.20(4), 07-15-02]

16.19.4 NMAC proposed language:

16.19.4.9 DEFINING UNPROFESSIONAL OR DISHONORABLE CONDUCT:

A. Preamble: In defining "unprofessional conduct" the definitions of professional conduct and a pharmacist's duty should be considered.

B. Professional conduct may be defined as complying with all the laws and regulations that apply to a given professional activity.

C. Definition: Unprofessional or dishonorable conduct by a pharmacist shall mean, among other things, but not be limited to.

(1) Violation of any provision of the Pharmacy Act as determined by the board.

(2) Violation of the board of pharmacy regulations as determined by the board.

(3) Violation of the Drug and Cosmetic Act as determined by the board.

(4) Violation of the Controlled Substances Act as determined by the board.

(5) Failure of the pharmacist to conduct himself professionally in conformity with all applicable federal, state and municipal laws and regulations to his relationship with the public, other health professions and fellow pharmacists.

(6) Failure to keep his pharmacy and/or area of professional practice clean, orderly, maintained and secured for the proper performance of his professional duties.

(7) Acquiring prescription stock from unlicensed sources.

(8) Failure to hold on the strictest confidence all knowledge concerning patrons, their prescriptions, and other confidence entrusted or acquired of by him; divulging in the interest of the patron only by proper forms, or where required for proper compliance with legal authorities.

(9) Participation in a plan or agreement which compromises the quality or extent of professional services, or facilities at the expense of public health or welfare.

(10) The solicitation of prescription business by providing prescribers with prescription blanks with the name of any licensed pharmacy or pharmacist printed thereon.

(11) Failure to report a theft or loss of controlled substances in accordance with 16.19.20.36 NMAC.

(12) Failure to report an impaired licensee in compliance with Subparagraph (a) of Paragraph (1) of Subsection C of 16.19.4.12 NMAC.

(13) Failure to train or supervise adequately supportive personnel or the use of supportive personnel in activities outside the scope of their permitted activities.

(14) Conviction, plea of nolo contendere, or entering into any other legal agreements for any violation of the Pharmacy Act, Controlled Substances Act, Drug Device and Cosmetic Act or any similar act of another state or territory of the United States.

(15) Suspension, revocation, denial, or forfeiture of license to practice or similar disciplinary action by a licensing agency of another state or territory of the United States.

(16) Dispensing a prescription for a dangerous drug to a patient without an established practitioner-patient relationship:

(a) except for the provision of treatment of partners of patients with sexually transmitted diseases when this treatment is conducted in accordance with the expedited partner therapy guidelines and protocol published by the New Mexico department of health;

(b) except for on-call practitioners providing services for a patient’s established practitioner;

(c) except for delivery of dangerous drug therapies to patients ordered by a New Mexico department of health physician as part of a declared public health emergency;

(d) except for dispensing a presciption for the dangerous drug naloxone to a person for administration to another as authorized in public health law 24-23 administration of opioid antagonist;

(e) except for the prescribing or dispensing and administering for immunizations programs.

(17) Failure to perform a Prospective Drug Review as described in 16.19.4.16.D. and document steps taken to resolve potential problems.

16.19.4.16 RESPONSIBILITIES OF PHARMACIST AND PHARMACIST INTERN:

A. The following responsibilities require the use of professional judgement and therefore shall be performed only by a pharmacist or pharmacist intern:

(1) receipt of all new verbal prescription orders and reduction to writing;

(2) initial identification, evaluation and interpretation of the prescription order and any necessary clinical clarification prior to dispensing;

(3) professional consultation with a patient or his agent regarding a prescription;

(4) evaluation of available clinical data in patient medication record system;

(5) oral communication with the patient or patient's agent of information, as defined in this section under patient counseling, in order to improve therapy by ensuring proper use of drugs and devices;

(6) professional consultation with the prescriber, the prescriber's agent, or any other health care professional or authorized agent regarding a patient and any medical information pertaining to the prescription.

B. Only a Pharmacist Shall Perform The Following Duties:

(1) final check on all aspects of the completed prescription including sterile products and cytotoxic preparations, and assumption of the responsibility for the filled prescription, including, but not limited to, appropriateness of dose, accuracy of drug, strength, labeling, verification of ingredients and proper container;

(2) evaluation of pharmaceuticals for formulary selection within the facility;

(3) supervision of all supportive personnel activities including preparation, mixing, assembling, packaging, labeling and storage of medications;

(4) ensure that supportive personnel have been properly trained for the duties they may perform;

(5) any verbal communication with a patient or patient's representative regarding a change in drug therapy or performing therapeutic interchanges (i.e. drugs with similar effects in specific therapeutic categories); this does not apply to substitution of generic equivalents;

(6) any other duty required of a pharmacist by any federal or state law.

C. Patient Records.

(1) A reasonable effort must be made to obtain, record and maintain at least the following information:

(a) name, address, telephone number, date of birth (or age) and gender of the patient;

(b) individual medical history, if significant, including disease state or states, known allergies and drug reactions and a comprehensive list of medications and relevant devices; and

(c) pharmacists comments relevant to the individuals drug therapy.

(2) Such information contained in the patient record should be considered by the pharmacist or pharmacist intern in the exercise of their professional judgement concerning both the offer to counsel and the content of counseling.

D. Prospective Drug Review.

(1) ~~A pharmacist or pharmacist intern shall review the patient record for:~~ 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.

(2) ~~Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the problem which shall, if necessary, include consultation with the prescriber.~~ 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.

(3) Prior to dispensing an opiate prescription, at a minimum, a pharmacist shall request and review a Prescription Monitoring report covering at least a one year time period and/or another state's report, where applicable and available, if a pharmacist becomes aware of a person currently:

(a) Receiving opiates from multiple prescribers;
(b) Receiving opiates for more than twelve consecutive weeks;
(c) Receiving more than one controlled substance analgesic,
(d Receiving a new prescription for any long-acting controlled substance analgesic formulation, including oral dosage forms and transdermal (e.g. fentanyl), or methadone
(e) Exhibiting potential abuse or misuse of opiates (i.e. over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for an opiate, or an unfamiliar patient requesting an opiate by specific name, street name, color, or identifying marks, or paying cash when the patient has prescription insurance);
(f) Requesting the dispensing of opiates from a prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area); or.
(g) Presenting a prescription for opiates when the patient resides outside the usual pharmacy geographic patient population.

(4)

After obtaining an initial Prescription Monitoring report on a patient, a pharmacist shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further Prescription Monitoring reports and/or other states' reports for that patient. Prescription Monitoring reports shall be reviewed a minimum of once every 6 months during the continous use of opioids for each established patient, The pharmacist shall document the review of these reports.

In the rare event a report is not immediately available, the pharmacist shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report.

Sterile Products Committee: Amy Buesing and Kristina Wittstrom are in the process of establishing committee members and initial goals.

10. Personnel Issues*:

Personnel issues were discussed during closed session on Friday April 13, 2012.

The board went to recess at 5:25 p.m. until Friday April 13, 2012.

Friday April 13, 2012

1. 9:19 a.m. Call to Order/Roll Call

Present were Mr. Carrier, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-harper, Mr. Nunley and Chairman Mazzoni. Ms. Saavedra-Shean was absent.

2. Public and Professional Requests/Waiver Petitions*:

**a. Request from: The Pharmacy Alliance*
6023 Avenue S, Box #134, Galveston, TX 77551
Steve Ariens, P.D. National Public Relations Director:**

Representative not available for presentation to the board.

b. Request from Joseph Acheampong to waive FPGEC*:

The board discussed the FPGEC waiver submitted by Mr. Acheampong and agreed to allow him to reciprocate to New Mexico.

Motion made by Mr. Cross, seconded by Mr. Nunley to allow the FPGEC waiver request for Mr. Acheampong, board voted unanimously to pass the motion.

c. Request from Kevin McDermott, PharmD, LCDR, U.S. Public Health Service approve physical assessment course:

Representative not available for presentation to the board.

d. Request from Diana L. Gabaldon, R.Ph., to approve ACLS course as CE:

The board discussed the request submitted by Diana Gabaldon for approval of the Advance Life Support (ACLS - 6 CE hours) class allowed for pharmacist credit. The board approved allowance upon completion and submission of the certificate.

Motion made by Mr. Cross, seconded by Mr. Anderson to allow the ACLS 6 CE hour class as pharmacist credit, board voted unanimously to pass the motion.

e. Request from Mohamed Elgadi to waive FPGEC*:

The board held a teleconference with Mr. Mohamed Elgadi regarding the FPGEC waiver request. Upon discussion the board denied the waiver.

Motion was made by Mr. Nunley, seconded by Ms. Buesing to deny the FPGEC waiver, board voted unanimously to pass the motion.

f. Request from FidoPharm Brands*:

FidoPharm Brands, Joe Brown representative is/are requesting the boards' concurrence on their interpretation of the substitution laws and believe that drugs listed in the *Federal Register* notices fulfill the NM requirements for substitution of the non-Orange Book listed drugs such as Pet Trust Plus (ivermectin/pyrantel pamoate) Chewable Tablets drug product is an acceptable generic substitution for the Tri-Heart Plus (ivermectin/pyrantel pamoate) and Heartgard Plus (ivermectin/pyrantel pamoate) Chewable Tablets drug products.

The board discussed the request with the representative from FidoPharm Brands, Joe Brown regarding the substitution of "multi-source" drugs that meet the applicable federal standards, but are not listed in the FDA's "Orange Book" for generic animal drugs but are published by the FDA in *Federal Register* notices commonly referred to as the "Green Book" as approved animal drugs.
The board concurred and approved the multi-source products substitution based on the NM Statutes, Annotated 26-3-3(B).

Motion was made by Mr. Cross, seconded by Ms. Mendez-Harper to approve the substitution, board voted unanimously to pass the motion.

g. Prime Therapeutics Waiver Request: LuGina Mendez-Harper, PharmD, RPh Pharmacist In Charge*

1) **Pharmacist to technician ratio**
2) **Inclusion of remote DUR pharmacists in our pharmacist to technician ratio**
3) **Declaratory ruling request**
4) **PP Standard Operating Procedures**
5) **NMBOP Quality Procedures**

The board discussed the waiver request presented by Ms. Lugina Mendez-Harper and Tim Litsch regarding their request to change the ratio of technicians to pharmacists based on their documentation of operating procedures and protocols.

The board approved the waiver of 6-1 for 5 years and agreed that the centralized processing procedures and protocols are within the scope of the 16.19.6.25 NMAC as well as Remote Pharmacist DUR sites 16.19.6.26 NMAC.

Motion made by Mr. Cross, seconded by Ms. Buesing to approve the waiver request for Prime Therapeutics ratio of 6-1 for 5 years, board voted unanimously to pass the motion.

Mr. Cross stated that he will work on drafting proposed language to regarding these issues.

h. Teri Rolan, Pharm D, R.Ph., Pharmacist-In-Charge, Highland Pharmacy: Proposed rule change NMAC 16.19.6.11C4(IV):

Teri Rolan and Dr. Phil Moore were present to discuss their request for a proposed amendment to rule 16.19.6.11C4(IV) to allow compounding for office use.

The board discussed the request and stated as they have with previous requests of this nature that the Legislature can only change the law regarding this issue.

i. XRANM Letter: Request for Policy Revision*:

The board discussed the request made by Roger Cronk, DO regarding compounding of sterile products for unscheduled patients on an emergency basis.

The board stated as they have with previous requests of this nature that the Legislature can only change the law regarding this issue.

j. David Johnson, Attorney, Bannerman and Johnson, Request for opinion as to licensure requirement.*

- **Copy of proposed mobile unit**
- **Certificate of incorporation**
- **Proposed jump bag check list**

Upon discussion of the legal analysis presented by David Johnson, Attorney, regarding licensure requirements for his client, Gypsum Medical Associates of New Mexico, P.C. the

board finds that they are in agreement with his analysis that Gypsum Medical Associates is not required to license as a clinic pursuant to the Pharmacy Act 61-11-14 NSA 1978.

k. Cindy Johnson, R.Ph*., request to modify - Stipulated Agreement 2008-021:

Cindy Johnson was present to ask the board for modification of the stipulated agreement to grant her an early release, as MTP is willing to support early release.

Motion made by Ms. Saavedra, seconded by Mr. cross to grant early release, board voted unanimously to pass the motion.

l. Ralph McClish, Executive Director NM Osteopathic Medical Association request to appear with Dr. Berard to discuss research on the average dose of pain medicine:

Mr. Ralph McClish and Dr. Berard were present to discuss gathering data regarding opioid prescriptions dosages, normative/average dosages, and the top twenty-five prescribers of these prescriptions. Mr. McClish would like to obtain this data to show the norms based on the different types of practitioners prescribing and their use regarding the patients' pain management. Mr. McClish stated that he needs the data that we have.

Mr. Harvey stated that it is in the boards plans to have proposed language in rule 16.19.29 NMAC (PMP) to provide the data through the DOH. The board will then have the DOH organize the data with the help of practitioners to see what can actually be done with the data. Mr. Harvey stated that the list was not meant to be put out in the manner that it was, but was in fact gathered due to an "Information of Public Record Act" request.

Mr. Harvey stated that Inspector, Larry Loring would provide that information through the DOH pending proposed language amendments to 16.19.29 NMAC (PMP) and completion of the PMP conversion. He also stated that the board is very aware of what types of opioids are being prescribed by practitioner's and their patients.

Ms. Saavedra-Shean stated that the SAHR's committee realizes the urgency and the concerns of Mr. McClish and the public, therefore the proposed language to several rules being amended today.

m. Waiver Request NM Treatment Services:

Representative not available for presentation to the board. Incomplete waiver request presented, therefore the board will table until June 2012 board meeting.

n. Christine Vigil, R.Ph. Waiver Requests CL19839 and CL7490:

The board will table until June 2012 board meeting due to incomplete presentation.

Motion made by Mr. Nunley, seconded by Ms. Buesing to table until June 2012 board meeting, board voted unanimously to pass the motion.

3. 10:30 a.m. Case Number 2011-035 Disciplinary Hearing - NCA, NOH, RFH *(Bean & Associates Recording Hearing)*

This hearing was vacated. The board will accept the surrender and withdraw the application for Joshua (Smith) Blevins.

Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley to accept surrender and withdraw the pharmacist application, board voted unanimously to pass the motion.

4. Executive Director's Report (may be heard at any time during the two day meeting)

The Chairman asked the board to go into closed session to discuss case presentations.

Motion: Go into closed session to discuss case presentation. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing. Mr. Carrier, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Mr. Mazzoni voted unanimously to pass the motion.

The board went back into open session and the only issue discussed was case presentations.

a. Case presentations:

Adela Padilla 2011-033/stipulated agreement
Adela Padilla 2011-050/advisory letter
Adela Padilla 2011-059/closed
Adela Padilla 2012-003/closed
Adela Padilla 2012-011/advisory letter
Adela Padilla 2012-019/closed

Bobby Padilla 2011-095/closed
Bobby Padilla 2012-007/closed
Bobby Padilla 2012-016/surrender

Cheranne McCracken 2012-008/advisory letter
Larry Loring 2011-061/NCA w/pre-nca to surrender
Larry Loring 2011-062/closed
Larry Loring 2011-065/closed
Larry Loring 2011-087/NCA w/pre-nca settlement agreement combined w/2011-080

Kris Mossberg 2012-010/NCA w/pre-nca settlement

b. Proposed changes to 16.19.17 NMAC:

Did not present.

c. Proposed changes to 16.19.20 NMAC moving clobazam from schedule I to IV:

Motion made by Ms. Buesing, seconded by Mr. Anderson to accept the proposed change and notice at the June 2012 board meeting, board voted unanimously to pass the motion.

d. Legal Matters: Board of Pharmacy and Medical Board v NM Board of Chiropractic Examiners, status of mediation, consideration of drug formulary:

The Chairman asked the board to go into closed session to discuss legal matters and personnel issues.

Motion was made by Ms. Mendez-Harper, seconded by Ms. Buesing to go into closed session, Mr. Carrier, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Mr. Mazzoni voted unanimously to pass the motion.

The board went back into open session and the only issues discussed were legal matters and personnel issues.

e. Letter from Nancy Darbro, Director, BON: Designate Board Member to participate on BON opiate prescribing rules and responding to SB 215:

Mr. Nunley stated that he would be the designated board member to participate with the BON regarding opiate prescribing rules in response to SB215.

f. Stipulated Agreement 2010-043 Kelly Dillon:

Mr. Dillon has requested that the board allow him to establish a payment plan in order to pay the fines. The board agreed to allow the payment plan.

g. Pseudoephedrine status: Proposed protocol rule 16.19.20 NMAC discussion:

Mr. Harvey presented proposed language and protocols for 16.19.20 NMAC for discussion only, as it was not on the agenda. Protocol requirements regarding pseudoephedrine, one of which would be that a pharmacist cannot sell to people who are not established patients at that pharmacy.

He stated that Dawn Lomako, Pharm D, R.Ph. was tasked in writing the proposed language while volunteering at the board to earn her hours. Mr. Harvey stated that on

The board adjourned the meeting at 2:37 p.m.