NEW MEXICO

PRESCRIPTION MONITORING PROGRAM

(PMP)

DISPENSING PRACTITIONER MANUAL

Contact Information

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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
Navigating to the Manual Entry Screen
Manual Entry Screen (required fields are highlighted and defined below)
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.
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.**

<table>
<thead>
<tr>
<th>10-Digit Format on Package</th>
<th>10-Digit Format Example</th>
<th>11-Digit Format Conversion</th>
<th>11-Digit Format Example</th>
<th>Actual 10-digit NDC Example</th>
<th>11-Digit Conversion Example</th>
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<tr>
<td>4-4-2</td>
<td>9999-9999-99</td>
<td>5-4-2</td>
<td>09999-9999-99</td>
<td>0002-7597-01</td>
<td>00002-7597-01</td>
</tr>
<tr>
<td>5-3-2</td>
<td>99999-9999-99</td>
<td>5-4-2</td>
<td>99999-09999-99</td>
<td>50242-040-62</td>
<td>50242-0040-62</td>
</tr>
<tr>
<td>5-4-1</td>
<td>99999-9999-99</td>
<td>5-4-2</td>
<td>99999-9999-09</td>
<td>60575-4112-1</td>
<td>60575-4112-01</td>
</tr>
</tbody>
</table>
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 APPLIATION 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.
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: ___________________________


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: __________________________

Revision date: 09/2011