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 16th and -17th, 2015 Regular Board Meeting Agenda

The NMBOP is going <u>GREEN</u>. Please bring your tablets and laptops if you plan to attend this meeting, as we will have Internet access available.

Board Meetings are open to the public pursuant to the "Open Meetings Act" and notices to the public are posted in the Albuquerque Journal. Notice published February 25, 2015.

Location: 5200 Oakland Ave. NE, Albuquerque, NM

Scheduled Meeting Time: 9:00 a.m. - 5:00 p.m. Thursday and Friday

Thursday, April 16, 2015

1. Procedural Items:

<u>9:00 a.m.</u> Call to Order: The meeting of the Pharmacy Board was called to order by Chairman Cross at 9:00 a.m. on April16, 2015.

Roll Call: Chairman, Danny Cross called roll and a quorum was established with the following members present: (P = Present A = Absent)

P_Danny Cross, ChairmanP_Amy Buesing, Vice ChairmanP_LuGina Mendez Harper, SecretaryP_Richard MazzoniP_Doe AndersonP_Buffie SaavedraP_Chris WoodulA_Anise YarbroughP_Cathleen Wingert

Welcome new NMBOP Member – Cathleen Wingert:

<u>Approval of the Agenda:</u> Motion to approve the agenda as presented by Ms. Mendez-Harper, seconded by Mr. Anderson board voted unanimously to pass the motion.

Approval of January 2015 Minutes: Motion to approve the January 22nd & 23rd, 2015 minutes as presented by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion. Ms. Mendez-Harper wanted to confirm that on page 21, letter H under the executive director's report, that the board would write a policy regarding the asterisk appearing indefinitely on the licensee's license/file and on the website under disciplinary actions. Mr. Kesner stated, that yes, he would include a *written policy* in the board office.

2. <u>9:15 a.m.</u> Notice of Hearing: David Nunez/Medicap Pharmacy - 2013-009 and 2013-030 (Bean & Associates will be recording)

The Chairman opened the hearing at 9:15 a.m. and took roll call. Present were Mr. Woodul, Ms. Mendez-Harper, Ms. Buesing, Mr. Mazzoni, Mr. Anderson, Ms. Saavedra, Ms. Wingert and the Chairman Danny Cross. Present was the Administrative Prosecutor Ms. Sally Galanter for the state and board counsel, Mr. Roscoe Woods. Also present were Mr. Ben Kesner, Debra Wilhite and witnesses Inspector, Adela Padilla and Cheranne McCracken.

Respondent, David Nunez, Pro Se, former owner of Medicap Pharmacy was present.

^{*}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 Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

Ms. Sally Galanter stipulated and entered into record exhibits 1 through 11. Respondent David Nunez agreed to all the exhibits being stipulated and entered into the record. The witnesses, Inspector Adela Padilla, Inspector Cheranne McCracken and David Nunez were duly sworn.

Testimony by all parties was heard and the Chairman closed the hearing at 12:45 p.m.

Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson to go into closed session at 3:00 p.m. to deliberate the case for David Nunez and discuss case presentations, Mr. Woodul, Ms. Buesing, Mr. Mazzoni, Ms. Saavedra, Ms. Wingert and the Chairman Danny Cross voted unanimously to pass the motion.

The board went back into open session at 5:16 p.m. and the only issues discussed were the deliberation for David Nunez and case presentations.

Motion: Order that the license of Mr. David Nunez be suspended for a period of 3 months, completion of PARE and the MPJE at his cost and 5 years of probation to commence upon completion and passing of the required exams and pharmacist assessment for remediation evaluation, evaluation by MTP and compliance of recommendations, and suspension; he is not allowed to be a preceptor or pharmacist in charge during the five year probation, he must pay the costs of investigation, all hearing costs, and a fine of \$10500.00 within 6 months from the time the order is signed by the board; motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra, board voted unanimously to pass the motion.

3. Recess for the day: The Pharmacy Board meeting was recessed at 5:00 p.m. and will reconvene at 9:00 a.m. tomorrow, Friday April 17, 2015.

Friday, April 17, 2015

1. Procedural Items:

9:00 a.m. Reconvene: The meeting of the Pharmacy Board was called to order by Chairman Cross at 9:00 a.m. on April 17, 2015.

Roll Call: Chairman, Danny Cross called roll and a quorum was established with the following members present: (P = Present A = Absent)

_P_Danny Cross, Chairman _P_Amy Buesing, Vice Chairman _P_LuGina Mendez Harper, Secretary

_P_Richard Mazzoni _P_Doe Anderson _P_Buffie Saavedra

_P_Chris Woodul _A_Anise Yarbrough _P_Cathleen Wingert

2. 9:15 a.m. Monitored Treatment Program Report*:

Regina Johnson, the new Director for the MTP program was present.

Motion made by Ms. Buesing, seconded by Mr. Mazzoni to go into closed session at 9:15 a.m., to discuss the MTP report. Ms. Wingert, Ms. Saavedra, Mr. Anderson, Mr. Mazzoni, Ms. Buesing, Ms. Mendez-Harper, Mr. Cross and Mr. Woodul voted unanimously to pass the motion.

The board went back into open session at 9:30 a.m. and the only issue discussed was the MTP report.

3. 9:30 a.m. Licensee Applications:

a) Application List:

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

Motion: **15 Clinic/Home Health** applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul, board voted unanimously to pass the motion.

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H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.

Motion: **4 Emergency Medical Service** applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: **34 Custodial/Nursing Home** applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul to approve applications, board voted unanimously to pass motion. Mr. Cross recused himself from the vote for #23.

Motion: **18 Pharmacy/Hospital** applications all are in order. Motion made by Ms. Harper-Mendez, seconded by Ms. Wingert to approve applications, board voted unanimously to pass motion.

Motion: **60 Non-Resident Pharmacy** applications all are in order. Motion made by Ms. Harper-Mendez, seconded by Ms. Buesing to approve applications, board voted unanimously to pass motion.

Motion: **35 Wholesale/Broker** applications all are in order. Motion made by Ms. Harper-Mendez, seconded by Mr. Woodul to approve applications, board voted unanimously to pass motion.

NEW MEXICO BOARD OF PHARMACY REGULAR MEETING APPLICATION LIST January 22 & 23, 2015

CLINIC /HOME HEALTH CONSULTANT PHARMACIST

1.Artesia Healthcare Professionals New

Cardiology/Internal Medicine Clinic Kirk Irby, R.Ph.

612 N 13th Street Suite F Artesia, NM 88210

Albuquerque, NM 87102

2.Chalmers Wellness Clinic Change of Ownership 3777 the American Road NW Karlyn Jensen, R.Ph.

Albuquerque, NM 87114

3.Concentra Medical Centers

DBA Concentra Urgent Care

801 Encino Place NE Suite E-12

Change of Ownership
Larry Cato, R.Ph.

4.Dona Ana Village Public Health Office Relocation

5220 Holman Road George Gonzales, R.Ph. Las Cruces, NM 88012

5. Farmington Community Health Center Relocation

1001 W Broadway Suite E Stephen Quesada, R.Ph. Farmington, NM 87401

6.Institute of American Indian Arts New

83 Avan Nu Po Road Emily Bustos, R.Ph. Santa Fe, NM 87508

7.Lovelace Cancer Care Program
New
New
New
Martin Luther King Jr Avenue NE Suite 102
Martin Martinez, R.Ph.

Albuquerque, NM 87102

8.Memorial Home Health Relocation
2450 S Telshor Blvd Suite F Janet Pate, R.Ph.
Las Cruces, NM 88011

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9.PHC-Las Cruces Inc

DBA Memorial Medical Center Wound Care Center

2735 Northrise Drive Suite B Las Cruces, NM 88011 Janet Pate, R.Ph.

10.PMG Pan American

6100 Pan American Freeway Albuquerque, NM 87109 Remodel

Rich Gutierrez, R.Ph.

11. Presbyterian GI Labs

301 Cedar SE

Albuquerque, NM 87106

New

Νονν

Rich Gutierrez, R.Ph.

12. Renal Medicine Associates

3821 Masthead NE Albuquerque, NM 87109 New

Karin Feldkamp, R.Ph.

13. Roswell Independent School District

Goddard High School 300N Kentucky Roswell, NM 88201 Relocation

Paul Tunell, R.Ph.

14. UNM Hospital Carrie Tingley Clinic

2211 Lomas Blvd NE Albuquerque, NM 87106 Relocation

Cynthia Lujan, R.Ph.

EMERGENCY MEDICAL SERVICE

1.Classic Air Medical 3927 W Rd Suite G01 Los Alamos, NM 87544 CONSULTANT PHARMACIST

New

Christine Martinez-Vigil, R.Ph.

2. Estancia Volunteer Fire & Rescue

1000 Highland Avenue Estancia, NM 87016 New

Claud Dunlap, R.Ph.

3.Med-Trans Air Medical

DBA Aero Care 1600 N Main Lovington, NM 88260 New

Ed Andrews, R.Ph.

4.Tri-State Care Flight LLC

1313-A E 32nd Street Silver City, NM 88061 New

Charles Vandiver, R.ph.

5.Tri-State Care Flight LLC

#1 West Prairie Star Road Bernalillo, NM 87004 New

Charles Vandiver, R.ph.

CUSTODIAL/NURSING HOME

1.A Better Way of *Living* 6302 Harper Place NE #21 Albuquerque, NM 87109 CONSULTANT PHARMACIST New

Lori Carabajal, R.Ph.

2.A Better Way of Living

4612 Douglas Mac Arthur Albuquerque, NM 87110

New

Traci Tadano, R.Ph.

3.A Better Way of Living

3404 Rhonda de Luechsas Albuquerque, NM 87120 New

Traci Tadano, R.Ph.

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4. Advantage Communications

5425 Lewis Court NW Albuquerque, NM 87114 New

Ron Lujan, R.Ph.

5.Alta Mira Craig Branch

11233 Morocco NE Albuquerque, NM 87111 New

Reynaldo Saenz, R.Ph.

6. Beehive Homes of Portales

1420 S Main Portales, NM 88130 New

Marty Martinez, R.Ph.

7. Beehive Homes of Clovis 2305 North Norris Street

Clovis, NM 88101

New

Marty Martinez, R.Ph.

8.Bright Horizon 9016 Sun Court SW

Albuquerque, NM 87121

New

Martin Salas, R.Ph.

9.CARC Inc Orchard #2 902 W Cherry Lane Carlsbad, NM 88220

10.CARC Inc Orchard #3

New

New Joseph Cross, R.Ph.

Joseph Cross, R.Ph.

902 W Cherry Lane Carlsbad, NM 88220

11.CARC Inc Orchard #4 902 W Cherry Lane Carlsbad, NM 88220

New

Joseph Cross, R.Ph.

12.Casa Q P O Box 36168

Albuquerque, NM 87176

New

Katy Morton, R.Ph.

13.CYFD/JJS/Paul Taylor Center

10015 Robert Larson Blvd Las Cruces, NM 88003

New

Reed Sheridan, R.Ph.

14. Emeritus at the Cottages

3920 Juan Tabo NE Albuquerque, NM 87111 15.Expressions of Life Inc 10527 Milky Way Street NW New

Maureen Rogers, R.Ph.

Albuquerque, NM 87114

New

Lori Carabajal, R.Ph.

16.Expressions of Life Inc 10115 Corral Gate Lane

Albuquerque, NM 87121

New

Perry Storey, R.Ph.

17. Evershine LLC

4844 Calle Bella Ave Las Cruces, NM 88012 New

Ivan Nwaogu, R.Ph.

18. Grace Adult Care Homes 7100 Carriage Road NE

Albuquerque, NM 87109

New

Reynaldo Saenz, R.Ph.

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19.Hope Colfax Senior Care 251 Francis Avenue Raton, NM 87740 Change of Ownership Paul Blackburn, R.Ph.

20.L.A. In-Home Care 1668 Plum Road Rio Rancho, NM 87124 New

Larry Turner, R.Ph.

21. Milagro de Vida Community Services 2115 College Street Apt#5

2115 College Street Apt#5 Las Cruces, NM 88012 New

Ramon Rede, R.Ph.

22. Milagro de Vida Community Services

2595 Mars Avenue Apt 1102 Las Cruces, NM 88001 New

Ramon Rede, R.Ph.

23. Mountain View Manor LLC

2200 68th NW

Albuquerque, NM 87120

New

Reynaldo Saenz, R.Ph.

24. Namaste House Assisted Living

800 W 30th Street Farmington, NM 87401 New

Stephen Burgess, R.Ph.

25.New Beginnings

9819 Haines Avenue NE Albuquerque, NM 87112 New

Lori Carabajal, R.Ph.

26.Nezzy Care

102 Dipalo Hill Road Apt 29A Ruidoso Downs, NM 88346 New

Uri Bassan, R.Ph.

27. Nezzy Care

6021 White Mountain Drive Unit 707

Ruidoso Downs, NM 88345

New

Uri Bassan, R.Ph.

28. Nezzy Care

102 Dipalo Hill Road Apt 16A Ruidoso Downs, NM 88346 New

Uri Bassan, R.Ph.

29.Rio at Rust Centre LLC

DBA The Rio at Cabezon 2410 19th Street SE

2410 19" Street SE Albuquerque, NM 87124 New

Jeffrey Schwaner, R.Ph.

30. Sandoval Group Home

2250 Isleta SE

Albuquerque, NM 87105

New

Richard Garcia, R.Ph.

31. Tohatchi Area of Opportunity & Services Inc

1706 Kiva Drive Gallup, NM 87301 New

Nia Harris, R.Ph.

32.Tresco Inc

2040 Crescent

Las Cruces, NM 88001

New

Scott Wallis, R.Ph.

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PHARMACY /HOSPITAL

1. Albertsons Market Pharmacy

1300 E 10th Street

Alamogordo, NM 88310

2.CVS

940 North Main Street Las Cruces, NM 88001

3. Farmington Community Health Center

1001 W Broadway Suite E Farmington, NM 87401

4.Lowe's Pharmacy

675 10th Street

Alamogordo, NM 88310

5. Sonoma Pharmacy

4371 E Lohman Avenue Las Cruces, NM 88011

6. Walmart Pharmacy

11018 Montgomery Blvd NE Albuquerque, NM 87111

7. Zia Pharmacy

2820 C Broadbent Parkway Albuquerque, NM 87107

NON-RESIDENT PHARMACY

1. Absolute Pharmacy LLC 17907 Bimini Isle Court

Tampa, FL 33647

2. Alero Health

5 Cedar Brook Drive Suite 5

Cranbury, NJ 08512

3. America Meds Direct Rx 3218 Beltline Road Suite 510 Farmers Branch, TX 75234

4. American Custom Compounding Pharmacy LLC

2607 Walnut Hill Lane Suite 220

Dallas, TX 75229

5. Americare Infusion Centers LLC

15800 Dooley Road #185

Addison, TX 75001

6.AMI Rx

5296 Old Hwy 11 Suite 4 Hattiesburg, MS 39402

7. Axium Healthcare Pharmacy Inc

DBA Axium Healthcare Pharmacy West

1821 Kaiser Avenue Irvine, CA 92614

PHARMACIST IN CHARGE

New

Lisa Robles, R.Ph.

Νονν

Randall Jake, R.Ph.

Relocation

Stephen Quesada, R.Ph.

Remodel

Gayle Watters, R.Ph.

New

Raul Najera, R.Ph.

New

Sandra Templeton-Olona, R.Ph.

Νονν

Keun-Keu Yi, R.Ph.

PHARMACIST IN CHARGE

New

Michael Curman, R.Ph.

New

Reena Desai, R.Ph.

Change of Ownership

Arvin Zeinali, R.Ph.

New

Vy Tran, R.Ph.

New

Kelly Swayden, R.Ph.

New

William Pierce, R.Ph.

New

Linh Lee Youk, R.Ph.

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8.CareKineses Inc 704 East Main Street Suite K Moorestown, NJ 08057-3071 Change of Ownership Michael Greenhalgh, R.Ph.

9.Diamondback Drugs 7631 E Indian School Road Scottsdale, AZ 85251 New David Perkins, R.Ph.

10.DFW Wellness Pharmacy 711 E Lamar Blvd Suite 101 Arlington, TX 76011

ivew

Ai-my (spelled on application) Nguyen, R.Ph.

11.Downing Labs LLC 4001 McEwen Road Suite 110 Dallas, TX 75244 New

Kristi Kubosh, R.Ph.

12.ESI Mail Order Processing Inc DBA Express Scripts 8990 Duke Blvd Mason, OH 4540 New

Andrew Wilhelm, R.Ph.

13.ESI Mail Order Processing Inc DBA Express Scripts 4700 N Hanley Road Suite C St Louis, MO 63134 New

Christine Poling, R.Ph.

14.ESI Mail Order Processing Inc DBA Express Scripts 4800 East Street Trevose, PA 19053 New

Kristine Breitenbach, R.Ph.

15.ESI Mail Order Processing Inc DBA Express Scripts 3001 S Priest Drive Tempe, AZ 85282 New

Marion Rizer, R.Ph.

16.ESI Mail Order Processing Inc DBA Express Scripts 4415 Lewis Road Harrisburg, PA 17111 New

Matthew Roesch, R.Ph.

17.ESI Mail Order Processing Inc DBA Express Scripts 5450 N Riverside Drive Fort Worth, TX 76137 New

Thomas Viering, R.Ph.

18.ESI Mail Order Processing Inc DBA Express Scripts

433 River Street Suite 800

Troy, NY 12180

New

Patrick Marks, R.Ph.

19.Express Scripts Pharmacy Inc

DBA Express Scripts 1810 Lincoln Hwy

North Versailles, PA 15137

New

Thomas Edinger, R.Ph.

20.Express Scripts Pharmacy Inc

DBA Express Scripts

5701 E Hillsborough Avenue Suite 1300

Tampa, FL 33610

New

Karen Hancock, R.Ph.

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21. Express Scripts Pharmacy Inc **DBA Express Scripts** 4700 N Hanley Suite A St Louis, MO 63134

New

Dan White, R.Ph.

22. Express Scripts Pharmacy Inc

DBA Express Scripts

100 Parsons Pond Drive E1PH1 Franklin Lakes, NJ 07417

New

Salvatore Anselmi, R.Ph.

23. Express Scripts Pharmacy Inc

DBA Express Scripts 4865 Dixie Hwy Fairfield, OH 45014

New

Eric Smither, R.Ph.

24. Express Scripts Pharmacy Inc

DBA Express Scripts

5151 Blazer Parkway Suite B

Dublin, OH 43017

Slater Nash, R.Ph.

25. Fresenius USA Marketing Inc

DBA Fresenius Medical Care North America

1586 S Lakeside Drive Waukegan, IL 60085

New

Seth Feldman, R.Ph.

26.GenRx Pharmacy

17255 N 82nd Street Suite 130

Scottsdale, AZ 85255

New

Barbara Petronzio, R.Ph.

27. Hall's IV & Institutional Pharmacy Inc

DBA Xpress Compounding

1000 Weatherford Street Suite 120

Fort Worth, TX 76102

New

Ramzi Batrice, R.Ph.

28. Independence Holding Company LLC

DBA Complete Care Pharmacy 14 E Washington Street Suite C

Champaign, IL 61820

New

Bruce Strike, R.Ph.

29. Injectable Therapy Services Inc

DBA BiologicTX

1057 Gayley Avenue Suite B Los Angeles, CA 90024

30. Injured Workers Pharmacy LLC

5029 E Sunrise Drive Suite 101

Phoenix, AZ 85044

Change of Ownership Albert Abe, R.Ph.

Richard Gutoski, R.Ph.

31. Innovative Rx Gulf Coast Pharmacy

1035 Collier Center Way Suite 2

Naples, FL 34110

New

Michael Aquino, R.Ph.

32.LifeWatch Pharmacy

1838 Elm Hill Pike Suite 126

Nashville, TN 37210

Keri Wyatt, R.Ph.

33.Lumicera Health Services Inc

2601 West Beltline Hwy Suite 302

Madison, WI 53713

New

Jamie Wong, R.Ph.

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34. Medical Center Pharmacy Inc 410 University Pkwy #2800

Aiken, SC 29801

New

Thomas Holley, R.Ph.

35. Monument Pharmacy Inc 115 C Second Street Monument, CO 80132

Change of Ownership Lee Frisbie, R.Ph.

36. Pagosa Specialty Pharmacy

426 Pagosa Street

Pagosa Springs, CO 81147

New

Linda Kutzko, R.Ph.

37.Pet 360 Inc. 2815 Watterson Trail

Louisville, KY 40299

Change of Ownership Justin Mills, R.Ph.

38.Petco Wellness LLC

DBA Doctors Foster & Smith Pharmacy

2253 Air Park Road

Rhinelander, WI 54501-8425

Change of Ownership Brian Schafer, R.Ph.

39.PMOA Inc

676 S University Blvd Mobile, AL 36609

New

Jason Hodges, R.Ph.

40. Pumps it Inc

10601 Grant Road Suite 101

Houston, TX 77070

New

Mark Window, R.Ph.

41. Quality Specialty Pharmacy

2233 West Lomita Blvd

Lomita, CA 90717

New

Vladislav Tenenbaum, R.Ph.

42. Rite Care Pharmacy

7560 Greenville Avenue

Dallas, TX 75231

New

Adesh Pundir, R.Ph.

43. RXpress Pharmacy

1000 W Weatherford Street Suite 100, 110 & 200

Fort Worth, TX 76107

George Paret, R.Ph.

44.Rx Pro of Alabama LLC

2355 Hartford Hwy Suite 6

Dothan, AL 36305

New

Ronnie Taylor, R.Ph.

45.RX Unlimited LLC 16673 Roscoe Blvd

North Hills, CA 91343

New

New

Clifton Braddy, R.Ph.

Cecilia Tse, R.Ph.

46. Science Pharmaceutical 7225 Fulton Avenue Suite H

North Hollywood, CA 91605

47. Shared Pharmacy Services

New

Munir Merchant, R.Ph.

4843 Murray Blvd

Murray, UT 84123

48. Sorkin's Rx LTD

New

DBA Caremed Pharmaceutical Service Altamonte Springs, FL 32701-4913

Sarah Grieme-Thomas, R.Ph.

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49. Total Vein Pharmacy 2428 Yale Street Suite B Houston, TX 77008

New

Tamra Saam, R.Ph.

50. Trucare Pharmacy 1875 California Avenue Corona, CA 92881

New

Mina Kolta, R.Ph.

51. Vital Life Pharmacy 6063 SW 18th Street #112 Boca Raton, FL 33433

New

Nicole Balarezo, R.Ph.

52. Walgreens Pharmacy Services Midwest LLC 521 W Avalon Avenue

New

Jared Otte, R.Ph.

Muscle Shoals, AL 35661-2814

53. Wright Specialty Pharmacy & Diabetic Supply

DBA Benevere Pharmacy Collierville, TN 38017

New

Jenny Tucker, R.Ph.

WHOLESALER/BROKER

1.3M EPSE Dental Products

2111 McGraw Irvine, CA 92614 New

2. Acadia Pharmaceuticals Inc 420 International Blvd #500

Brooks, KY 40109

New

3. Allermed Laboratories 7203 Convoy Court San Diego, CA 92111

New

4. Argon Medical Devices Inc 1445 Flat Creek Road

New

5.BPI Labs LLC

Athens, GA 75751

New

140 Grimes Drive Guntersville, AL 35976

6. Cameron Pharmaceuticals LLS

8695 Seward Road Fairfield, OH 45011 New

7. Carlsbad Technology Inc 5922 Farnsworth Court Carlsbad, CA 92008

New

8. Cetylite Industries Inc

New

9051 River Road Pennsauken, NJ 08110

9.Ceva Animal Health LLC

New

8600 NE Underground Drive Pillar #303

Kansas City, MO 64161

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10.Den-Mat Holdings LLC 1017 West Central Avenue Lompoc, CA 93436	New
11.DPT Lakewood LLC 745 Airport Road Lakewood, NJ 08701	New
12.Egalet US Inc 460 East Swedesdford Road Suite 1050 Wayne, PA 19087	New
13.EKOS Corporation 11911 North Creek Parkway South Bothell, WA 98011	New
14.Exel Inc 5920 Corporate Drive St Joseph, MO 64507	New
15.GF Health Products Inc 33 Plan Way Bldg 2 Warwick, RI 02886	New
16.Glenwood LLC 111 Cedar Lane Englewood, NJ 07631	New
17.Haemonetics Corporation 549 Aldi Blvd Mount Juliet, TN 37122	New
18.Halyard Sales LLC 6620 South Memorial Place Suite 100 Tucson, AZ 85756	Change of Ownership
18.Libertas Pharma Inc 780 Industrial Park Blvd Unit D Montgomery, AL 36117	New
19.Lucid Pharma LLC 2 Tower Center Blvd Suite 1101B East Brunswick, NJ 08816	New
20.Meda Consumer Healthcare Inc 1100 Circle 75 Parkway Suite 400 Atlanta, GA 30339	New
21.Medico-Mart Inc 2323 Corporate Drive Waukesha, WI 53189	New
22.Medtronic Inc 1130 Commerce Blvd Logan Township, NJ 08085	New
23.Midwest Veterinary Supply Inc 21467 Holyoke Avenue	New

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Lakeville, MN 55044

24.Norbrook Inc 9733 Loiret Blvd Lenexa, KS 66219 New

25.NOVA Biologics Inc 1714 Ord Way Oceanside, CA 92056

New

26.Ortho Clinical Diagnostics Inc

1001 US Hwy 202 Raritan, NJ 08869 Change of Ownership

27.Owens & Minor 25 Haywood Road

Arden, NC 28704

Change of Ownership

28. ProPharma Distribution LLC 6531 West 56th Avenue Suite 31

Arvada, CO 80002

New

29. Questcor Pharmaceuticals Inc. 2611 Research Road

Hayward, CA 94545

Change of Ownership

30. Sigma-Aldrich Inc 2425 South 2nd Street

St Louis, MO 63104

New

New

31.Sun Pharmaceutical Industries Inc 270 Prospect Plains Road Cranbury, NJ 08512

32. Sunrise Pharmaceuticals Inc. 665 East Lincoln Avenue Rahway, NJ 07065

New

33.TWi (company spelling) International LLC DBA TWi Pharmaceuticals USA 8001 Irvine Center Drive Suite 400 Irvine, CA 92618

New

34. Virtus Pharmaceuticals LLC 2649 Causeway Center Drive Tampa, FL 33619

New

b) **Pharmacist Clinicians:**

Motion: Approve registration as pharmacist clinician for Elizabeth Latino, motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

Motion: Approve the new protocol for existing license for Jackson Kelly and Katherine Chavez, motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

Motion: Attach application list to the minutes, motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

4. 10:00 a.m. **Rules Hearings:**

^{*} 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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

The Chairman Danny Cross opened the rule hearing at10:00 a.m. and took roll call. Present were Mr. Woodul, Ms. Mendez-Harper, Ms. Buesing, Mr. Mazzoni, Mr. Anderson, Ms. Saavedra, Ms. Wingert and Chairman Cross. Also present were board counsel Roscoe Woods, Executive Director, Ben Kesner, Administrative Secretary, Debra Wilhite and Inspector Cheranne McCracken.

The Chairman entered the notice of hearing as exhibit #1, exhibit #2 proposed language for 16.19.6.28 NMAC, exhibit #3 written comment from NACDS, and the sign in sheet as exhibit #4.

a. 16.19.6 NMAC new section 28 - automated filling systems: See Appendix A

Motion: Adopt language as amended in 16.19.6. NMAC section 28. Motion made by Mr. Mazzoni, seconded by Ms. Mendez-Harper, board voted unanimously to pass the motion.

- b. 16.19.20.67 hydrocodone proposed change: Table rule amendment indefinitely.
- 5. Carl Flansbaum Discussion regarding DOH & PMP:

The PMP Director, Carl Flansbaum discussed the possibility of utilizing the Department of Health to support and maintain the PMP for the Pharmacy Board. The DOH currently has DOIT support in place and would be able to focus on applying for grants, contracts and technical support.

The board was opposed to the idea regarding the DOH and asked that another avenue be considered. Mr. Flansbaum stated that Optimum, the company that provides the upgrades for our existing monitoring program, could in fact support and maintain the PMP. The board asked that he proceed with that avenue and report back to the board at the next board meeting with the results, regarding RLD and DOIT's involvement and any budgetary requirement from the Pharmacy board.

The board discussed contacting Nick Patek, in the Governor's Office, the Medical Board, Nursing Board and the Osteopathic Board for feedback regarding the urgency in finding support and maintenance for the PMP.

6. Public/Professional Requests/Waiver Petitions*:

Kathy Wade – Waiver for CE taken in May: Ms. Kathy Wade was present to request a waiver be granted to allow any of the hours from the Certified Diabetes Educator program that she purchased to study for the exam, which is not ACPE approved in order to renew her pharmacist or clinician license.

The board informed Ms. Wade that she may enroll in the CPD pilot program offered by the board in order to fulfill her required hours. Ms. Wade stated that she would enroll in the program.

Ms. Wade withdrew her request before leaving the board meeting.

Upon returning from recess the board was informed by Executive Director, Ben Kesner that Ms. Wade sent an email at 1:16 p.m. regarding her request and stated that she felt that the board staff were not helpful and should have been more knowledgeable regarding the pilot program when she initially submitted her request to be put on the agenda.

Motion made by Ms. Saavedra, seconded by Mr. Anderson to deny the waiver request submitted by Ms. Kathy Wade, the board took a roll call vote; Mr. Cross voted yes, Mr. Woodul voted no, Mr. Anderson voted yes, Ms. Mendez-Harper voted yes, Ms. Buesing voted yes, Ms. Wingert voted yes, and Mr. Mazzoni voted yes. The motion was passed to deny the waiver request of Ms. Kathy Wade.

El Centro Family Health/Taos – extend waiver: Ms. Christine Vigil was not present. Ms. Vigil has requested an extension to the existing waiver to dispense intranasal naloxone from the class C clinic.

Motion made by Mr. Woodul, seconded by Ms. Mendez-Harper to approve the extension of the existing waiver for an additional two (2) years, board voted unanimously to pass the motion.

The board will address the clinic waiver requests in the clinic committee for future rule amendments.

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Tresco/Las Cruces – include HEP B vaccine waiver: Tresco/Las Cruces withdrew the waiver request via email.

7. Lunch: 12:00 p.m. – 1:30 p.m.

8. 1:30 p.m. Litigation Update:

a) Ellwood Stipulated Agreement - not to practice in our state indefinitely:

Board counsel, Roscoe Woods spoke with Mr. Ellwood's attorney regarding the status of the appeal, which has been suspended by his attorney and held in abeyance, the filing of the brief in chief has been delayed. Mr. Woods will inform the board of any correspondence from Mr. Ellwood or his attorney regarding his case.

b) Ms. Elva Gurule - Possible settlement offer/predicate cancelling special board meeting:

Board prosecutor, Sally Galanter is working with Dan Cron, Ms. Gurule's attorney, regarding a continuance of the hearing scheduled for April 29, 2015 that will be re-scheduled. A voluntarily surrender of her license may be a possible settlement prior to the hearing scheduled for July 23rd, 2015.

9. Committee Reports and Board Actions:

Carl Flansbaum - 16.19.29 NMAC amend required data reporting: See Appendix B

Motion: Notice 16.19.29 NMAC section 8 for the June 2015 board meeting. Motion made by Ms. Harper, seconded by Mr. Mazzoni, board voted unanimously to pass the motion.

Ben Kesner - 16.19.11 NMAC – proposed language regarding a 24-hour/365 day on-site nurse may use an emergency drug tray containing controlled substances:

Proposed language for 16.19.11 NMAC will be re-presented at the June 2015 board meeting to allow time to prepare proposed language for 16.19.4 NMAC that addresses a similar function.

Buffie Saavedra - 16.19.6.27 NMAC - Automated Drug Distribution Systems in Health Care Facilities: See Appendix C

Motion: Notice 16.19.6 NMAC new section 27 for the June 2015 board meeting. Motion made by Mr. Mazzoni, seconded by Ms. Saavedra, board voted unanimously to pass the motion.

10. Executive Director's Report*:

(*May be heard at any time during the meeting)

- a) Inspector McCracken & Inspector Mossberg 16.19.6 NMAC outsourcing language: Inspector McCracken discussed proposed language regarding outsourcing in rule 16.19.6 NMAC that will be presented at a later date.
- b) Dennis McAllister 16.19.22 NMAC remote technicians: Mr. McAllister discussed a possible amendment to 16.19.22 NMAC to allow for technicians to work off-site from the licensed location, waiving the need of cameras in pharmacies and the 25 mile rule, in remote areas of the state.

The Technician and Remote committees will address Mr. McAllister's concerns and suggestions and present possible proposed amendments to 16.19.22 NMAC at the June 2015 board meeting.

- c) Buffie Saavedra & Amy Buesing BOP Strategic Plan: Strategic plan will be addressed at the August 2015 board meeting in Ruidoso.
- d) LuGina Mendez-Harper NC Dental Board v. FTC, Anti-trust Laws; informational webinar:

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Ms. LuGina Mendez-Harper stated that the distinction is clear regarding appointment of the NMBOP by the state required by RLD and the ULA, as opposed to the way board members are selected in North Carolina.

Board counsel, Roscoe Woods stated that he would look into the opinion of the FTC and Supreme Court and consult with the board at the next meeting.

e) Amy Bachyrycz and Michel Disco – 16.19.26 NMAC - Immunization Regulation and Protocol: See Appendix D

Motion: Notice 16.19.26 NMAC for the June 2015 board meeting. Motion made by Ms. Saavedra, seconded by Mr. Woodul, board voted unanimously to pass the motion.

Ms. Bachyrycz stated that the protocol would be revisited after meeting with the Medical and Nursing boards.

- **f) Hearing Officer Appointee/Appointment:** Joe Anderson is currently the hearing officer for the board. The board has also Ms. Buffie Saavedra as a hearing officer for the board.
- g) Special Board Meeting April 29th & 30th: Cancelled
- **h) Brief Legislative Update:** Mr. Dale Tinker gave a brief presentation regarding the bills that were presented during the legislature; HB 224 Medication Synchronization passed; Hydrocodone change to Schedule II did not approve of penalty change, therefore did not pass; Osteopathic Bill to include pharmacy clinicians did not pass; Drug take-back and Prescriber Hotline did not pass.
- i) NMPhA Annual Convention June 27 & 28, 2015 Attendees: Executive Director, Ben Kesner stated that prior approval for procurement is necessary in order for members to attend the convention. Board members Joe Anderson, Rich Mazzoni, LuGina Mendez-Harper, Amy Buesing, Danny Cross, Chris Woodul and Cathy Wingert will be attending the convention.
- **j)** LuGina Mendez-Harper NABP Resolutions: Ms. Mendez- Harper gave a brief overview of topics discussed regarding NABP resolutions;

<u>How To Obtain Prescriptive Authority</u>: Ms. Mendez-Harper, Ms. Amy Bach, Mr. Joe Anderson and Mr. Dale Tinker were on that task-force <u>Model Laws</u> <u>NABP shouldn't accept any grants or sponsorships</u>

k) Power-Pac CE & NMBOP discussion regarding 2 live webinars annually to help pharmacists meet Live Law CE requirement: Mr. Kesner stated that he had a brief discussion with a representative from Power-Pac CE, requested that the NMBOP record the law update given by inspectors, and use as a Power-Pac presentation in order for pharmacists to meet their live CE requirement.

The board did not approve of the request from Power-Pac.

- I) LuGina Mendez-Harper & Carl Flansbaum National Rx Drug Abuse Summit: (inaudible discussions regarding Naloxone, babies born with addiction and drug take-backs; Mr. Flansbaum left the board meeting to attend a teleconference.)
- m) Jennifer Ortega Walgreens Lovelace Purchase Training Issues: Walgreen's District Manager, Ms. Jennifer Ortega discussed the transition of Lovelace closing and Walgreen's taking over all Lovelace pharmacies. She stated that Arizona licensed pharmacists will apply for technician licenses for the purpose of training in support roles, within New Mexico based Walgreens pharmacies. The technician training/licensing period will be for 6 weeks, at which time NMBOP will archive the technician licenses.
- n) CYFD Requirement for NMBOP Custodial Registration: Mr. Kesner stated that Diane Cox from New Mexico Christian Children's Homes were not going to renew their 8 custodial homes due to

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the homes are being classified as a foster care group home facility and is regulated by CYFD, Protective Health Services.

The board stated that the custodial homes must be licensed by the NMBOP and to inform their general counsel of such. The NMCCH must abide by the rules and regulations of the board. The NMBOP will issue NCA's to the NMCCH if they do not comply.

11. Case Presentations:

Inspector McCracken:	2014-079/close 2015-019/close 2015-022/open 2015-029/close-DEA	2014-080/close 2015-020/close 2015-023/VS	2014-082/close 2015-021/open 2015-027/VS
Inspector Mossberg:	2014-041/close 2014-074/table 2015-026/table	2014-069/VS 2014-083/close 2015-030/table	2014-071/table 2015-018/table 2015-035/table
Inspector B. Padilla:	2014-050/table 2014-076/open 2015-028/close	2014-051/close 2014-081/NCA 2015-032/close	2014-072/close 2014-086/close
Inspector A. Padilla:	2013-058/NCA	2015-031/VS	
Inspector Kesner:	2014-053/NCA		

Motion: **Close cases:** 2014-079, 2014-080, 2014-082, 2015-019, 2015-020, 2015-029, 2014-051, 2014-072, 2015-028 and 2015-032. Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul, board voted unanimously to pass the motion.

Motion: **Table cases:** 2014-071, 2014-074, 2015-018, 2015-026, 2015-030, 2015-035 and 2014-050. Motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra, board voted unanimously to pass the motion.

Motion: **Leave cases open:** 2014-076, 2015-021 and 2015-022. Motion made by Ms. Mendez-Harper, seconded by Mr. Mazzoni, board voted unanimously to pass the motion.

Motion: Issue an advisory letter: 2014-041 and 2014-086. Motion made by Ms. Mendez-Harper, Seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: **Issue NCA to revoke:** 2014-053. Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

Motion: **Issue NCA to revoke:** 2014-081. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: **Issue NCA:** 2013-058. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

NCA = Notice of Contemplated Action VS = Voluntary Surrender DEA = Drug Enforcement Administration

12. Stipulated or Settlement Agreements/Surrenders/Defaults and Orders*:

2013-040 - Main Street Family Pharmacy - Default Revocation (ULA 61-1-15 petitioning the board to dispute fine):

The board stated that main Street Family pharmacy will have to abide by the default order. Executive Director, Ben Kesner will contact the licensee regarding the outcome.

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2014-038 - Alex White PT Applicant- NCA to deny:

Motion made by Mr. Mazzoni, seconded by Ms. Wingert to issue an NCA to deny application for Alex White, board voted unanimously to pass the motion.

2014-057P - Lowell's Pharmacy PH1211 - Stipulated Agreement (hearing request):

Motion made by Ms. Wingert, seconded by Mr. Mazzoni to issue an NCA to Lowell's pharmacy due to the licensee's non-acceptance of the pre-nca stipulated agreement, board voted unanimously to pass the motion.

2014-058P - Lowe's #55 Pharmacy PH2516 - Stipulated Agreement (modification request):

Motion made by Ms. Saavedra, seconded by Mr. Mazzoni to approve the stipulated agreement for 2014-058P, board voted unanimously to pass the motion.

2014-059P - UNM Hospital Outpatient Pharmacy PH1837- Stipulated agreement:

Motion made by Ms. Saavedra, seconded by Ms. Mendez-Harper to approve the stipulated agreement for 2014-059P, board voted unanimously to pass the motion.

2014-060P - Michael's Prescription Corner PH2509 - Violation of Order:

The board discussed the non-payment of fine, which is a violation of the stipulated agreement. The board stated that the licensee may have overlooked the due date and to proceed with Executive Director, Ben Kesner calling Michael's Prescription Corner reminding him that the fine is due.

2014-061P - Vida Pharmacy LLC PH2980 - Stipulated Agreement:

Motion made by Ms. Saavedra, seconded by Mr. Mazzoni to approve the stipulated agreement for 2014-061P, board voted unanimously to pass the motion.

2014-069 - Voluntary Surrender:

Motion made by Mr. Anderson, seconded by Ms. Wingert to accept the voluntary surrender for Lashawnda Cochran, board voted unanimously to pass the motion.

2014-081 - Cheryl Escobedo PT9455- Default Revocation:

Motion made by Mr. Anderson, seconded by Ms. Buesing to approve to default order for 2014-081, board voted unanimously to pass the motion.

2015-023 - Voluntary Surrender:

Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul to accept the voluntary surrender for Daniel Brandt, board voted unanimously to pass the motion.

2015-027 - Voluntary Surrender:

Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson to accept the voluntary surrender for Chris Driskill, board voted unanimously to pass the motion.

2015-031 - Voluntary Surrender:

Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson to accept the voluntary surrender for David L. Jones, board voted unanimously to pass the motion.

13. Adjournment: With no further business, Mr. Mazzoni made a motion to adjourn the Pharmacy Board meeting at 5:22 p.m., seconded by Ms. Buesing, board voted unanimously to pass the motion.

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Appendix A

16.19.6.28 AUTOMATED FILLING SYSTEMS:

- A. Definitions. The following definitions shall apply to this section:
- (1) "Automated filling system" means an automated system used by a pharmacy in the state of New Mexico to assist in filling a prescription drug order by selecting, labeling, filling, or sealing medication for dispensing. An "automated filling system" shall not include automated devices used solely to count medication that is then subject to final product check by a pharmacist prior to dispensing, vacuum tube drug delivery systems, or automated dispensing and storage systems used to dispense medication directly to a patient or to an authorized health care practitioner for immediate distribution or administration to the patient.
- (2) "Electronic verification system" means an electronic verification, bar code verification, weight verification, radio frequency identification (RFID), or similar electronic process or system that accurately verifies medication has been properly dispensed and labeled by, or loaded into, an automated filling system.
- (3) "Manufacturer unit of use package" means a drug dispensed in the manufacturer's original and sealed packaging, or in the original and sealed packaging of a repackager, without additional manipulation or preparation by the pharmacy, except for application of the pharmacy label.
 - (4) "Repackager" means a repackager registered with the United States Food and Drug Administration (FDA).
- (5) "Prepacked" means any drug that has been removed from the original packaging of the manufacturer or an FDA repackager and is placed in a properly labeled dispensing container by a pharmacy for use in an automated filling system for the purpose of dispensing to the ultimate user from the establishment in which the prepacking occurred.
- B. Medication Stocking. Automated filling systems (hereinafter "system") may be stocked or loaded by a pharmacist or by an intern pharmacist or pharmacy technician under the direct supervision of a pharmacist.
- C. Pharmacist Verification. Except as otherwise provided herein, a licensed pharmacist shall inspect and verify the accuracy of the final contents of any dispensing container filled or packaged by a system, and any label affixed thereto, prior to dispensing, as required by 16.19.4 NMAC section 16 paragraph B subsection 1.
- <u>D.</u> <u>Verification Criteria</u>. The pharmacist verification requirements of paragraph C of this section shall be deemed satisfied if all the following are met:
- (1) Pharmacy personnel establish and follow a policy and procedure manual that complies with paragraph E of this section;
- (2) The filling process is fully automated from the time the filling process is initiated until a completed, labeled, and sealed prescription is produced by the system that is ready for dispensing to the patient. No manual intervention with the medication or prescription may occur after the medication is loaded into the system. For purposes of this section, manual intervention shall not include preparing a finished prescription for mailing, delivery, or storage;
- (3) A pharmacist performs a prospective DUR and verifies the accuracy of the prescription information used by or entered into the system for a specific patient prior to initiation of the automated fill process. The identity of the verifying pharmacist shall be recorded in the pharmacy's records;
- (4) A pharmacist verifies the correct medication and strength, prepacked container, or manufacturer unit of use package was properly stocked, filled, and loaded in the system prior to initiating the fill process. Alternatively, an electronic verification system may be used for verification of manufacturer unit of use packages or prepacked medication previously verified by a pharmacist:
- (5) The medication to be dispensed is selected, filled, labeled, and sealed in the dispensing container by the system or dispensed by the system in a manufacturer's unit of use package or a prepacked container;
- (6) An electronic verification system is used to verify the proper prescription label has been affixed to the correct medication and strength, prepacked container, or manufacturer unit of use package for the correct patient;
- (7) Daily random quality testing is conducted by a pharmacist on a sample size of prescriptions filled by the system. The required sample size shall not be less than two percent (2%) of the prescriptions filled by the automated system on the date tested or two percent (2%) of the prescriptions filled by the automated system on the last day of system operation, as designated in writing by the pharmacist-in-charge. Proof of compliance with this subsection and random quality testing date(s) and results shall be documented and maintained in the pharmacy's records;
 - (8) The product dispensed is a solid oral dosage form; and
 - (9) The product dispensed is not a controlled substance listed in DEA or Board of Pharmacy Schedule II.
- **E.** Policies and Procedures. Pharmacists verifying prescriptions pursuant to paragraph D of this section shall follow written policies and procedures to ensure the proper, safe, and secure functioning of the system. Policies and procedures shall be established by, and reviewed annually by the pharmacist-in-charge and shall be maintained in the pharmacy's records. The required annual review shall be documented in the pharmacy's records.

At a minimum, pharmacy personnel shall establish and follow policies and procedures for the following:

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- (1) Maintaining the system and any accompanying electronic verification system in good working order;
- (2) Ensuring accurate filling, loading, and stocking of the system;
- (3) Ensuring sanitary operations of the system and preventing cross-contamination of cells, cartridges, containers, cassettes, or packages;
 - (4) Reporting, investigating, and addressing filling errors and system malfunctions;
- (5) Testing the accuracy of the system and any accompanying electronic verification system. At a minimum, the system and electronic verification system shall be tested before the first use of the system or restarting the system and upon any modification to the system or electronic verification system that changes or alters the filling or electronic verification process;
 - (6) Training persons authorized to access, stock, or load the system in equipment use and operations;
- (7) Tracking and documenting prescription errors related to the system that are not corrected prior to dispensing to the patient;
 - (8) Conducting routine and preventive maintenance and, if applicable, calibration;
 - (9) Removing expired, adulterated, misbranded, or recalled drugs;
 - (10) Preventing unauthorized access to the system, including, assigning, discontinuing, or changing security access:
 - (11) Identifying and recording persons responsible for stocking, loading, and filling the system;
 - (12) Ensuring compliance with state and federal law, including, all applicable labeling, storage, and security requirements;
 - (13) Ensuring proper drug storage within the system, consistent with the manufacturer's specifications and the *United States Pharmacopoeia* (USP);
- (14) Maintaining an ongoing quality assurance program that monitors performance of the system and any electronic verification system to ensure proper and accurate functioning.
- F. Recordseping. Records and documentation required by this section shall be maintained in the pharmacy's records electronically or in writing for a minimum of three years. Records shall be made available for inspection and produced to the board or the board's agent upon request.
- G. Prepacking. A pharmacist, or a pharmacist intern or pharmacy technician under the direct supervision of a licensed pharmacist, may prepack drugs for other than immediate dispensing purposes provided that the following conditions are met:
 - (1) Prepacking occurs at the licensed pharmacy utilizing the system;
 - (2) Only products which will be dispensed directly to the patient may be prepacked;
- (3) Containers utilized for prepacking shall meet standards specified by the USP, which has been incorporated herein by reference (e.g. Preservation, Packaging, Storage and Labeling section of the General Notices and Requirements). Where needed, light resistant containers shall be used;
- (4) Any prepacked drug must have a label affixed to it which contains, at a minimum, the name and strength of the drug, quantity, the name of the manufacturer or distributor, the expiration date and lot number, the date prepacked, and the identity of the person who prepacked it.
- (5) A record of drugs prepacked must be kept, and include the following: the name and strength of the drug, lot number, name of manufacturer or distributor, expiration date (per USP requirements), date of prepacking, total number of dosage units (tabs, caps) prepacked, quantity per prepacked container, number of dosage units (tabs, caps) wasted, initials of prepacker and of pharmacist performing final check.
- (6) All drugs prepacked by a pharmacist intern or pharmacy technician must undergo a final check by the pharmacist. [16.19.6.28 NMAC]

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Appendix B

16.19.29.8 MANDATORY REPORTING OF PRESCRIPTION INFORMATION TO THE PMP:

- **A.** The board shall monitor the dispensing of all Schedule II V controlled substances by all dispensers 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 submitted for each prescription as well as the standards for how this information shall be formatted, not contrary to law, is defined in the PMP data reporting manual available on the state PMP website at http://nmpmp.org shall include at a minimum:

(1)	dispenser drug enforcement agency (DEA) number;
(2)	— date prescription filled; — prescription number; — whether the prescription is new or a refill;
(3)	prescription number;
(4)	whether the prescription is new or a refill;
(5)	— national drug code (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.
	dispenser NPI number
(2)	dispenser NCPDP number
(3)	dispenser DEA number
(4)	patient name
(5)	patient address
(6)	patient date of birth
(7)	phone number (optional)
(8)	patent gender
(9)	
	reporting status (new, revised, void)
(11)	prescription number
(12)	date prescription written
(13)	refills authorized
(14)	date prescription filled
(15)	refill number
	product id (NDC) + product id qualifier
(17)	quantity dispensed
(18)	days supply
(19)	drug dosage units
(20)	transmission form of Rx origin
	payment type
	date sold (optional)
(23)	prescriber NPI number
	prescriber DEA number
(25)	prescriber DEA number suffix
	compound ingredient quantity (situational)
	compound drug dosage units (situational)
O E 1	

- C. Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board; but shall report at least within one (1) business day of the prescription being filled. The PMP director shall have the authority to approve submission schedules that exceed one (1) business day.
 - **D.** Corrections to information submitted to the PMP must be addressed including:
 - (1) file upload or "outstanding uncorrected errors" as defined in the PMP data reporting manual;
 - (2) prescriptions that were not dispensed to the patient must be voided from the PMP;
- (3) incorrect information in prescriptions records submitted to the PMP must be corrected as soon as possible after the dispenser has been notified.

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¹⁰⁻¹⁵⁻¹H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

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Appendix C

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING

CHAPTER 19 PHARMACISTS PART 6 PHARMACIES

16.19.6.27 Automated Drug Distribution Systems in Licensed Health Care Facilities

<u>A.</u> Scope. This section applies only to the use of automated drug distribution systems located within the facilities specified in paragraph B.

<u>B.</u> <u>Definitions. For purposes of this section only, the terms defined in this section have the meanings given.</u>
(1) "Automated drug distribution system", or "automated medication system" or "system" means a mechanical system that performs operations or activities, other than compounding or administration, related to the storage, packaging, or dispensing of drugs, and collects, controls, and maintains transaction information and records.

- (2) "Health care facility" means a facility licensed under NMAC 16.19.11; or an inpatient hospice facility licensed pursuant to NMAC 16.19.10.12.
- (3) "Managing pharmacy" means an in-state retail pharmacy licensed by the board, pursuant to NMAC 16.19.6, that controls and is responsible for the operation of an automated drug distribution system.
- (4) "Multi-Disciplinary Committee" means the pharmacist in charge, or the consultant pharmacist, and one or more representatives of the health care facility;
- (5) "Override medication" means:
 - (a) A drug that may be removed from an automated medication system prior to pharmacist review

because the Multidisciplinary Committee has determined that the clinical status of the patient would be compromised by delay; or

(b) A drug determined by the Multidisciplinary Committee to have a low risk of drug allergy, drug interaction, dosing error, or adverse patient outcome, which may be removed from an automated medication system independent of a pharmacist's review of the medication order or clinical status of the patient.

C. Authorization.

A managing pharmacy may use an automated drug distribution system to supply medications for patients of a health care facility. The automated drug distribution system may be located in a health care facility that is not at the same location as the managing pharmacy. When located within a health care facility, the system is considered to be an extension of the managing pharmacy. When the automated drug distribution system is used to deliver routine doses of controlled substances, the managing pharmacy submit and maintain a separate registration with the Drug Enforcement Administration.

D. Notification.

- (1) At least 60 days prior to the initial use of an automated drug distribution system, the pharmacist-in-charge of the managing pharmacy must provide the board with written notification of:
- (a) the physical address at which the automated drug distribution system will be located,
- (b) the health facility's board of pharmacy registration type and number,
- (c) the managing pharmacy's registration number, address, and pharmacist-in-charge, and
- (d) written policies and procedures that govern the operation of the system. The policies and procedures must address the requirements of paragraph F of this section and the rules of the board.
- (e) The managing pharmacy/pharmacist-in-charge must notify the board within ten (10) days whenever an automated drug distribution system is taken permanently out of service.

E. Operation of automated drug distribution systems.

- (1) The pharmacist-in-charge shall assure compliance with all requirements of the Pharmacy Act, Drug Device and Cosmetic Act, Controlled Substances Act and this Section.
- (2) The pharmacist-in-charge shall be responsible for:
- (a) Maintaining a record of each transaction or operation;
- (b) Controlling access to the automated medication system;
- (c) Maintaining policies and procedures for:
- (d) Operating the automated medication system:
- (e) Training personnel who use the automated medication system;
- (f) Maintaining patient services whenever the automated medication system is not operating; and
- (g) Defining a procedure for a pharmacist to grant access to the drugs in the automated medication

system or to deny access to the drugs in the automated medication system.

- *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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.
- H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.

- (h) Securing the automated medication system;
- (i) Assuring that a patient receives the pharmacy services necessary for appropriate pharmaceutical care;
- _(j) Assuring that the automated medication system maintains the integrity of the information in the system and protects patient confidentiality;
- (k) Establishing a procedure for stocking or restocking the automated medication system; and
- (1) Insuring compliance with all requirements for packaging and labeling;
- (m) A pharmacist shall perform prospective drug use review and approve each medication order prior to administration of a drug except an override medication;
- (n) A pharmacist shall perform retrospective drug use review for an override medication.
- (o) The pharmacist-in-charge shall convene or identify a Multidisciplinary Committee, which is charged with oversight of the automated medication system.

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F. STOCKING OR RESTOCKING OF AN AUTOMATED MEDICATION SYSTEM

- (1) Responsibility for accurate stocking and restocking of an automated medication system lies with the pharmacist-in-charge and with any pharmacist tasked with supervising such functions.
- (2) The stocking or restocking of an automated medication system, where performed by someone other than a pharmacist, shall follow one of the following procedures to ensure correct drug selection:
- (a) A pharmacist shall conduct and document a daily audit of drugs placed or to be placed into an automated medication system, which audit may include random sampling.
- (b) A bar code verification, electronic verification, or similar verification process shall be utilized to assure correct selection of drugs placed or to be placed into an automated medication system. The utilization of a bar code, electronic, or similar verification process shall require an initial quality assurance validation, followed by a quarterly quality assurance review by a pharmacist. When a bar code verification, electronic verification, or similar verification process is utilized as specified in this section, stocking and restocking functions may be performed by a pharmacy technician or by a registered nurse trained and authorized by the pharmacist-in-charge.
- (3) The pharmacist performing the quality assurance review shall maintain a record of the quality assurance process that occurred and the pharmacist approval of the drug stocking, restocking or verification process.
- (4). Any drug that has been removed from the automated medication system shall not be replaced into the system unless: the drug's purity, packaging, and labeling have been examined according to established policies and procedures.

G. Quality Assurance Program

The pharmacist-in-charge shall be responsible for establishing a quality assurance program for the automated medication system. The program shall provide for:

- (1) Review of override medication utilization;
- (2) Investigation and reporting of any medication error related to drugs distributed or packaged by the automated medication system;
- <u>(3)</u> Review of any discrepancy or transaction reports and identification of patterns of inappropriate use or access of the automated medication system;
- (4) Review of the operation of the automated medication system;
- (5) Integration of the automated medication system quality assurance program with the overall continuous quality improvement program of the managing pharmacy; and
- (6) Assurance that individuals working with the automated medication system receive appropriate training on operation of the system and procedures for maintaining pharmacy services when the system is not in operation.

H. Records

The managing pharmacy/pharmacist-in-charge shall maintain, for at least three years, the following records related to the automated medication system in a readily retrievable manner:

- (1) Managing pharmacy's distribution records for all dangerous drugs, including controlled substances, transferred to each automated medication system.
- (2) Perpetual inventories of controlled substances contained within each automated medication system.
- (3) At the time of any event involving the contents of the automated device, the device shall automatically produce on demand, a written or electronic record showing:
 - (a) the date and time of transaction;
- (b) the type of transaction;

^{*}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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

- (c) the nature of the emergency;
- (d) the name, strength, and quantity of medication;
- (e) the name of the patient for whom the drug was ordered;
- (f) the name or identification code (electronic signature) of the person making the transaction;
- (g) the name of the prescribing practitioner;
- (h) the name of the pharmacist conducting the drug utilization review; and
- (i) the identity of the device accessed.
- (4) A delivery record shall be generated on demand for all drugs supplied to a facility for use by an automated dispensing device which shall include:
- (a) date;
- (b) drug name;
- (c) dosage form
- (d) strength;
- (e) quantity;
- (f) identity of device; and
- (5) Any report or analysis generated as part of the quality assurance program required by Paragraph (G) of this regulation.

I. The Multidisciplinary Committee shall:

- (1) Establish the criteria and process for determining which drug qualifies as an override medication;
- (2) Develop policies and procedures regarding the operation of the automated medication system;
- (3) Conduct an annual review of override medications.

^{*}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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

Appendix D

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING

CHAPTER 19 PHARMACISTS

PART 26 PHARMACIST PRESCRIPTIVE AUTHORITY

16.19.26.1 ISSUING AGENCY: Regulation and Licensing Department - Board of Pharmacy, Albuquerque, NM. [16.19.26.1 NMAC - N, 12-15-02; A, 03-07-11]

16.19.26.2 SCOPE: All pharmacists that intend to exercise the authority to prescribe dangerous drugs based on written protocols approved by the Board.

[16.19.26.2 NMAC - N, 12-15-02]

16.19.26.3 STATUTORY AUTHORITY: Section 61-11-6.A.(1) NMSA 1978 authorizes the Board of Pharmacy to adopt, regularly review and revise rules and regulations necessary to carry out the provisions of the Pharmacy Act. Section 61-11-6.A.(7) gives the Board authority to enforce the provisions of all laws of the state pertaining to the distribution of drugs. Under the Pharmacist Prescriptive Authority Act, Sections 61-11B-1 to 61-11B-3 NMSA 1978, the Board is required to establish regulations governing certification as a pharmacist clinician. Section 61-11-6.A.(19) authorizes the Board to adopt rules and protocols for the prescribing of dangerous drug therapy.

[16.19.26.3 NMAC - N, 12-15-02]

16.19.26.4 DURATION: Permanent.

[16.19.26.4 NMAC - N, 12-15-02]

16.19.26.5 EFFECTIVE DATE: 12-15-02, unless a later date is cited at the end of a section.

[16.19.26.5 NMAC - N, 12-15-02]

16.19.26.6 OBJECTIVE: The objective of Part 26 of Chapter 19 is to protect the health and safety of New Mexico citizens by regulating the prescriptive authority of pharmacists.

[16.19.26.6 NMAC - N, 12-15-02]

16.19.26.7 DEFINITIONS:

- **A.** "Antigen" means a substance recognized by the body as being foreign; it results in the production of specific antibodies directed against it.
 - **B.** "Antibody" means a protein in the blood that is produced in response to stimulation by a specific antigen.
 - C. "Immunization" means the act of inducing antibody formation, thus leading to immunity.
 - **D.** "Vaccine" means a specially prepared antigen, which upon administration to a person, will result in immunity.
- **E.** "Vaccination" means the administration of any antigen in order to induce immunity; is not synonymous with immunization since vaccination does not imply success.
- **F.** "Written protocol" means a physician's order, standing delegation order, or other order or protocol as defined by rule of the New Mexico board of pharmacy.
 - **G.** "Emergency contraception drug therapy" means the use of a drug to prevent pregnancy after intercourse.
- **H.** "Tobacco cessation drug therapy" means the use of therapies, which may include drugs to assist in quitting any form of tobacco use.

[16.19.26.7 NMAC - N, 12-15-02; A, 07-15-04]

16.19.26.8 REFERRAL: Any pharmacist not certified to provide a prescriptive authority service is required to refer patients to a pharmacist or other provider who provides such a service.

[16.19.26.8 NMAC - N, 12-15-02; 16.19.26.8 NMAC - N, 07-15-04]

16.19.26.9 VACCINES:

A. PROTOCOL:

- (1) Prescriptive authority for vaccines shall be exercised solely in accordance with the written protocol for vaccine prescriptive authority approved by the board.
- (2) Any pharmacist exercising prescriptive authority for vaccines must maintain a current copy of the protocol for vaccine prescriptive authority approved by the board.
- *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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.
- H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), provided by: a) the centers for disease control and prevention (CDC); or b) a similar health authority or professional body approved by the board.
- (2) Training must include study materials, hands-on training and techniques for administering vaccines, comply with current CDC guidelines, and provide instruction and experiential training in the following content areas:
- (a) mechanisms of action for vaccines, contraindication, drug interaction, and monitoring after vaccine administration;
 - (b) standards for pediatric, adolescent, and adult immunization practices;
 - (c) basic immunology and vaccine protection;
 - (d) vaccine-preventable diseases;
 - (e) recommended pediatric, adolescent, and adult immunization schedule;
 - (f) vaccine storage management;
 - (g) biohazard waste disposal and sterile techniques;
 - (h) informed consent;
 - (i) physiology and techniques for vaccine administration;
 - (j) pre and post-vaccine assessment and counseling;
 - (k) immunization record management;
 - (1) management of adverse events, including identification, appropriate response, documentation and reporting;
 - (m) reimbursement procedures and vaccine coverage by federal, state and local entities.
- (3) Continuing education: Any pharmacist exercising prescriptive authority for vaccines shall complete a minimum of 0.2 CEU of live ACPE approved vaccine related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.
- 4) Basic Life Support/Cardiopulmonary Resuscitation (BLS/CPR): Any pharmacist exercising prescriptive authority for vaccines shall complete and have current live BLS/CPR certification.

C. AUTHORIZED DRUGS:

- (1) Prescriptive authority shall be limited to those drugs and vaccines delineated in the written protocol for vaccine prescriptive authority approved by the board, and;
- (2) Other vaccines as determined by the CDC, the advisory committee on immunization practices (ACIP) or New Mexico department of health that may be required to protect the public health and safety

D. RECORDS:

- (1) The prescribing pharmacist must generate a written or electronic prescription for any dangerous drug authorized.
- (2) Informed consent must be documented in accordance with the written protocol for vaccine prescriptive authority approved by the board and a record of such consent maintained in the pharmacy for a period of at least three years.
 - **E. NOTIFICATION:** Upon signed consent of the patient or guardian the pharmacist shall:
- (1) notify the New Mexico department of health immunization program the patient's designated physician or primary care provider and or
- (2) update the New Mexico department of health immunization program's electronic database (NMSIIS) of any vaccine administered.

[16.19.26.9 NMAC - N, 12-15-02; 16.19.26.9 NMAC - Rn, 16.19.26.8 NMAC & A, 07-15-04; A, 01-31-07]

16.19.26.10 EMERGENCY CONTRACEPTION DRUG THERAPY:

A. PROTOCOL:

- (1) Prescriptive authority for emergency contraception drug therapy shall be exercised solely in accordance with the written protocol for emergency contraception drug therapy approved by the board.
- (2) Any pharmacist exercising prescriptive authority for emergency contraception drug therapy must maintain a current copy of the written protocol for emergency contraception drug therapy approved by the board.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of emergency contraception drug therapy provided by: a) the department of health; or b) planned parenthood or c) a similar health authority or professional body approved by the board.
 - (2) Training must include study materials and instruction in the following content areas:
- (a) mechanisms of action, contraindication, drug interaction, and monitoring of emergency contraception drug therapy;
 - (b) current standards for prescribing emergency contraception drug therapy;
 - (c) identifying indications for the use of emergency contraception drug therapy;
 - (d) interviewing patient to establish need for emergency contraception drug therapy;
- *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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.
- H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.

- (e) counseling patient regarding the safety, efficacy and potential adverse effects of drug products for emergency
- contraception;
- (f) evaluating patient's medical profile for drug interaction;
- (g) referring patient follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (j) management of adverse events, including identification, appropriate response, documentation and reporting.
- (3) Continuing education: Any pharmacist exercising prescriptive authority for emergency contraception drug therapy shall complete a minimum of 0.2 CEU of live ACPE approved emergency contraception drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

C. AUTHORIZED DRUGS:

- (1) Prescriptive authority shall be limited to emergency contraception drug therapy and shall exclude any device intended to prevent pregnancy after intercourse.
- (2) Prescriptive authority for emergency contraception drug therapy shall be limited to those drugs delineated in the written protocol for emergency contraception drug therapy approved by the board.

D. RECORDS:

- (1) The prescribing pharmacist must generate a written or electronic prescription for any dangerous drug authorized.
- (2) Informed consent must be documented in accordance with the approved protocol for emergency contraception drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.
- **E. NOTIFICATION:** Upon signed consent of the patient or guardian, the pharmacist shall notify the patient's designated physician or primary care provider of emergency contraception drug therapy prescribed. [16.19.26.10 NMAC N, 12-15-02; 16.19.26.10 NMAC Rn, 16.19.26.9 NMAC & A, 07-15-04]

16.19.26.11 TOBACCO CESSATION DRUG THERAPY:

A. PROTOCOL:

- (1) Prescriptive authority for tobacco cessation drug therapy shall be exercised solely in accordance with the written protocol for tobacco cessation drug therapy approved by the board.
- (2) Any pharmacist exercising prescriptive authority for tobacco cessation drug therapy must maintain a current copy of the written protocol for tobacco cessation drug therapy approved by the board.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of tobacco cessation drug therapy provided by: a) the department of health; or b) health and human services or c) a similar health authority or professional body approved by the board.
 - (2) Training must include study materials and instruction in the following content areas:
 - (a) mechanisms of action for contraindications, drug interactions, and monitoring cessation;
 - (b) current standards for prescribing tobacco cessation drug therapy;
 - (c) identifying indications for the use of tobacco cessation drug therapy;
 - (d) interviewing patient to establish need for tobacco cessation drug therapy;
 - (e) counseling patient regarding the safety, efficacy and potential adverse effects of drug products for tobacco

cessation;

- (f) evaluating patient's medical profile for drug interaction;
- (g) referring patient follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (j) management of adverse events, including identification, appropriate response, documentation and reporting;
- (k) reimbursement procedures and tobacco cessation drug therapy and education coverage by federal, state and local entities.
- (3) Continuing education: Any pharmacist exercising prescriptive authority for tobacco cessation drug therapy shall complete a minimum of 0.2 CEU of -live ACPE approved tobacco cessation drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

C. AUTHORIZED DRUGS:

- (1) Prescriptive authority shall be limited to tobacco cessation drug therapy including prescription and non-prescription therapies.
- (2) Prescriptive authority for tobacco cessation drug therapy shall be limited to those drugs delineated in the written protocol approved by the board.

D. RECORDS:

(1) The prescribing pharmacist must generate a written or electronic prescription for any dangerous drug authorized.

*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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

- (2) Informed consent must be documented in accordance with the approved protocol for tobacco cessation drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.
- **E. NOTIFICATION:** Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider of tobacco cessation drug therapy prescribed. [16.19.26.11 NMAC N, 07-15-04]

16.19.26.12 TB TESTING:

A. PROTOCOL:

- (1) Prescriptive authority for Tuberculosis (TB) testing shall be exercised solely in accordance with the written protocol for TB testing drug therapy approved by the board.
- (2) Any pharmacist exercising prescriptive authority for TB testing must maintain a current copy of the written protocol for TB testing approved by the board.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete training as specified by the New Mexico Department of Health Tuberculosis Department.
- (2) Continuing education: Any pharmacist exercising prescriptive authority for TB testing shall complete continuing education as specified by the centers for disease control.

C. AUTHORIZED DRUGS:

- (1) TB skin antigen serum(s).
- (2) Prescriptive authority for TB testing shall be limited to those drugs delineated in the written protocol approved by the board.

D. RECORDS:

- (1) The prescribing pharmacist must generate a written or electronic prescription fro any TB test administered.
- (2) Informed consent must be documented in accordance with the approved protocol for TB testing and a record of such consent maintained in the pharmacy for a period of at least three years.
- **E. NOTIFICATION:** Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider and the department of health of any positive TB test. [16.19.26.12 NMAC N, 03-07-11]

16.19.26.13 NALOXONE FOR OPIOID OVERDOSE:

A. PROTOCOL:

- (1) Prescriptive authority for naloxone drug therapy shall be exercised solely in accordance with the written protocol for naloxone drug therapy approved by the board.
- (2) Any pharmacist exercising prescriptive authority for naloxone drug therapy must maintain a current copy of the written protocol for naloxone drug therapy approved by the board.

B. EDUCATION AND TRAINING:

- (1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of naloxone for opioid overdose drug therapy provided by:
 - (a) the New Mexico pharmacists association; or
 - (b) a similar health authority or professional body approved by the board.
 - (2) Training must include study materials and instruction in the following content areas:
 - (a) mechanisms of action;
 - (b) contraindications;
 - (c) identifying indications for the use of naloxone drug therapy;
 - (d) patient screening criteria;
 - (e) counseling and training patient and care-giver regarding the safety, efficacy and potential adverse effects of

naloxone;

- (f) evaluating patient's medical profile for drug interactions;
- (g) referring patient for follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (i) management of adverse events.
- (3) Continuing education: Any pharmacist exercising prescriptive authority for naloxone drug therapy shall complete a minimum of 0.2 CEU of live ACPE approved naloxone drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

C. AUTHORIZED DRUG(S):

^{*}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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

- (1) Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone.
- (2) Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.

D. RECORDS:

- (1) The prescribing pharmacist must generate a written or electronic prescription for any naloxone dispensed.
- (2) Informed consent must be documented in accordance with the approved protocol for naloxone drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.
- **E. NOTIFICATION:** Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider within 15 days of naloxone dispensing. [16.19.26.13 NMAC N, 03-14-14]

HISTORY OF 16.19.26 NMAC: [RESERVED]

^{*}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), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.