

New Mexico Board of Pharmacy  
FAQ's for Assisted Living, Boarding Home, Long Term Care, or other  
Custodial Care Business

1. Who is required to license with the New Mexico Board of Pharmacy?
  - A. Any facility or business (including non-profit entities) which provides care and services on a continuing basis, for two or more in-house residents, not related to the operator, and which maintains custody of the resident's prescription drugs.
  
2. Who may administer medications to the residents of the licensed business?
  - A. Only persons who are appropriately licensed by the State, through a professional licensing act, to administer medications.
  
3. What should happen if the pharmacy refuses to fill a medication because it is not on their formulary?
  - A. The pharmacist typically does not refuse to fill a prescription just because the drug is not on the formulary. The 3<sup>rd</sup> party, health insurance carrier, refuses to reimburse the pharmacy for non-formulary drugs dispensed to clients unless the prescribing practitioner has already obtained prior authorization from the insurance company. Most pharmacists will contact the prescriber and ask them to consider ordering a formulary drug instead. Obtaining prior authorization may take several days and usually cannot be accomplished while you wait at the pharmacy.
  
4. What drugs require special oversight?
  - A. All dangerous drugs (A drug that is available only by prescription from a licensed practitioner) require the supervision of a practitioner to ensure their safe and effective use. Certain drugs, which have a narrow therapeutic index, where there is very little difference between the therapeutic dose and the toxic dose of a drug, require close monitoring by a health care professional. A consultant pharmacist is required to review the drug regimens of each client to ensure the safe and optimal use of medications in the facility. The pharmacist may require additional clinical information from the facility's staff in order to make that determination. Other drugs, which have demonstrated a high probability for adverse side effects, also require closer monitoring by health care professionals. Antipsychotic and antianxiety medications are examples of such drugs.
  
5. How and where do I store the client's medications?
  - A. Drugs must be stored in a locked space, which must also be protected against temperature extremes and excessive moisture. Access to medications is restricted to the employees who are authorized to do so and have read and signed the drug policy and procedure manual for the facility. Drugs may be locked and stored in more than one space, i.e. individual client's rooms.

6. What records am I required to keep and for how long?
  - A. Records for the receipt (log), administration (Medical administration record), and disposal (Returned to patient, destroyed by pharmacist, returned to dispensing pharmacy), of prescription medications are required to be kept for three (3) years. Additional records, that document the consultant pharmacist's activities including the patient profile, must also be kept for three years.
  
7. How do I obtain an application for a Custodial Care Facility?
  - A. Applications and a generic Policy and Procedure Manual are available through our web site, [www.state.nm.us/pharmacy](http://www.state.nm.us/pharmacy), (Click on applications and scroll to Boarding or Residential Care Homes) or through the office (505) 841-9102, or in-state (800) 565-9102.
  
8. Are "Day Programs" required to license with the Board of Pharmacy?
  - A. Yes, if they take custody of two or more person's prescription medications and do not return them to the resident or resident's agent at the end of the day. When medications are held by the business on a continuing basis they must license with the Board.
  
9. What do programs have to do to document if the individual refuses a dose of their medication?
  - A. Administration records must document the administration times of the drug that corresponds to the labeled directions for use on the pharmacy label. "Holes" in the record indicate missed doses without an explanation. Caregivers should document "refused" medications and the reason for the refusal. The Board requires caregivers to contact their consultant pharmacist for instruction if the medication is continually refused or is a critical medication that should not be missed.
  
10. Do individuals who self-administer their own medications require a MAR?
  - A. Yes. The licensee is required to keep disposition (administration) records that account for the prescription drugs they have taken custody of.
  
11. Who monitors MARs against MD orders and how often?
  - A. In licensed custodial care facilities the consultant pharmacist is required to review the MARs and other records required for patient monitoring at least once every three months. When the drug is administered differently from what the pharmacy label indicates, the pharmacist, as a standard of practice, must check for documentation of the new order from a licensed practitioner. A facility licensed as a nursing facility with the Board (ie ICF-MR's) must have the pharmacist review the MAR's for accuracy on a monthly basis.