



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 • (800) 565-9102 Toll Free

<http://www.rld.state.nm.us/boards/Pharmacy.aspx>

IMPORTANT INFORMATION REGARDING YOUR CONTROLLED SUBSTANCE REGISTRATION AND PRESCRIBING CONTROLLED SUBSTANCES

The Board of Pharmacy made changes to the Prescription Monitoring Program and the Controlled Substances rules. These were published in the New Mexico Register on August 15, 2012, and are now in effect.

1. The New Mexico Prescription Monitoring Program (PMP)

- a. If you currently have an active account with the PMP you need do nothing else.
- b. If you do not have an account with the PMP, you must register on line at:

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

(You must have a Controlled Substance License prior to registering)

- c. Controlled Substance registration **renewals** will not be issued until the practitioner's PMP registration is verified.
- d. If you issue controlled substance prescriptions to your patients or administer controlled substances in your practice setting, no reporting to the PMP is required.
- e. If you dispense controlled substances directly to your patients, those dispensing must be reported electronically to the PMP at least every seven days if:
 - i. The quantity dispensed exceeds a three-day supply (i.e. 1 daily x 7 doses), or,
 - ii. The quantity dispensed exceeds 12 doses in a three-day supply (i.e. 2 every four hours x 36 doses).
 - iii. File upload specifications are listed in the PMP Data Reporting Manual found on the Board of Pharmacy website or PMP web site:

http://www.rld.state.nm.us/boards/Pharmacy_Prescription_Monitoring_Program.aspx

For questions about registration or utilization of the PMP, contact information is available on the PMP website.

2. Controlled Substances Rule changes

- a. A new telephone prescription for any schedule III, IV, or V opiate shall not exceed a ten day supply, based on the directions for use, and cannot be refilled.
 - i. Pharmacists will not be allowed to dispense more than a ten-day supply of any new prescription for an opiate drug telephoned into the pharmacy.
 - ii. This restriction does not apply to faxed prescriptions, written prescriptions, or electronically transmitted prescriptions complying with DEA rules.
 - iii. This does not apply to telephone authorization for refill of a previously dispensed written, faxed or e-prescribed prescription.
- b. Pharmacists cannot refill a schedule III, IV or V prescription before 75% of the drug is used, based on the directions for use, without authorization of the prescriber.



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Practitioner's Controlled Substance Registration Application

Applications and fees must accompany each otherwise processing time will be delayed.

Mail early processing time is 5 to 10 business day's once it is received in our office.

Applicant name (Please print): _____

Date of Birth: _____ Social Security Number: _____ Gender: M F

| | | |
|--|--------------------|--------------------|
| Home Address: (required for registration) | Mailing address: | Work address: |
| City, State & Zip: | City, State & Zip: | City, State & Zip: |
| Home Telephone #: | Cellphone #: | Work Telephone #: |
| Email address: | | |

Schedule of Drugs (all needed): 2 2N 3 3N 4 5

New Mexico Professional Board (board): Dental Medical Nursing Optometry Podiatry Midwifery Veterinary

Other: _____

New Mexico Professional License # _____ Current Expiration Date _____

****A copy of this professional license MUST be mailed with this application for issuance of controlled substance license, no exceptions****

I have not been arrested, investigated for, charged with, convicted of, sentenced, entered a plea of nolo contendere, or entered into any other legal agreements for any criminal offense in any state, territory or possession of the United States or by the federal government. *

Signature _____

I have not any disciplinary actions, or have any pending actions against me, or to my knowledge been investigated by any professional licensing authority. *

Signature _____

***Please explain any failure to sign the statements above. Explain the circumstances, include a copy of the judgment, and attach to this application.**

I hereby certify that the information given in this application is true and correct to the best of my knowledge.

Signature _____ Date _____

FEE SCHEDULE FOR NEW REGISTRANTS ONLY

The chart shows when your controlled substance number will expire. New Mexico charges \$5.00 per month for this registration since the first year is prorated. The first letter of your last name determines the month in which your license number will expire; please submit only the amount of money required from the current month through the month that appears below next to the first letter of your last name.

| | | | |
|--------------|------------------------|------------------|--------------------|
| January - M | April - Q, R | July - B | October - H, N |
| February - S | May - U, V, W, X, Y, Z | August - C, E | November - I, T |
| March - L, P | June - A, D | September - F, G | December - J, K, O |

Mail check or money order payable to New Mexico Board of pharmacy to the address above