New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy
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www.rld.state.nm.us/boards/Pharmacy.aspx

August 27 - 28, 2012 Board Meeting Minutes

New Mexico Board of Pharmacy Regular Board Meeting

Location: Ruidoso Convention Center, 111 Sierra Blanca Dr. Ruidoso, New Mexico

Call to Order: The meeting was called to order by the Chairman Richard Mazzoni, R.Ph., at 9:05 a.m.

MEMBERS PRESENT:
Richard Mazzoni R.Ph., Chairman
Amy Buesing R.Ph., Member
LuGina Mendez-Harper R.Ph., Member
Danny Cross, R.Ph., Member
Ray Nunley, R.Ph., Member
Buffie Saavedra, Public Member

MEMBERS ABSENT
Joe Anderson R.Ph., Member
Allen Carrier, Public Member

STAFF ATTENDING:
Larry Loring, Executive Director
Debra Wilhite, Administrative Secretary
Mary Smith, Assistant Attorney General

MONDAY AUGUST 27, 2012

1. 9:05 a.m. Call to Order

2. Roll Call:

Present were Ms. Buffie Saavedra, Ms. Amy Buesing, Mr. Danny Cross, Ms. Lugina Mendez-Harper, Mr. Ray Nunley and the Chairman Mr. Richard Mazzoni. Absent were Mr. Joe Anderson and Mr. Allen Carrier.

3. Approval of the Agenda:

The agenda was approved as presented.

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

4. Approval of June 2012 Minutes:

The board approved the April 2012 minutes as presented.

Motion made by Ms. Buesing, seconded by Ms. Saavedra, board voted unanimously to pass the motion.

5. Applications:

a) Application List

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

Motion: 13 Clinic applications all are in order. Motion made by Ms. Saavedra, seconded by Mr. Nunley, board voted unanimously to pass motion.

Motion: 1 Emergency Medical Services applications all is in order. Motion made by Mr. Nunley, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 13 Custodial Nursing Home applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

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

Motion: 11 Non-Resident Pharmacy applications all are in order. Motion made by Ms. Mendez-Harper, seconded by M*s.* Buesing, board voted unanimously to pass motion.

Motion: 22 Wholesale/Broker applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley, board voted unanimously to pass motion.

NEW MEXICO BOARD OF PHARMACY
REGULAR MEETING
APPLICATION LIST
August 27 & 28, 2012

CLINIC /HOME HEALTH	*CONSULTANT PHARMACIST*
1.ABQ Health Partners Allergy & Asthma Clinic *10511 Golf Course Road NW suite 202* *Albuquerque, NM 87114*	*Relocation* *Katherine Chavez, R.Ph.*
2.Christus Ear, Nose and Throat *1620 Hospital Drive Lower Level* *Santa Fe, NM 87505*	*New* *Terri Willis, R.Ph.*

3.Christus St Vincent Physical Medical & Rehabilitation — *New*
1691 Galisteo Street Suite E — *Terri Willis, R.Ph.*
Santa Fe, NM 87505

4.Christus St Vincent Family Medicine Center — *New*
435 St Michaels Drive Suite B104 — *Terri Willis, R.Ph.*
Santa Fe, NM 87505

5.Christus St Vincent Health Specialist — *New*
1213 Gusdorf Road — *Terri Willis, R.Ph.*
Taos, NM 87571

6.Dialysis Clinic Inc Albuquerque South — *New*
1725 Isleta Blvd SW — *Perry Storey, R.Ph.*
Albuquerque, NM 87105

7.Duke City Recovery Toolbox Inc — *New*
912 1st Street NW — *Charlotte Breeden, R.Ph.*
Albuquerque, NM 87102

8.First Choice Community Healthcare — *Remodel*
8 Medical Center Road — *Katie Klein, R.Ph.*
Edgewood, NM 87015

9.First Choice Community Health Inc — *Relocation*
145 Don Pasquel Road NW — *Larry Georgopoulos, R.Ph.*
Los Lunas, NM 87031

10.Home Dialysis of New Mexico — *New*
700 Lomas Blvd NE — *Wilfred Chavez, R.Ph.*
Albuquerque, NM 87102

11.Las Cruces Orthopedic Associates — *Remodel*
675 Avenida de Mesilla — *Raymond Rede, R.Ph.*
Las Cruces, NM 88005

12.Las Cruces Renal Center — *New*
3961 E Lohman Avenue Suite 29 — *Robert Adams, R.Ph.*
Las Cruces, NM 88011

13.PMS Santa Fe Community Guidance Center — *Remodel*
2960 Rodeo Park Drive West — *Wes Langner, R.Ph.*
Santa Fe, NM 87505

EMERGENCY MEDICAL SERVICES	*CONSULTANT PHARMACIST*
Tucumcari Ambulance Service *123 N Adams* *Tucumcari, NM 88401*	*Relocation* *Robert McClelland, R.Ph.*
CUSTODIAL/NURSING HOME	*CONSULTANT PHARMACIST*
1.Active Solutions Inc *7808 Palo Duro NE* *Albuquerque, NM 87110*	*New* *Keun-Kyu Yi, R.Ph.*
2.Active Solutions Inc *14528 Hill Dale Road NE* *Albuquerque, NM 87123*	*New* *Keun-Kyu Yi, R.Ph.*
3.Better Days LLC *7519 Via Serenita SW* *Albuquerque, NM 87121*	*New* *Lori Carabajal, R.Ph.*
4.Casa de Shalom LLC *DBA Casa de Pas* *4103 Las Cumbras Court SE* *Rio Rancho, NM 87124*	*New* *Annabel Roberts, R.Ph.*
5.Community Options *2201 Brillante* *Santa Fe, NM 87501*	*New* *Charles Vandiver, R.Ph.*
6.Curry County Detention Center *801 Mitchell Street* *Clovis, NM 88108*	*New* *Patricia Cantwell, R.Ph.*
7.Home Sweet Home Assisted Living *2425 Pomelo Place NW* *Albuquerque, NM 87120*	*New* *Lori Carabajal, R.Ph.*
8.La Vida Llena Retirement Community *10501 Lagrima de Oro NE* *Albuquerque, NM 87111*	*New* *Lori Carabajal, R.Ph.*
9.Lessons of Life LLC *2215 College* *Las Cruces, NM 88001*	*New* *Mahmood Hurab, R.Ph.*
10.Lessons of Life LLC *2901 Majestic Ridge #6* *Las Cruces, NM 88012*	*New* *Mahmood Hurab, R.Ph.*

11.Providence Support & Services Inc — *New*
7544 Thornwood Drive NW — *Deborah Vanderlee, R.Ph.*
Albuquerque, NM 87120

12.Tobosa — *New*
2727 Wilshire Apt#18C — *Paul Tunell, R.Ph.*
Roswell, NM 88201

13.Tobosa — *New*
1200 McGaffey — *Paul Tunell, R.Ph.*
Roswell, NM 88201

PHARMACY /HOSPITAL — *PHARMACIST IN CHARGE*

1.Badger Health Corp — *Change of Ownership*
DBA Medicine Shoppe — *Troy Murray, R.Ph.*
1275 S 2nd Street Suite A
Raton, NM 87440

2.Complete Care Pharmacy LLC — *Change of Ownership*
DBA Pill Box — *Andrea Pacheco, R.Ph.*
1010 Bridge Blvd SW Suite B
Albuquerque, NM 87105

3.Gila Regional Medical Center Pharmacy — *Remodel*
1313 E 32nd Street — *Ray Goellner, R.Ph.*
Silver City, NM 88061

4.Presbyterian Infusion Center — *New*
201 Cedar SE Suite 4620 — *Letita Hughes, R.Ph.*
Albuquerque, NM 87106

5.Santa Fe Compounding Pharmacy LLC — *New*
6001 Jaguar Drive Suite 105 — *Andrew Wood, R.Ph.*
Santa Fe, NM 87507

6.Sierra Blanca Pharmacy — *New*
1206 Mechem Drive — *Chris Woodul, R.Ph.*
Ruidoso, NM 88345

7.Total Health & Wellness of Taos — *Relocation*
622 Paseo del Pueblo Sur — *Jake Mossman, R.Ph.*
Taos, NM 87571

*8.Wal*Mart Pharmacy* — *New*
11001 Menaul Blvd NE — *Oudalom Soupholphakdy, R.Ph.*
Albuquerque, NM 87112

NON-RESIDENT PHARMACY	*PHARMACIST IN CHARGE*
1.American Specialty Pharmacy *6789 Camp Bowie Blvd* *Fort Worth, TX 76116*	*New* *Ashwini Goswami, R.Ph.*
2.Biofusion *19110 Van Ness Avenue* *Torrance, CA 90501*	*Change of Ownership* *James Markis, R,Ph.*
3.Cari Boyd's Prescription Shop *122 Grapevine Hwy* *Hurst, TX 76054*	*New* *David Smith, R.Ph.*
4.Hallandale Pharmacy *1109 East Hallandale Beach Blvd* *Hallandale, FL 33009*	*New* *Medhat Mettias, R.Ph.*
5.Infinity Infusion Care *3600 South Gessner Suite 100* *Houston, TX 77063*	*New* *Christopher Mach, R.Ph.*
6.InfuPharma LLC *DBA HomeMed USA* *2013 Harding Street* *Hollywood, FL 33020*	*New* *Michael Rizo, R.Ph.*
7.Ivesco Holdings LLC *910 Shaver Street* *Springdale, AR 72766*	*New* *Amy Nalley, R.Ph.*
8.Paragon Hemophilia Solutions LLC *17111 Preston Road Suite 100* *Dallas, TX 75248*	*New* *Courtney Diep, R.Ph.*
9.Paragon Hemophilia Solutions LLC *17111 Preston Road Suite 160B* *Dallas, TX 75248*	*New* *Neetu Samuel, R.Ph.*
10.Truax Patient Services *602 Beltrami Avenue NW Suite 105* *Bemidji, MN 56601*	*New* *Brian Truax, R.Ph.*
11.United Pharmacy LLC *3951 Haverhill Road N#120-121* *West Palm Beach, FL 33417*	*New* *Philip Ozrovitz, R.Ph.*

WHOLESALER/BROKER

1.Actelion Pharmaceuticals US Inc — *New*
5000 Shoreline Court Suite 200
South San Francisco, CA 84080

2.ARIAD Pharmaceuticals Inc — *New*
26 Landsdowne Street
Cambridge, MA 02139

3.Animal Health International Inc — *Change of Ownership*
11199 Rojas Drive
El Paso, TX 79935

4.Animal Health International Inc — *Change of Ownership*
810 W 7th Street Hwy 54
Dalhart, TX 79022

5.BluPax Pharmaceuticals LLC — *New*
400 Raritan Center Parkway Suite C
Edison, NJ 08837

6.Bonita Pharmaceuticals — *New*
6380 Commerce Drive
Westland, MI 48185

7.Cyto Medix Inc — *New*
209 Perry Parkway Suite 7
Gaithersburg, MD 20877

8.Golden State Medical Supply Inc — *New*
5187 Camino Ruiz
Camarillo, CA 93012

9.Immediate Pharmaceutical Services Inc — *Change of Ownership*
33381 Walker Road
Avon Lake, OH 44012

10.ISTA Pharmaceuticals Inc — *New*
50 Technology Drive
Irvine, CA 92618

11.Ivesco Holdings LLC — *New*
125 Kingswood Drive
Mankato, MN 56001

12.Jazz Pharmaceuticals — *Change of Ownership*
1818 Market Street Suite 2350
Philadelphia, PA 19103

13.Kuehne & Nagel Inc — *New*
2525 Whilden Drive
Durham, NC 07307

14.Laydan Labs LLC — *New*
5400 Laurel Springs Pkwy Suite 504
Suwanee, GA 30024

15.MHC Medical Products LLC — *New*
8695 Seward Road
Fairfield, OH 45011

16.MPC Newco Inc — *New*
1100 Orthodox Street
Philadelphia, PA 19124

17.MPC Newco Inc — *new*
7722 Dungan Road
Philadelphia, PA 19111

18.Positudes Inc — *New*
44 Bond Street
Westbury, NY 11590

19.Solco Healthcare US LLC — *New*
2002 Eastpark Blvd Suite A
Cranbury, NJ 08512

20.Suneva Medical Inc — *New*
5870 Pacific Center Blvd
San Diego, CA 92121

21.Taro Pharmaceuticals USA Inc — *New*
One Commerce Drive
Cranbury, NJ 08512

22.Teleflex Medical Incorporated — *New*
11245 North Distribution Cove
Olive Branch, MS 38654

b) Pharmacist Clinicians

Motion: Recommendations and PhC certification approved for Katy Morton, and Rebecca Curry. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: Recommendations, prescriptive authority and PhC certification approved for Margherita Aikman. Motion made by Ms. Mendez-Harper, seconded by Mr. Cross, board voted unanimously to pass the motion.

Recommendations approval of registration as pharmacist clinician and prescriptive authority pending receipt of competency statement from physician for Linh Wilkinson

Motion: Motion was made by Mr. Cross, seconded by Ms. Buesing to attach the application list to the minutes, board voted unanimously to pass the motion.

6. MTP Report*

The Chairman asked to go into closed session to discuss the MTP report.

Motion: Go into closed session to discuss the MTP report. Motion made by Mr. Cross, seconded by Mr. Nunley, board voted unanimously to pass the motion.

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

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

Chairman Mazzoni opened the hearing at 10:05 a.m. and took roll call. In attendance were Ms. Saavedra, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Mr. Mazzoni.

The Chairman entered the notice of hearing as exhibit #1, proposed amendments as exhibit #2, amendment for 16.19.4 NMAC and exhibits #3, amendments for 16.19.15 NMAC, exhibit #4a written comments from Dale Tinker, exhibit #4b written comments from Joe Anderson and exhibit #5 the sign in sheet.

16.19.4.(7),(14),(16),(17) Pharmacist:

16.19.4.7 DEFINITIONS:

A. "A year" begins with the first day of the pharmacist's birth month and ends the last day of the pharmacist's birth month the following year.

B. "Activity" as used in the ACPE criteria for quality and these regulations, the term refers to an individual educational experience or program such as a lecture, home study course, workshop, seminar, symposium, etc.

C. "Alternate supervising physician" means a physician who holds a current unrestricted license, is a cosignatory on the notification of supervision, agrees to act as the supervising physician in the supervising physician's absence, or expand the "scope of practice and/or sites of practice" of the pharmacist clinician and is approved by the board.

D. "Approved provider" means an institution, organization or agency that has been recognized by the accreditation council for pharmaceutical education (ACPE) as having met it's criteria indicative of the ability to provide quality continuing pharmaceutical education, and is listed in the ACPE annual publication of approved providers.

E. "Board" means the New Mexico board of pharmacy.

F. **"Consultation"** means communication in person, telephonically, by two-way radio, by e-mail or by other electronic means.

G. **"Contract hour"** means a unit of measure equivalent to sixty (60) minutes of participation in an approved organized learning experience or activity.

H. **"Continuing education unit (CEU)"** means ten contact hours of participation or it's equivalent in an organized continuing education activity sponsored by an approved provider.

I. **"Continuing pharmacy education (CPE)"** means a structured education activity offered by an approved provider, designed or intended to support the continuing development of pharmacies or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

J. **"Continuing professional development (CPD)"** means the responsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers.

K. **"Criteria for quality"** means continuing education provider shall show evidence of adherence to the criteria adopted by the American council on pharmaceutical education as indicative of the ability to provide continuing pharmaceutical education activities; areas include: administrative & organization; budget & resources; teaching staff; educational content management of activity; method of delivery; facilities; evaluation mechanism.

L. **"Dangerous drug"** means a drug that, because of any potentiality for harmful effect or the methods of its use or the collateral measures necessary to its use, is not safe except under the supervision of a physician licensed by law to direct the use of such drug and the drug prior to dispensing is required by federal law and state law to bear the manufacturer's legend "Caution: Federal law prohibits dispensing without a prescription".

M. **"Guidelines or protocol"** means a written agreement between a pharmacist clinician or group of pharmacist clinicians and a physician or group of physicians that delegates prescriptive authority.

N. **"Initial pharmacist licensure"** means the license issued shall be valid for no less than 24 months. The license will expire the last date of his/her birth month that immediately follows the minimum 24 month time period.

O. **"Live programs"** means CPE activities that provide for direct interaction between faculty and participants and may include lectures, symposia, live teleconferences, workshops, etc.

P. **"Mediated forms"** means learning transmitted via intermediate mechanism such as audio and/visual tape, telephonic transmission, etc.

Q. **"Monitor dangerous drug therapy"** means to review the dangerous drug therapy regimen of patients by a pharmacist clinician for the purpose of evaluating and rendering advice to the prescribing physician regarding adjustment of the regimen. "Monitor dangerous drug therapy" includes:

(1) collecting and reviewing patient dangerous drug histories;

(2) measuring and reviewing routine patient vital signs including pulse, temperature, blood pressure and respiration;

(3) ordering and evaluating the results of laboratory tests relating to dangerous drug therapy, including blood [~~chemestries~~] **chemistries** and cell counts, controlled substance therapy levels, blood, urine, tissue or other body fluids, culture and sensitivity tests when performed in accordance with guidelines or protocols applicable to the practice setting and;

(4) evaluating situations that require the immediate attention of the physician and instituting or modifying treatment procedures when necessary.

R. **"Oversight committee"** means a joint committee made up of (4) members to hear issues regarding pharmacist clinicians' prescriptive authority activities and supervising physicians' direction of these activities.

S. **"Patient safety"** means the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.

T. **"Pharmaceutical care"** means the provision of drug therapy and other patient care services related to drug therapy intended to achieve definite outcomes that improve a patient's quality of like, including identifying potential and actual drug-related problems, resolving actual drug-related problems and preventing potential drug-related problems;

U. **"Pharmacist"** means a person duly licensed by the board to engage in the practice of pharmacy pursuant to the Pharmacy Act, Sections 61-11-1, 61-11-2, 61-11-4 to 61-11-28 NMSA 1978.

V. "Pharmacist clinician" means a pharmacist with additional training required by regulations adopted by the board in consultation with the New Mexico medical board and the New Mexico academy of physician assistants, who exercises prescriptive authority in accordance with guidelines or protocol.

W. "Pharmacist in charge" means a pharmacist who accepts responsibility for the operation of a pharmacy in conformance with all laws and rules pertinent to the practice of pharmacy and the distribution of drugs and who is personally in full and actual charge of the pharmacy and its personnel.

X. "Practice of pharmacy" [~~means the evaluation and implementation of a lawful order of a licensed practitioner; the dispensing of prescriptions; the participation in drug and device selection or drug administration that has been ordered by a licensed practitioner, drug regimen reviews and drug or drug-related research; the administering or "practitioner" means a physician prescribing of dangerous drug therapy; the provision of patient counseling and pharmaceutical care; the responsibility for compounding and labeling of drugs and devices; the proper and safe storage of drugs and devices; and the maintenance of proper records.~~] **means continually optimizing medication safety, patient wellness, and quality of services through the effective use of pharmaceutical care and emerging technologies and competency-based and performance-based training.**

(1) Pharmaceutical dispensing including product selection. Practice of pharmacy may include, but is not limited to:

(2) specialty pharmacy practice including pharmacists working for licensed pharmaceutical manufacturers or wholesalers;

(3) practice of telepharmacy within and across state lines;

(4) engaging in health care educational activities;

(5) pharmacy-specific academia;

(6) provision of those acts or services necessary to provide pharmaceutical care in all areas of patient care including patient counseling, prescriptive authority, drug administration, primary care, medication therapy management, collaborative practice, and monitoring dangerous drug therapy;

(7) inspecting on a full time basis to ensure compliance with the practice of pharmacy;

(8) provision of pharmaceutical and drug information services, as well as consultant pharmacy services;

(9) engaging in other phases of the pharmaceutical profession including those with research or investigational or dangerous drugs; or

(10) engaging in functions that relate directly to the administrative, advisory, or executive responsibilities pursuant to the practice of pharmacy in this state;

(11) the responsibility for compounding and labeling of drugs and devices;

(12) the proper and safe storage of drugs and devices; and

(13) the maintenance of proper records.

Y. "Practitioner" means a physician duly authorized by law in New Mexico to prescribe dangerous drugs including controlled substances in schedules II through V.

Z. "Prescriptive authority" means the authority to prescribe, administer, monitor or modify dangerous drug therapy.

AA. "Professional judgment" means a cognitive process, by alicensed pharmacist, that takes education, experience and current standards of practice into consideration when drawing conclusions and reaching decisions.

BB. "Renewal period" means continuing education programs or activities must be completed during the 24 month time period [~~occuring~~] **occurring** between the first day of the pharmacist's birth month and the last day of his/her birth month 2 years later.

CC. "Scope of practice" means those duties and limitations of duties placed upon a pharmacist clinician and/or the alternate supervising physician(s) and the board; includes the limitations implied by the field of practice of the supervising physician and/or the alternate supervising physician(s) and the board.

DD. "Supervising physician" means a doctor, or group of doctors, of medicine or osteopathy approved by the respective board to supervise a pharmacist clinician; "supervising physician includes a physician approved by the respective board as an alternate supervising physician.

[02-15-96; 16.19.4.7 NMAC - Rn, 16 NMAC 19.4.7, 03-30-02; A, 01-31-07; A, 08-16-10; A, 10-25-12]

16.19.4.14 ACTIVE STATUS: [~~Any pharmacist substantiating an annual aggregate of eighty hours or more in the practice of pharmacy shall be issued an active license. The following individuals are exempt the 80-hour requirement:~~

~~**A.** Pharmacists who are regularly engaged in teaching, shall be those who hold a full-time position with any accredited college of pharmacy in the state.~~

~~**B.** Pharmacists who are regularly engaged in servicing, shall be those who hold full-time positions with licensed pharmaceutical manufacturers or wholesalers and whose duties require regular periodical calls upon those who are licensed to maintain or operate a pharmacy in the state.~~

~~**C.** Pharmacists who are regularly engaged in manufacturing shall be those who have full-time personal and direct supervision or responsibility in the manufacture and production of dangerous drugs or devices in this state.~~

~~**D.** Pharmacists who are regularly engaged in inspecting shall be those who are employed on a full-time basis, in this state, to insure the proper and strict compliance of laws pertaining to the practice of pharmacy and submit reports of such activity to public agencies or supervisory personnel.~~

~~**E.** Pharmacists who are regularly engaged in other phases of the pharmaceutical profession shall include those who hold full-time positions in research of investigational or dangerous drugs, or those who hold full-time positions in functions that relate directly to the administrative, advisory or executive responsibilities pursuant to the practice of pharmacy in this state.~~] **Any pharmacist who maintains competency through the development and maintenance of knowledge, skill and aptitude, to ensure continuing competence as a pharmacy professional, and is able to demonstrate to the board said competence in the practice of pharmacy shall be issued an active license. Records of continuing education or continuous professional development shall be maintained and available for inspection by the board or the board's agent. A pharmacist shall be issued an active status license upon proper application and payment of fees.**

[08-27-90; 16.19.4.14 NMAC - Rn, 16 NMAC 19.4.14, 03-30-02; A, 12-15-02; A, 10-25-12]

16.19.4.16 RESPONSIBILITIES OF PHARMACIST AND PHARMACIST INTERN:

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

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

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

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

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

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

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

(7) drug regimen review, as defined in 61-11-2L;

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

B. Only a pharmacist shall perform the following duties:

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

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

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

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

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

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

C. Patient records.

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

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

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

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

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

D. Prospective drug review.

(1) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

(a) clinical abuse/misuse;
(b) therapeutic duplication;
(c) drug-disease contraindications;
(d) drug-drug interactions;
(e) incorrect drug dosage;
(f) incorrect duration of drug treatment;
(g) drug-allergy interactions;
(h) appropriate medication indication.

(2) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing a controlled substance prescription monitoring report or another states' reports if applicable and available, and consulting with the prescriber and counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

E. Prescription monitoring report for opiate prescriptions. When presented with an opiate prescription for a patient, obtaining and reviewing a prescription monitoring report for that patient can be an important tool that assists the pharmacist in identifying issues or problems that put his or her patient at risk of prescription drug abuse or diversion. A pharmacist shall use professional judgment based on prevailing standards of practice in determining whether to obtain and review a prescription monitoring report before dispensing an opiate prescription to that patient, and shall document his or her action regarding such reports.

(1) A pharmacist shall request and review a prescription monitoring report covering at least a one year time period and another states' report, where applicable and available if;

(a) a pharmacist becomes aware of a person currently exhibiting potential abuse or misuse of opiates (i.e. over-utilization, early refills, mulitple prescribers, appears overly sedated or intoxicated upon presenting a precription for an opiate or an unfamiliar patient requesting an opiate by specific name, street name, color, or identifying marks, or paying cash when the patient has prescription insurance);

(b) a pharmacist receives an opiat prescription requesting the dispensing of opiates from a prescription issued by a prescriber with whom the pharmacist is unfamiliar (e.i. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area);

(c) providing opiates for a patient that is receiving chronic pain management prescriptions.

(2) After obtaining an initial prescription monitoring report on a patient, a pharmacist shall use professional judgment base on prevailing standards of practice, in deciding the frequency of requesting and reviewing further prescription monitoring reports and other states' reports for that patient. The pharmacist shall document the review of these reports.

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

(4) A prescription for an opiate written for a patient in a long term care facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness is exempt from Subsection D of 16.19.29.8 NMAC. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist shall contact the practitioner. The pharmacist shall document whether the patient is "terminally ill" or an "LTCF patient".

F. Counseling.

(1) Upon receipt of a new prescription drug order and following a review of the patient's record, a pharmacist or pharmacist intern shall personally offer to counsel on matters which will enhance or optimize drug therapy with each patient or the patient's agent. Upon receipt of a refill prescription drug order a pharmacy technician may query the patient or patient's agent regarding counseling by the pharmacist or pharmacist intern concerning drug therapy. Such counseling shall be in person, whenever practicable, or by telephone, and shall include appropriate elements of patient counseling which may include, in their professional judgement, one or more of the following:

(a) the name and description of the drug;
(b) the dosage form, dosage, route of administration, and duration of drug therapy;
(c) intended use of the drug and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescriptions refill information;
(i) action to be taken in the event of a missed dose;
(j) the need to check with the pharmacist or practitioner before taking other medication; and
(k) pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) [REPEALED]

(3) Alternative forms of patient information may be used to supplement patient counseling when appropriate. Examples include, but not limited to, written information leaflets, pictogram labels and video programs.

(4) Patient counseling, as described above and defined in this regulation shall not be required for in-patients of a hospital or institution where other licensed health care professionals are authorized to administer the drug(s).

(5) A pharmacist shall in no way attempt to circumvent or willfully discourage a patient or patient's agent from receiving counseling. However, a pharmacist shall not be required to counsel a patient or patients's agent when the patient or patients's agent refuses such consultation.

(6) When the patient or agent is not present when the prescription is dispensed, including but not limited to a prescription that was shipped by the mail, the pharmacist shall ensure that the patient receives written notice of available counseling. Such notice shall include days and hours of availability, and: (1) of his or her right to request counseling; and (2) a toll-free telephone number in which the patient or patient's agent may obtain oral counseling from a pharmacist who has ready access to the patient's record. For pharmacies delivering more than 50% of their prescriptions by mail or other common carrier, the hours of availability shall be a minimum of 60 hours per week and not less than 6 days per week. The facility must have sufficient toll-free phone lines and personnel to provide counseling within 15 minutes.

(7) In every pharmacy there shall be prominently posted in a place conspicuous to and readable by prescription drug consumers a notice concerning available counseling.

G. [REPEALED]

H. Regulatory assessment. Profiles, either electronic or hard copy, shall be available for inspection, and shall provide the capability of storing the described historical information. The profiles must demonstrate that an effort is being made to fulfill the requirements by the completion of the detail required. A patient record shall be maintained for a period of not less than three (3) years from the date of the last entry in the profile record.
[08-27-90; 16.19.4.16 NMAC - Rn, 16 NMAC 19.4.16, 03-30-02; 16.19.4.16 NMAC - Rn, 16.19.4.17 NMAC, 12-15-02; A, 02-01-04; A, 11-30-04; A, 01-15-05; A, 01-31-07; A, 08-31-12; A, 10-25-12]

16.19.4.17 PHARMACIST CLINICIAN:

A. Purpose: The purpose of these regulations is to implement the Pharmacist Prescriptive Authority Act, Sections 61-11B-1 through 61-11B-3 NMSA 1978 by providing minimum standards, terms and conditions for the certification, registration, practice, and supervision of pharmacist clinicians. These regulations are adopted pursuant to Section 61-11B-3 of the Pharmacist Prescriptive Authority Act.

B. Initial certification and registrants:

(1) The board may certify and register a pharmacist as a pharmacist clinician upon completion of an application for certification and satisfaction of the requirements set forth in these regulations.

(2) A pharmacist who applies for certification and registration as a pharmacist clinician shall complete application forms as required by the board and shall pay a fee. The fee shall be set by the board to defray the cost of processing the application, which fee is not returnable.

(3) To obtain initial certification and registration as a pharmacist clinician, she/he must submit the following:

(a) proof of completion of sixty (60) hour board approved physical assessment course, followed by a 150 hour, 300 patient contact preceptorship supervised by a physician or other practitioner with prescriptive authority, with hours counted only during direct patient interactions;

(b) the applicant will submit a log of patient encounters as part of the application;

(c) patient encounters must be initiated and completed within 2 years of the application.

(4) The board shall register each pharmacist certified as a pharmacist clinician.

(5) Upon certification and registration by the board, the name and address of the pharmacist clinician, (name of the supervising physician if applicable), and other pertinent information shall be enrolled by the board on a roster of pharmacist clinicians.

C. Biennial renewal of registration:

(1) Renewal applications shall be submitted prior to the license expiration.

(2) Applications for renewal must include:

(a) After January 1, 2013, documentation of continuing education hours, including proof of completion of 2.0 CEU twenty (20) contact hours of live CPE or continuing medical education (CME) approved by (ACPE) or AACME (live programs provided by other continuing education providers may be submitted for review and approval to the board), beyond the required hours in 16.19.4.10 NMAC (as amended), as required by the board; and

(b) a current protocol of collaborative practice signed by the supervising physician (if prescriptive authority is sought); and

(c) a copy of the pharmacist clinicians registration with the supervising physicians board (if prescriptive authority is sought); and

(d) other additional information as requested by the board.

D. Prescriptive authority, guidelines or protocol:

(1) Only a registered pharmacist clinician with current protocols, registered with the New Mexico medical board or the New Mexico board of osteopathic medical examiners, may exercise prescriptive authority.

(2) A pharmacist clinician seeking to exercise prescriptive authority shall submit an application to the board. The application must include the supervising physicians' name and current medical license, protocol of collaborative practice and other information requested by the board. A pharmacist may submit the application with the initial application for certification or as a separate application after becoming certified and registered as a pharmacist clinician.

(3) The protocol will be established and approved by the supervising physician as set forth in these regulations and will be kept on file at each practice site of the pharmacist clinician and with the board.

(4) The protocol must include:

(a) name of the physician(s) authorized to prescribe dangerous drugs and name of the pharmacist clinician;

(b) statement of the types of prescriptive authority decisions the pharmacist clinician is authorized to make, including, but not limited to:

(i) types of diseases, dangerous drugs or dangerous drug categories involved and the type of prescriptive authority authorized in each case;

(ii) ordering lab tests and other tests appropriate for monitoring of drug therapy;

[~~(ii)~~] **(iii)** procedures, decision criteria or plan the pharmacist clinician is to follow when exercising prescriptive authority;

(c) activities to be followed by the pharmacist clinician while exercising prescriptive authority, including documentation of feedback to the authorizing physician concerning specific decisions made; documentation may be made on the prescriptive record, patient profile, patient medical chart or in a separate log book;

(d) description of appropriate mechanisms for consulting with the supervising physician, including a quality assurance program for review of medical services provided by the pharmacist clinician, (this quality assurance program will be available for board review); and

(e) description of the scope of practice of the pharmacist clinician.

E. Scope of practice:

(1) A pharmacist clinician shall perform only those services that are delineated in the protocol and are within the scope of practice of the supervising physician and/or alternate supervising physician(s).

(2) A pharmacist clinician may practice in a health care institution within the policies of that institution.

(3) A pharmacist clinician may prescribe controlled substances provided that the pharmacist clinician:[~~(i)~~]

(a) has obtained a New Mexico controlled substances registration and a drug enforcement agency registration, and [~~(ii)~~]

(b) prescribes controlled substances within the parameters of written guidelines or protocols established under these regulations and Section 3, A. of the Pharmacist Prescriptive Authority Act.

(4) The board may, in its discretion after investigation and evaluation, place limitations on the tasks a pharmacist clinician may perform under the authority and direction of a supervising physician and/or alternate supervising physician(s).

F. Collaborative professional relationship between pharmacist clinicians and supervising physician(s):

(1) The direction and supervision of pharmacist clinicians may be rendered by approved supervising physician/designated alternate supervising physician(s).

(2) This direction may be done by written protocol or by oral consultation. It is the responsibility of the supervising physician to assure that the appropriate directions are given and understood.

(3) The pharmacist clinician must have prompt access to consultation with the physician for advice and direction.

(4) Upon any change in supervising physician between registration renewals, a pharmacist clinician shall submit to the board, within ten (10) working days, the new supervising physician's name, current medical license, and protocol; notification to and completion of requirements for the supervising physicians' board shall be completed per that boards requirements. This notice requirement does not apply to an alternate supervising physician who is designated to cover during the absence of the supervising physician.

G. Complaints and appeals:

(1) The chair of the board will appoint two (2) members of the board, and the president of the supervising physician respective board will appoint (2) members of the respective board to the oversight committee; the oversight committee will review complaints concerning the pharmacist clinician practice; the oversight committee will make a report that may include non-binding recommendations to both the board and respective board(s) regarding disciplinary action. Each board can accept or reject the recommendations.

(2) Any applicant for certification or any pharmacist clinician may appeal a decision of the board in accordance with the provisions of the Uniform Licensing Act, Sections 61-1-1 to 61-1-33 NMSA 1978.

[03-14-98; 16.19.4.17 NMAC - Rn, 16 NMAC 19.4.17, 03-30-02; 16.19.4.17 NMAC - Rn, 16.19.4.18 NMAC, 12-15-02; A, 09-30-03; A, 01-31-07; A, 05-14-10; A, 08-16-10; A, 10-25-12]

Motion: Adopt language as amended. Motion made by Mr. Cross, seconded by Mr. Nunley, board voted unanimously to pass the motion.

16.19.15 Dangerous Veterinary Drugs:

16.19.15.1 ISSUING AGENCY: Regulation and Licensing Department, Board of Pharmacy,[~~1650 University Blvd, NE - Ste. 400B,~~] Albuquerque NM [~~87102. (505) 841-9102~~].
[02-15-1889...02-15-96; 16.19.15.1 NMAC - Rn, 16 NMAC 19.15.1, 03-30-02; A, 10-25-12]

16.19.15.3 STATUTORY AUTHORITY: Section 61-11-14.B. (13) NMSA 1978 authorizes the board of pharmacy to issue drug permits for wholesalers, retailers and distributors of dangerous drugs limited to veterinary use. **Section 26-3-3(A) NMSA 1978 (the Drug Product Selection Act or "DPSA") authorizes pharmacists to dispense lower cost versions of multiple-source drugs that meet a final determination of the federal government that is published in the federal register. Section 26-3-2 of the DPSA states that the purpose of the DPSA is to assure that all New Mexico citizens continue to receive high quality drugs at a reasonable cost.**
[02-15-96; A, 04-30-98; 16.19.15.3 NMAC - Rn, 16 NMAC 19.15.3, 03-30-02; A, 10-25-12]

16.19.15.6 OBJECTIVE: The objective of Part 15 of Chapter 19 is to establish standards to be followed by retailers and distributors for the safe and competent delivery, distribution, and disposal of dangerous drugs limited to veterinary use **and to carry out the purpose of the Drug Product Selection Act by providing a uniform standard for drug product selection of animal drugs. Section 26-3-3(A) NMSA 1978 permits a pharmacist to**

select a lower cost multiple source drug that meets a final determination in the federal register when a more costly version of the drug is prescribed. Animal drugs approved by FDA are subject to final determinations in the federal register and therefore qualify for drug product selection as described in this regulation.
[02-15-96; 16.19.15.6 NMAC - Rn, 16 NMAC 19.15.6, 03-30-02; A, 10-25-12]

16.19.15.7 DEFINITIONS:

A. **"Limited licensure for retailers of veterinary drugs"** means a license issued in accordance with the Pharmacy Act 61-11-14.B (13), which authorizes licensees to retail dangerous drugs limited to veterinary use, in accordance with the labeling provisions of the Drug and Cosmetic Act.

B. **"Dangerous drug"** means a drug...because of any potentiality for harmful effect or the method of its' use, or the collateral measures necessary to its' use, is not safe except under the supervision of a practitioner licensed by law to direct the use of such drug, and hence for which adequate directions for use cannot be prepared.

C. "Animal drug" means a dangerous (prescription) drug that is the subject of an approved new animal drug application or an approved abbreviated new animal drug application under the Federal Food, Drug, and Cosmetic Act.

D. "FDA" means the United States food and drug administration.

[~~C.~~] **E. "Adequate directions for use"** means directions under which the layman can use a drug safely and for the purpose for which it is intended. A dangerous drug shall be sold at retail only on the order or prescription of a practitioner licensed by law to administer or prescribe such drug, if it bears the legend: "CAUTION -- federal law restricts this drug to use by or on the owner of a licensed veterinarian".

[~~D.~~] **F. "Licensed practitioner"** means a person engaged in a profession licensed by the state, who within the limits of his license, may lawfully prescribe, dispense or administer drugs for the treatment of a patient's condition, and includes doctors of medicine, osteopathy, dentistry, podiatry and veterinary medicine.

[~~E.~~] **G. "Prescription"** means an order given individually for the person for whom prescribed, either directly from the prescriber or indirectly by means of a written order, signed by the prescriber and shall bear the name and address of the prescriber, his license classification, the name and address of the patient, the name and quantity of the drug prescribed, directions for use and the date of issue. No person other than a licensed practitioner shall prescribe or write a prescription.

H. "Therapeutically equivalent" means animal drug products which have the same amount of the active drug in the same dosage form which when administered can be expected to provide the same therapeutic effect.

[~~F.~~] **I. "Expiration date"** means those drugs and particularly those that are biologic in origin, on which the label is required to bear an expiration date limiting the period during which the drug may be expected to have the labeled potency if it is stored as directed.

[~~G.~~] **J. "Proper storage temperature"** means the temperature at which the label on the drug indicates the product must be kept.

(1) Cold; any temperature not exceeding 46 degrees F.

(2) Cool; any temperature between 46 and 50 degrees F.

(3) Room temperature; the temperature prevailing in a working area.

(4) Controlled room temperature; temperature maintained thermostatically between 59 and 86 degrees F.

(5) Excessive heat; any temperature above 104 degrees F.

(6) Protection from freezing; where, in addition to the risk of breakage of the original container, freezing subjects a product to a loss of strength or potency, or to destructive alteration of the dosage form. The container label bears the appropriate notice to protect from freezing.

[03-07-80...08-27-90, 04-30-98; 16.19.15.7 NMAC - Rn, 16 NMAC 19.15.7, 03-30-02; A, 10-25-12]

16.19.15.9 DANGEROUS VETERINARY DRUGS AND ANIMAL DRUG PRODUCT SELECTION:
All dangerous drugs distributed at retail on the order of a licensed veterinarian by the limited retail veterinary drug distributor shall be sold in the original, unbroken manufacturer's containers.

A. Upon receipt of a prescription for an animal drug, a pharmacist may dispense any lower cost animal drug that is:

(1) therapeutically equivalent to the prescribed animal drug;

(2) bioequivalent to the prescribed animal drug; and

(3) listed in FDA's list of approved animal drug products (the "green book").

B. When performing animal drug product selection pursuant to this regulation, a pharmacist may rely on the bioequivalence information found in the FDA FOIA summaries published on the FDA internet website.

C. A licensed practitioner may prohibit animal drug product selection by writing with his hand the words "no substitution" or the diminution "no sub" on the face of a prescription.

D. If animal drug product selection occurs as permitted in this regulation, the pharmacist shall indicate on the label of the dispensed container the brand of drug prescribed and the name of the drug dispensed.

E. A pharmacist may not select a therapeutically equivalent animal drug unless he passes on to the purchaser all savings between the net cost of the product prescribed and the product dispensed.

[03-07-80...08-27-90; 16.19.15.9 NMAC - Rn, 16 NMAC 19.15.9, 03-30-02; A, 10-25-12]

Motion: Adopt language as amended. Motion made by Mr. Cross, seconded by Mr. Nunley, board voted unanimously to pass the motion.

1. **Stipulated or Settlement Agreements/Surrenders/Default Hearings and Orders***

   a) 2012-036 Stipulated Agreement – Jacob Gonzales:

   Motion: Accept stipulated agreement. Motion made by Ms. Buesing, seconded by Mr. Cross, board voted unanimously to pass the motion.

   b) 2012-057 Voluntary Surrender – Adrienne Wright:

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

   c) 2012-058 Voluntary Surrender/Stipulated Agreement – Robert Colwell:

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

2. **Committee Reports and Board Actions:**

   Tele-Pharmacy Committee: No report at this time, tentative after Labor Day.

   Pharmacist Practice Committee: Rules being noticed today are a result of the committee's action. No report at this time.

   Pharmacist CE Committee: No report at this time.

   Pharmacist Clinician Committee: No report at this time.

   Emergency Preparedness Committee: Issues regarding vaccines/vials such as the flu and numerous dental procedures used for off-site clinic events must adhere to laws and statutes. Mr. Cross stated that until he can reference the CDC guidelines contrary to <USP 797> the committee cannot rule on these issues and will table until the committee can address and present at the October 2012 board meeting.

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

Board of Pharmacy/Chiropractic Formulary Committee: Proposed Drug Formulary: Mr. Joe Anderson was not present. Mary Smith has information regarding the "Brief In Chief" which she will present during the Executive Directors report.

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

Pharmacy Technician Committee: Take 16.19.22 NMAC back to the committee for proposed language changes regarding, stocking and the technician to pharmacist ratio.

Substance Abuse/Harm Reduction Committee: No report at this time.

Sterile Products Committee: Language proposed for 16.19.6.11 NMAC approved as amended to be noticed at October 2012 board meeting.

Motion: Notice 16.19.6.11 NMAC at October 2012 board meeting. Motion made by Mr. Cross, seconded by Mr. Nunley, board voted unanimously to pass the motion.

TUESDAY AUGUST 28, 2012

10. Public and Professional Requests/Waiver Petitions*:

a. Patrick Lapanne, RPh license request:

Mr. Patrick Lapanne was present and requested of the board to re-instate his license. A letter of reference from MTP supports his re-instatement as he has been compliant with his contract.

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

a. Case presentations:

Ben Kesner 2012-001/close
Ben Kesner 2012-012/close
Ben Kesner 2012-026/close
Ben Kesner 2012-039/close
Ben Kesner 2012-053/close
Ben Kesner 2012-057/surrender
Ben Kesner 2012-058/surrender
Ben Kesner 2012-060/NCA
Ben Kesner 2012-064/NCA

Larry Loring 2011-074/close
Larry Loring 2011-075/close
Larry Loring 2011-092/close
Larry Loring 2011-093/close
Larry Loring 2012-040/NCA w/pre-nca settlement agreement
Larry Loring 2012-045/close
Larry Loring 2012-062/NCA

Adela Padilla 2011-051/NCA w/pre-nca settlement agreement
Adela Padilla 2012-020/advisory letter
Adela Padilla 2012-021/advisory letter
Adela Padilla 2012-022/advisory letter
Adela Padilla 2012-023/advisory letter

Adela Padilla 2012-028/NCA
Adela Padilla 2012-033/close
Adela Padilla 2012-037/close
Adela Padilla 2012-038/close
Adela Padilla 2012-042/NCA
Adela Padilla 2012-049/close

b. Update from Counsel on legal matters*:

Counsel for the board, Mary Smith stated that the reasons for rule changes (amendments) should be stated for the record.

c. Executive Director Position*:

State Personnel Office has approved the position opening for Executive Director and applications submitted for the position will be given to the hiring committee for review.

d. Open Meetings Resolution Adoption:

The open meeting resolution was presented and approved for 2012-2013.

Motion: Approve the 2012-2013 "Open Meetings Resolution". Motion made by Mr. Cross, seconded by Mr. Nunley, Board voted unanimously to pass the motion.

e. Board meeting dates 2013:

January 17 & 18, 2013 April 18 & 19, 2013
June 20, 2013 August 26 & 27, 2013
October 17 & 18, 2013

Motion: Approve the board meeting dates for 2013. Motion made by Mr. Nunley, seconded by Mr. Cross, board voted unanimously to pass the motion.

f. Review and approval of all applications:

Licensee applications were approved earlier @ 8:31 a.m.

g. Re-notice 16.19.10 NMAC:

Inspector Ben Kesner brought to the boards' attention that rule 16.19.10 NMAC regarding clinics dispensing only one class of dangerous drug or controlled substance was previously approved in 2001 but did not get filed, therefore alleviating the need for waiver requests. The board will present for notice at the October 2012 board meeting.

h. Proposed change to 16.19.22 supportive personnel:

Mr. Cross stated that supportive personnel issues and changes will be presented to the committee for proposed language.

i. Albuquerque Journal article August 14, 2012:

Executive Director, Larry Loring stated that an article published August 14, 2012 in the Albuquerque Journal regarding DEA investigations and arrests referenced the help of inspectors from the Board of Pharmacy as doing a great job.

j. No Exemptions documentary August 23, 2012:

Executive Director, Larry Loring and Inspector, Cheranne McCracken were involved in a brief discussion regarding drug abuse issues relative to the documentary being televised on Channel 4, station KOB on August 23, 2012.

k. District 6,7,8 meeting:

Chairman Rich Mazzoni will be attending the district meeting in Little Rock, AR October 21 -24, 2012.

l. Board vacancies:

A "public member" position is vacant, Ms. Buffie Saavedra (public member) will be re-submitting her term position and the position that Ms. Amy Buesing holds may be concluding. Executive Director, Larry Loring has met with Jeremiah Ritchie regarding board member nominee appointments.

12. Election of Officers:

Motion: Nomination of Chairman – Rich Mazzoni. Motion made by Mr. Nunley, seconded by Ms. Mendez-Harper, board voted unanimously to pass the motion.

Motion: Nomination of Secretary – Lugina Mendez-Harper. Motion made by Mr. Cross, seconded by Mr. Mazzoni, board voted unanimously to pass the motion.

Motion: Nomination of Vice-Chairperson – Amy Buesing. Motion made by Mr. Mazzoni, seconded by Mr. Nunley, board voted unanimously to pass the motion.

FYI: Ms. Buesing discussed the "Community Outreach" event that will be held on October 19, 2012, the last day of the scheduled board meeting. Board members will be participating during the event.

Ms. Buesing briefly discussed the Pharmacy Practice Model Summit as will be presented by Melanie Doss at the October 2012 board meeting.