


NEW MEXICO
PRESCRIPTION MONITORING PROGRAM
(PMP)

DISPENSING PRACTITIONER MANUAL

NEW MEXICO PMP

Please Login



Not a member? [Register](#)

For registration questions, please contact the PMP Manager via Email at Maria.Gonzales@state.nm.us or via Phone at (505) 222-9830.

Username

Password

[Forgot your Password?](#)

If you're unable to reset your password using the link above, forgot your User Name, or your account is locked, you can contact the NM PMP Director at Carl.Fiansbaum@state.nm.us or by phone at (505) 222-9837 for assistance.

Requests are processed M-F 8am-5pm MST

Once you login to the NM PMP Portal, please review your account information in the MY ACCOUNT section (including your security questions) to make sure all information is current and accurate.

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Contact Information

NM.PMP@state.nm.us

(505) 222-9847



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5200 Oakland Avenue NE, Suite A; Albuquerque, New Mexico 87114

Phone: (505) 222-9847 Fax: (505) 222-9845

Web: <https://pmp-web.rld.state.nm.us/> Email: NM.PMP@state.nm.us

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BACKGROUND

The New Mexico Prescription Monitoring Program (PMP) provides information regarding the prescription of controlled substances in order to prevent the improper or illegal use of the controlled substance, and is not intended to infringe on the legitimate prescribing of a controlled substance by a prescribing practitioner acting in good faith and in the course of professional practice.

REPORTING REQUIREMENTS AND SCHEDULES

In accordance with 16.19.29.8, each dispenser shall submit the information in accordance with transmission methods and frequency established by the board; but shall **report at least every 7 (seven) days**. (*Dispensers may also report more frequently than outlined above. Any dispenser who chooses to may submit on a daily basis.*)

If you as a New Mexico licensed practitioner ***routinely dispense*** more than 12 dosage units of a **Schedule II-V** controlled substance to an individual patient within a 72 hour period, you must report this data to the NM PMP as described above. Additionally if you do routinely dispense, but do not do so during a specific reporting period, a “zero” report must be submitted.

REPORTING PROCEDURES

Prescription data is most easily submitted to the NM PMP via a **Data file upload** through the NM PMP website. That method is detailed in the separate **DATA REPORTING MANUAL**. However, many dispensing practitioners use the below described Manual Entry due to the low volume of Controlled Substances dispensed. Veterinarians can also use this method to enter dispensed Controlled substances for animals in their care.

How to Manually Enter Controlled Substance Dispensing Data:

1. Log in to <https://pmp-web.rld.state.nm.us/> with your username and password
2. Navigate to the Data Collection -> Manual Entry page



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Navigating to the Manual Entry Screen

The screenshot shows the New Mexico PMP website interface. The top navigation bar includes 'Request', 'Alert', and 'Data Collection'. A yellow arrow points to the 'Data Collection' link. Below the navigation bar, the 'Other Links' section contains 'Alerts (124)', 'Info Center', 'FAQ', and 'Related Links'. The 'Latest News' section displays 'PMP REQUESTS' and a prompt to enter patient information. The main content area is divided into four columns: 'Messages' (with a 'STAY ALERT' button), 'Requests' (listing patient records), 'Announcements' (stating 'No New Announcements'), and 'News' (listing 'Synthetic Drug Takedown...-7/26/2012'). The footer contains links for 'Home', 'Related Links', 'Info Center', 'FAQ', and 'Contact Us'.

The screenshot shows the New Mexico PMP website interface. The top navigation bar includes 'Request', 'Alert', 'Data Collection', and 'Help'. A yellow arrow points to the 'Manual Entry' link in the 'Other Links' section. Below the navigation bar, the 'Other Links' section contains 'Alerts (124)', 'Info Center', 'FAQ', and 'Related Links'. The 'Latest News' section displays 'PMP REQUESTS' and a prompt to enter patient information. The main content area is divided into four columns: 'Messages' (with a 'STAY ALERT' button), 'Requests' (listing patient records), 'Announcements' (stating 'No New Announcements'), and 'News' (listing 'Synthetic Drug Takedown...-7/26/2012'). The footer contains links for 'Home', 'Related Links', 'Info Center', 'FAQ', and 'Contact Us'.



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Manual Entry Screen (required fields are highlighted and defined below)

NEW MEXICO PMP

Welcome, Provider Test

MY ACCOUNT

LOGOUT

Request

Alert

Data Collection

Help

Home > Data Collection > Manual Entry

Test Run Upload

File Upload

Upload Pharmacy Zero Report

Manual Entry

Other Links

Alerts (124)

Info Center

FAQ

Related Links

Latest News

PMP REQUESTS

PLEASE ENTER ONLY LAST NAME, FIRST NAME AND DOB TO GET PATIENT REPORT

Manual Entry

ASAP 1995

Dispenser Details

NABP #: NPI #: DEA #: Pharmacy Name:

Patient Details

Last Name: First Name: Middle Name: DOB: Gender:

Street: Street2: City: State, Zip: Contact Number:

ID Type: ID #: ID Issuing State: Species Code: Location:

Prescriber Details

Prescriber DEA #: Prescriber NPI #: State License #: Prescriber Last Name: Prescriber First Name: Prescriber Middle Name:

Prescription Details

Reporting Status: New

Rx Number: Date Written: Auth Refills: Date Filled: Refill No: ID Qual: Product #: Qty: Days Supply:

Drug Dosage Unit: Rx Origin Code: Partial Fill: Payment Method: Electronic Ref #:

Additional Information Reporting

State Issuing Rx No: State Issued Rx No:

I hereby certify that the information I have entered above is accurate and complete.

Save Back



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Manual Entry Required Fields

Dispenser Details

DEA #: Enter the DEA number of the person or facility the drugs were purchased with.

Patient Details

Last Name: Enter last name *(of owner if animal)*
First Name: Enter first name *(pet's name if animal)*
Middle Name: *(if animal, enter species type -dog, cat, etc.)*
DOB: *(if animal, enter default date of 01/01/2001)*
GENDER: Click arrow and select response
Street:, City:, Zip: *(if animal, enter owners information)*

Prescriber Details

Prescriber DEA #: Enter DEA number of practitioner prescribing/dispensing controlled substance. This may be same number as dispenser DEA # entered previously if the practitioner is also the dispenser.

Prescription Details

Rx Number: Entry required. May be number or n/a
Date Written: Entry format MM/DD/YYYY
Auth Refills: Entry required. May be 0
Date Filled: Entry format MM/DD/YYYY
Refill No: Entry required. May be 0
ID Qual: Click arrow. Select NDC
Product #: Enter 11-digit NDC code for product. No spaces between numbers.
Qty: Enter numeric quantity of tablets, capsules, milliliters
Days Supply: Enter number of days supply based on instructions for use.
Drug Dosage Unit: Click arrow and select correct unit
Rx Origin Code: Click arrow and select correct response
Partial Fill: Check one
Payment Method: Click arrow and select correct response

You will also have to check the checkbox to certify the information is accurate and complete before the data will be saved.



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National Drug Code (NDC) Conversion Table

Converting NDCs from 10-digits to 11 digits.

It should be noted that many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper entry of a National Drug Code (NDC) requires an 11-digit number in a 5-4-2 format. Converting National Drug Code (NDC) from a 10-digit to an 11-digit format requires a strategically placed zero, dependent upon the 10-digit format.

The following table shows common 10-digit National Drug Code (NDC) formats indicated on packaging and the associated conversion to an 11-digit format, using the proper placement of a zero. The correctly formatted, additional "0" is in a bold font and underlined in the following example. Note that hyphens indicated below are used solely to illustrate the various formatting examples for the National Drug Code (NDC).

NOTE: Do not use hyphens when entering the actual data.

Converting NDCs from 10-digits to 11-digits					
10-Digit Format on Package	10-Digit Format Example	11-Digit Format Conversion	11-Digit Format Example	Actual 10-digit NDC Example	11-Digit Conversion Example
4-4-2	9999-9999-99	5-4-2	<u>0</u> 9999-9999-99	0002-7597-01	<u>0</u> 0002-7597-01
5-3-2	99999-999-99	5-4-2	99999- <u>0</u> 999-99	50242-040-62	50242- <u>0</u> 040-62
5-4-1	99999-9999-9	5-4-2	99999-9999- <u>0</u> 9	60575-4112-1	60575-4112- <u>0</u> 1



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AUTHORIZED AGENT OF PRACTITIONER FOR REQUESTING REPORTS FROM THE NEW MEXICO PRESCRIPTION MONITORING PROGRAM

<https://pmp-web.rld.state.nm.us>

INSTRUCTIONS

1. THE PRACTITIONER REQUESTING AN AUTHORIZED AGENT MUST FIRST HAVE AN ACTIVE ACCOUNT WITH THE PRESCRIPTION MONITORING PROGRAM (PMP). PLEASE VISIT THE WEB SITE AND REGISTER FIRST IF YOU DO NOT HAVE AN ACCOUNT. WHEN REGISTERING, SELECT THE JOB DESCRIPTION, "PRACTITIONER WITH DELEGATE".
2. SUBMIT THE SIGNED AND NOTARIZED AGENT FORM TO THE BOARD OF PHARMACY. YOU MAY FAX OR MAIL THE FORM TO THE BOARD.
3. A PRACTITIONER MAY DESIGNATE ONE AGENT PER PRACTICE SITE.
4. HAVE THE AGENT VISIT THE WEB SITE AND REGISTER. SELECT THE JOB DESCRIPTION, "DELEGATE".
5. THE AGENT SHOULD FILL OUT THE APPLICATION WITH HIS/HER NAME, AND BUSINESS CONTACT INFORMATION (i.e. PHONE, FAX, EMAIL).
6. AFTER SUBMITTING THE REGISTRATION, THE AGENT WILL RECEIVE AN EMAIL CONFIRMING THE REGISTRATION.
7. THE AGENT WILL RECEIVE ANOTHER EMAIL WITHIN A FEW DAYS LISTING THE LOGIN NAME AND PASSWORD FOR THE ACCOUNT.
8. REPORTS REQUESTED BY THE AGENT ARE AVAILABLE ON THE PRACTITIONER'S PMP ACCOUNT AND THE AGENTS ACCOUNT.
9. PRINT OUT OR SAVE TO YOUR COMPUTER REPORTS YOU WISH TO REVIEW AT FUTURE DATES.



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/pharmacy

**AUTHORIZED AGENT OF PRACTITIONER FOR REQUESTING REPORTS FROM THE
NEW MEXICO PRESCRIPTION MONITORING PROGRAM**

PRACTITIONER NAME: _____

PRACTITIONER BUSINESS ADDRESS: _____

PRACTITIONER CITY, STATE, ZIP: _____

PRACTITIONER DEA NUMBER: _____

AS ALLOWED IN 16.19.29.12 A OF NMSA 1978, I AUTHORIZE THE FOLLOWING PERSON AS MY AGENT FOR THE PURPOSE OF SUBMITTING AND RECEIVING PATIENT PRESCRIPTION REPORTS ON MY DIRECTION FROM THE NEW MEXICO PRESCRIPTION MONITORING PROGRAM (PMP). I UNDERSTAND THIS PERSON WILL COMPLETE A REGISTRATION WITH THE PMP AND WILL ACCESS DATA FOR ME THROUGH THIS REGISTRATION.

I WILL NOTIFY THE NEW MEXICO BOARD OF PHARMACY IMMEDIATELY FOR TERMINATION OF THIS AGENT AUTHORIZATION.

AUTHORIZED AGENT NAME: _____

AGENT BUSINESS ADDRESS: _____

AGENT CITY, STATE, ZIP: _____

AGENT BUSINESS RELATIONSHIP TO PRACTITIONER: _____

PRACTITIONER SIGNATURE: _____

DATE: _____

Subscribed before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____