### **NEW MEXICO**

### PRESCRIPTION MONITORING PROGRAM

# (PMP)

# **DISPENSING PRACTITIONER MANUAL**

NEW MEXICO PMP			
		Please Login	
	View         View           Not a member? Register         Register           Scontact the PM Manager via Email at Maria. Gongales@tate.om.us or via Phone at [SOS] 222-9830.         Not an email at Maria Scontact the PM Anager via Email at Maria. Gongales@tate.om.us or via Phone at [SOS] 222-9830.	Username Password Forgot your Password? Iogin 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.Flansbaum@itate.nm.us or by phone at (505) 222-9837 for asistance. Requests are processed M-F Bam-Spm 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



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.

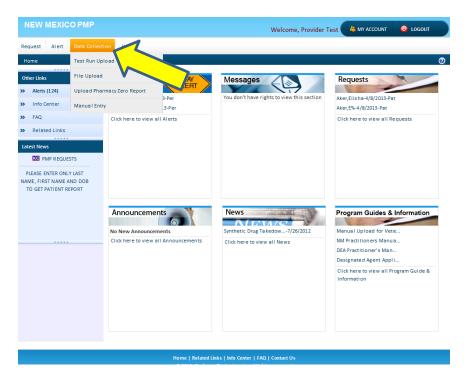
#### How to Manually Enter Controlled Substance Dispensing Data:

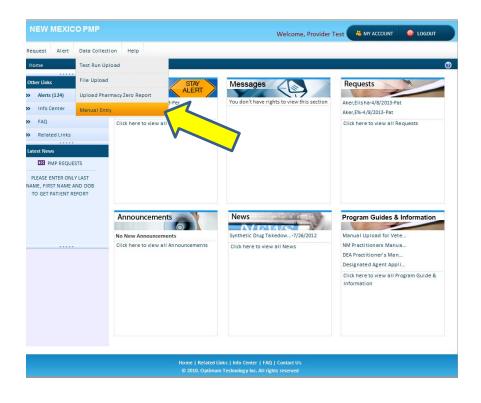
- 1. Log in to <u>https://pmp-web.rld.state.nm.us/</u> with your username and password
- 2. Navigate to the <u>Data Collection</u> -> <u>Manual Entry</u> page



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#### Navigating to the Manual Entry Screen





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Filone. (505) 222-9647 Tax. (505) 222-9645

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

uest Alert Data Collect	ion Help		Provider Test	🍓 MY ACCOUNT	⊍ logout
me > Data Collection > Manua					
Test Run Upload	Manual Entry				
File Upload Upload Pharmacy Zero Report	ASAP 1995				
Manual Entry	Dispenser Details				3
er Links Alerts (124)	NABP #: NPI #:	DEA #:	Pharmacy	Name:	۷
Info Center					Details 🖄
FAQ Related Links	Patient Details				2
st News	Last Name: First Name: Street: Street2:	Middle Name: DO	B:	Gender:	
EASE ENTER ONLY LAST E, FIRST NAME AND DOB ) GET PATIENT REPORT	ID Type: ID #:		∧ 🔻 ,	Location:	
	Prescriber Details	NM 🔻	•		•
					3
	Prescriber DEA #: Prescriber NPI #: State Li	icense #: Prescriber Last I	Name: Prescriber Fir	st Name: Prescrib	er Middle Name
	Prescription Details				a
	Reporting Status: New 🔻				3
	Rx Number: Date Written: Auth Refills:	Date Filled: Refill No:	ID Qual: Product	#: Qty:	Days Supply:
	Drug Dosage Unit: Rx Origin Code:	Partial F		hod: Ele	ectronic Ref #:
	Additional Information Reporting				
	State Issuing Rx No: State Issued Rx No:	l			(2)
	I hereby certify that the information I have e	ntered 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 <i>(of owner if animal)</i>
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

ption betans	
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><b>0</b></u> 0002-7597-01	
5-3-2	99999-999-99	5-4-2	99999- <b>0</b> 999-99	50242-040-62	50242- <b>0</b> 040-62	
5-4-1	99999-9999-9	5-4-2	99999-9999- <b>0</b> 9	60575-4112-1	60575-4112- <b>0</b> 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 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.



#### New Mexico Regulation and Licensing Department BOARDS AND COMMISSIONS DIVISION

**Board of Pharmacy** 

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### 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: \_\_\_\_\_