

New Mexico Regulation and Licensing Department

BOARDS AND COMMISSIONS DIVISION

Board of Pharmacy

5500 San Antonio Drive NE Suite C • Albuquerque, New Mexico 87109 (505) 222-9830 • Fax (505) 222-9845 • (800) 565-9102 http://www.rld.state.nm.us/boards/pharmacy.aspx

IMPORTANT INFORMATION REGARDING YOUR CONTROLLED SUBSTANCE REGISTRATION AND PRESCRIBING CONTROLLED SUBSTANCES

The Board of Pharmacy made changes to the Prescription Monitoring Program and the Controlled Substances rules. These were published in the New Mexico Register on August 15, 2012, and are now in effect.

(Veterinarians are exempt as of October, 2014)

- 1. The New Mexico Prescription Monitoring Program (PMP).
 - a. If you currently have an <u>active</u> account with the PMP you need do nothing else.
 (An active account is defined as one accessed at least once within a 13 month period).
 - $\textbf{b.} \quad \text{If you do not have an account with the PMP, you must register on line at:} \\$

http://nmpmp.org/

(You must have a Controlled Substance License prior to registering)



- c. Controlled Substance registration *renewals* <u>will not</u> be issued until the practitioner's PMP registration is verified.
- **d.** If you issue controlled substance prescriptions to your patients or administer controlled substances in your practice setting, no reporting to the PMP is required.
- **e.** If you dispense controlled substances directly to your patients (in quantities greater than twelve (12) dosage units or seventy-two (72) hours' worth), those dispensing must be reported electronically to the PMP. Please visit http://nmpmp.org for information on reporting to the PMP.

For questions about registration or utilization of the PMP, contact information is available on the PMP website (http://nmpmp.org).

2. Controlled Substances Rule changes

- **a.** A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten day supply, based on the directions for use, and cannot be refilled.
 - i. Pharmacists will not be allowed to dispense more than a ten-day supply of any new prescription for an opiate drug telephoned into the pharmacy.
 - ii. This restriction does not apply to faxed prescriptions, written prescriptions, or electronically transmitted prescriptions complying with DEA rules.
 - iii. This does not apply to telephone authorization for refill of a previously dispensed written, faxed or e-prescribed prescription.
- **b.** Pharmacists cannot refill a schedule III, IV or V prescription before 75% of the drug is used, based on the directions for use, without authorization of the prescriber.

If you already have an active account or if you have registered with the PMP you can complete the renewal application below and mail to the address above.

Revision date: 2/2017



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PRACTITIONER'S CONTROLLED SUBSTANCE RENEWAL APPLICATION

INSTRUCTIONS (mail):

- (1.) Renewal application NO photocopies and must be filled out in its entirety for acceptance
- (2.) Fee Renewal fee is \$60.00 (Make check or money order payable to NM Board of Pharmacy)

Please DON'T staple or tape the documents and make sure you are mailing the ORIGINAL renewal.

*Processing time is 5 to 10 business days once it is received in our office.

| License Number: CS | Employers Information: |
|---|--|
| Name: | Name: |
| Address: | Address: |
| Home Phone # | Work Phone # |
| Email address: | (P.O. Box not acceptable must be physical address) |
| Schedule of Drugs (Check v all needed): ☐2 ☐2N | |
| | lical □Nursing □Optometry □Podiatry □Midwifery □Veterinary ropractic □Other: |
| Social Security # Due to new procedures you must supply or you cannot renew!! | |
| New Mexico Professional License # | Expiration Date |
| Federal DEA # | DEA Expiration Date: |
| These license numbers are required and expiration dates MUST be current. If both your controlled substance license and DEA are expired please mail this application first with the word " PENDING " on the Federal DEA # since you will need to reinstate your Controlled substance license first. | |
| I have not since the time of my last renewal been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government.* | |
| Signature | |
| I have not since the time of my last renewal had any disciplinary adactions against me, or to my knowledge.* | ctions, or has any professional licensing authority investigated any pending |
| Signature | |
| *If the above statements are not true, explain the circumstances, i | nclude a copy of the judgment, and attach to this application. |
| I hereby certify that the information given in this application is true | and correct to the best of my knowledge. |
| Signature | Date |
| Print Name and Title | |

Our office must receive application and fees at the same time; otherwise processing time will be delayed.

Retain a copy of both the renewal form and form of payment for future references.