

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING
CHAPTER 19 PHARMACISTS
PART 4 PHARMACIST

16.19.4.10 CONTINUING PHARMACY EDUCATION REQUIREMENTS:

A. Continuing pharmacy education (CPE) shall include study in one or more of the general areas of socioeconomic and legal aspects of health care; the properties and actions of drugs and dosage forms; etiology; characteristics and therapeutics of the disease state, or such other subjects as the board may from time to time approve. Continuing pharmacy education approved in New Mexico shall be limited to programs and activities offered by the accreditation council for pharmacy education (ACPE), accredited provider, programs or courses approved by the board or other state boards of pharmacy and pharmacy law programs offered by the board.

B. Continuing pharmacy education, certified as completed by an approved provider will be required of a registered pharmacist who applies for renewal of New Mexico registration as follows: 3.0 CEU (30 contact hours) every two years. Effective January 1, 2013, pharmacist and pharmacist clinician renewal applications shall document.

(1) A minimum of 1.0 CEU (10 contact hours) excluding the law requirement, per renewal period shall be obtained through "live programs" that are approved as such by the ACPE or the accreditation council for continuing medical education (ACCME). Live programs provided by other providers (such as continuing nursing education) may be acceptable based on review and approval of the board.

(2) A minimum of 0.2 CEU (two contact hours) per renewal period shall be in the area of patient safety as applicable to the practice of pharmacy.

(3) A minimum of 0.2 CEU (two contact hours) per renewal period shall be in the subject area of pharmacy law offered by the New Mexico board of pharmacy.

(4) Effective January 1, 2015, a minimum of 0.2 CEU (two contact hours) per renewal period shall be in the area of safe and appropriate use of opioids. An educational program consisting of a minimum of 0.2 CEU (2 contact hours) that addresses both patient safety as applicable to the practice of pharmacy and the safe and appropriate use of opioids will satisfy requirements of Paragraphs (2) and (4) of Subsection B of this section.

C. The number of CEU's to be awarded for successful completion shall be determined by the accredited provider in advance of the offering of the activity.

D. The board will accept CPE education units for programs or activities completed outside the state; provided, the provider has been approved by the ACPE under its' criteria for quality at the time the program was offered.

E. Continuing pharmacy education will be required of all registrants holding an in-state status and out-of-state active status license. (61-11-13D). Pharmacists granted New Mexico initial licensure are exempt from CPE requirements. Inactive status licensees will be required to furnish CPE for the current licensing period, 1.5 CEU for each year the licensee was inactive, only for the purpose of reinstating to active status.

F. Not less than ten percent of the registrants will be [~~randomly selected each year by the board for audit of certificates by the state drug inspectors~~] audited each year by board staff. Pharmacists and pharmacist clinicians without sufficient documentation of completion of CPE requirements [~~shall~~].

(1) May Be be subject to a fine of not less than \$1000.00.

(2) Shall Be be required to complete the deficient CPE in a satisfactory time period as determined by the board.

G. In the event a pharmacist makes an application for renewal and does not furnish necessary proof of compliance upon request, the board will afford the applicant opportunity for hearing pursuant to the Uniform Licensing Act.

H. [RESERVED]

I. [RESERVED]

J. Pharmacy law requirement:

(1) Active status: A minimum of 0.2 CEU (two contact hours) of the 3.0 CEU (30 contact hours) required for registration renewal, shall be in the subject area pharmacy law as offered by the board. In lieu of a board program, pharmacists not residing and not practicing pharmacy in New Mexico, may complete an ACPE accredited course, in the subject area pharmacy law, meeting the CEU requirements of this paragraph.

(2) Licensees may obtain 0.1 CEU (one contact hour) per year, in the subject area pharmacy law, by attending one full day of a regularly scheduled New Mexico board of pharmacy board meeting or serving on a board approved committee.

K. Board of pharmacy law programs shall offer 0.2 CEU and be two contact hours in length. [02/26/1995; 16.19.4.10 NMAC - Rn, 16 NMAC 19.4.10, 3/30/2002; A, 12/15/2002; A, 1/31/2007; A, 8/16/2010; A, 3/23/2013; A, 8/12/2013; A, 5/07/2024]

16.19.4.11 CONSULTANT PHARMACIST:

D. Consultant pharmacists serving custodial care facilities:

(1) Custodial care facility as used in this regulation includes: ~~[Any facility 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 residents' drugs.]~~ Any facility or business, including non-profit entity which provides retirement care, mental care or other facility that provides extended health care to patients.

(2) Any facility which meets the requirements outlined in Paragraph (1) of Subsection D of 16.19.4.11 NMAC shall be licensed by the board, engage a consultant pharmacist, whose duties and responsibilities are indicated in 16.19.4 and 16.19.11 NMAC.

(3) Procurement of drugs or medications for residents will be on the prescription order of a licensed practitioner. Refills shall be as authorized by the practitioner. When refill authorization is indicated on the original prescription, a refill for a resident may be requested by the administrator of the licensed facility or his designee to the providing pharmacy.

(4) The administrator or a designated employee of the facility will sign a receipt for prescription drugs upon delivery.

(5) All prescription drugs will be stored in a locked cabinet or room and the key will be assigned to a designated employee or the administrator as indicated in the procedures manual.

(6) Proper storage as stipulated in the official compendium USP/NF will be the responsibility of the licensed facility.

(7) Records - the consultant pharmacist shall be responsible for the following records:
(a) incoming medications - including refills;
(b) record of administration;
(c) waste or loss; This accountability record shall be maintained on a patient log, on forms meeting requirements of the board of pharmacy.

(8) All prescription containers shall be properly labeled as required in 16.19.11 NMAC. No bulk containers of legend drugs will be kept on the premises, except in a facility with a 24-hour per day and 365 day per year on-site licensed nurse. Only the following stock dangerous drugs may be kept:

(a) tuberculin testing solution; and
(b) vaccines as recommended by the centers for disease control (CDC) and prevention's advisory committee on immunization practices and appropriate for the facility population served; and
(c) ~~[naloxone]~~ opioid antagonist for opioid overdose; and
(d) epinephrine standard-dose and pediatric-dose auto-injectors

(9) Consultant pharmacist shall include in the procedures manual the name of individual(s) responsible for the assistance with medications.

(10) It shall be the responsibility of the pharmacist to give proper training/instruction to the person(s) at the facility who have day-to-day responsibility for receipt and administration of medications to resident when adverse reactions, special diet, or any other information relative to the administration of a drug is needed by the staff.

(11) The consultant pharmacist shall be required to maintain a patient profile on each individual, if applicable to the facility and individual.

(12) The consultant pharmacist shall visit the facility no less than once a quarter or more often, commensurate with patient drug regimen review and shall be available in emergencies, when needed. A log shall be maintained indicating all visits to the facility and noting any activities or irregularities to be recorded or reported. This log shall be available for state drug inspectors' review upon request.

(13) The consultant shall be responsible for the preparation of a procedures manual outlining procedures for the receipt, storage, record keeping, maintenance of patient profiles, administration and accountability of all legend drugs and procedures for the removal and destruction of unwanted, unused, outdated or recalled drugs - controlled substances shall be handled pursuant to state and federal regulations.

E. No drug that has been dispensed pursuant to a prescription and has left the physical premises of the facility licensed by the board shall be dispensed or reused again except the re-labeling and reuse of pharmaceuticals may be permitted in the following situations: in a correctional facility, licensed by the board, under the following circumstances dangerous drugs, excluding controlled substances, may be re-used:

- (1) the patients must reside in the same facility;
- (2) the reused medication must have been discontinued from the original patient's drug regimen;
- (3) the drug was never out of the possession of the licensee "keep on person" pharmaceuticals may never be reused;
- (4) the drugs were originally dispensed in packaging that is unopened, single-dose or tamper-evident containers;
- (5) the patient receiving the re-labeled medication must have a valid prescription/order for the medication that is to be reused;
- (6) repackaging and re-labeling may only be completed on site by the consultant pharmacist designated for that facility.

F. The consultant pharmacist must maintain records at the facility for three years containing the following information:

- (1) date when the re-labeling occurred;
- (2) the name and ID of the patient for whom the medication was originally intended for and the date in which it was discontinued from his or her drug regimen;
- (3) the name and ID of the patient who will receive the reused medication;
- (4) the name, strength and amount of the medication being reused;
- (5) the name of pharmacist re-labeling the medication;
- (6) pursuant to 16.19.10.11 NMAC the pharmacist must label the reused pharmaceutical and maintain a dispensing log for all such re-issued pharmaceuticals and the expiration date for such re-issued drugs shall be no greater than fifty percent of the time remaining from the date of repackaging until the expiration date indicated on the original dispensing label or container.

[8/27/1990; 16.19.4.11 NMAC - Rn, 16 NMAC 19.4.11, 3/30/2002; A, 6/30/2006; A, 10/24/2014; A, 15/07/2015; A, 11/30/2021; A, 9/13/2022; A, 5/07/2024]
