



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/boards/pharmacy.aspx](http://www.rld.state.nm.us/boards/pharmacy.aspx)

## April 16<sup>th</sup> and -17<sup>th</sup>, 2015 Meeting Minutes

The NMBOP is going **GREEN**. Please bring your tablets and laptops if you plan to attend this meeting, as we will have Internet access available.

Board Meetings are open to the public pursuant to the "Open Meetings Act" and notices to the public are posted in the Albuquerque Journal. Notice published February 25, 2015.

**Location: 5200 Oakland Ave. NE, Albuquerque, NM**

**Scheduled Meeting Time: 9:00 a.m. – 5:00 p.m. Thursday and Friday**

**Thursday, April 16, 2015**

### 1. Procedural Items:

**9:00 a.m. Call to Order:** The meeting of the Pharmacy Board was called to order by Chairman Cross at 9:00 a.m. on April 16, 2015.

**Roll Call:** Chairman, Danny Cross called roll and a quorum was established with the following members present: (P = Present A = Absent)

<u>P</u> Danny Cross, Chairman	<u>P</u> Amy Buesing, Vice Chairman	<u>P</u> LuGina Mendez Harper, Secretary
<u>P</u> Richard Mazzoni	<u>P</u> Joe Anderson	<u>P</u> Buffie Saavedra
<u>P</u> Chris Woodul	<u>A</u> Anise Yarbrough	<u>P</u> Cathleen Wingert

**Welcome new NMBOP Member – Cathleen Wingert:**

**Approval of the Agenda:** Motion to approve the agenda as presented by Ms. Mendez-Harper, seconded by Mr. Anderson board voted unanimously to pass the motion.

**Approval of January 2015 Minutes:** Motion to approve the January 22<sup>nd</sup> & 23<sup>rd</sup>, 2015 minutes as presented by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion. Ms. Mendez-Harper wanted to confirm that on page 21, letter H under the executive director's report, that the board would write a policy regarding the asterisk appearing indefinitely on the licensee's license/file and on the website under disciplinary actions. Mr. Kesner stated, that yes, he would include a written policy in the board office.

### 2. **9:15 a.m. Notice of Hearing:** David Nunez/Medicap Pharmacy - 2013-009 and 2013-030 (*Bean & Associates will be recording*)

The Chairman opened the hearing at 9:15 a.m. and took roll call. Present were Mr. Woodul, Ms. Mendez-Harper, Ms. Buesing, Mr. Mazzoni, Mr. Anderson, Ms. Saavedra, Ms. Wingert and the Chairman Danny Cross. Present was the Administrative Prosecutor Ms. Sally Galanter for the state and board counsel, Mr. Roscoe Woods. Also present were Mr. Ben Kesner, Debra Wilhite and witnesses Inspector, Adela Padilla and Cheranne McCracken.

Respondent, David Nunez, Pro Se, former owner of Medicap Pharmacy was present.

\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

H(1) are licensing matters, H(2) is limited to personnel matters, H(7) is pending or threatened litigation.

Last update 4/09/15

Ms. Sally Galanter stipulated and entered into record exhibits 1 through 11. Respondent David Nunez agreed to all the exhibits being stipulated and entered into the record. The witnesses, Inspector Adela Padilla, Inspector Cheranne McCracken and David Nunez were duly sworn.

Testimony by all parties was heard and the Chairman closed the hearing at 12:45 p.m.

Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson to go into closed session at 3:00 p.m. to deliberate the case for David Nunez and discuss case presentations, Mr. Woodul, Ms. Buesing, Mr. Mazzoni, Ms. Saavedra, Ms. Wingert and the Chairman Danny Cross voted unanimously to pass the motion.

The board went back into open session at 5:16 p.m. and the only issues discussed were the deliberation for David Nunez and case presentations.

Motion: Order that the license of Mr. David Nunez be suspended for a period of 3 months, completion of the PARE and the MPJE at his cost and 5 years of probation to commence upon completion and passing of the required exams and pharmacist assessment for remediation evaluation, evaluation by MTP and compliance of recommendations, and suspension; he is not allowed to be a preceptor or pharmacist in charge during the five year probation, he must pay the costs of investigation, all hearing costs, and a fine of \$10500.00 within 6 months from the time the order is signed by the board; motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra, board voted unanimously to pass the motion.

**3. Recess for the day:** The Pharmacy Board meeting was recessed at 5:00 p.m. and will reconvene at 9:00 a.m. tomorrow, Friday April 17, 2015.

## **Friday, April 17, 2015**

### **1. Procedural Items:**

**9:00 a.m. Reconvene:** The meeting of the Pharmacy Board was called to order by Chairman Cross at 9:00 a.m. on April 17, 2015.

**Roll Call:** Chairman, Danny Cross called roll and a quorum was established with the following members present: (P = Present A = Absent)

P Danny Cross, Chairman    P Amy Buesing, Vice Chairman    P LuGina Mendez Harper, Secretary  
P Richard Mazzoni                      P Joe Anderson                      P Buffie Saavedra  
P Chris Woodul                              A Anise Yarbrough                      P Cathleen Wingert

### **2. 9:15 a.m. Monitored Treatment Program Report\*:**

Regina Johnson, the new Director for the MTP program was present.

Motion made by Ms. Buesing, seconded by Mr. Mazzoni to go into closed session at 9:15 a.m., to discuss the MTP report. Ms. Wingert, Ms. Saavedra, Mr. Anderson, Mr. Mazzoni, Ms. Buesing, Ms. Mendez-Harper, Mr. Cross and Mr. Woodul voted unanimously to pass the motion.

The board went back into open session at 9:30 a.m. and the only issue discussed was the MTP report.

### **3. 9:30 a.m. Licensee Applications:**

#### **a) Application List:**

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

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Motion: **15 Clinic/Home Health** applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul, board voted unanimously to pass the motion.

Motion: **4 Emergency Medical Service** applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: **34 Custodial/Nursing Home** applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul to approve applications, board voted unanimously to pass motion. Mr. Cross recused himself from the vote for #23.

Motion: **18 Pharmacy/Hospital** applications all are in order. Motion made by Ms. Harper-Mendez, seconded by Ms. Wingert to approve applications, board voted unanimously to pass motion.

Motion: **59 Non-Resident Pharmacy** applications all are in order. Motion made by Ms. Harper-Mendez, seconded by Ms. Buesing to approve applications, board voted unanimously to pass motion.

Motion: **35 Wholesale/Broker** applications all are in order. Motion made by Ms. Harper-Mendez, seconded by Mr. Woodul to approve applications, board voted unanimously to pass motion.

NEW MEXICO BOARD OF PHARMACY  
REGULAR MEETING  
APPLICATION LIST  
April 16 & 17, 2015

CLINIC /HOME HEALTH

1. Cibola Public Health Office  
700 E Roosevelt Avenue Suite 100  
Grants, NM 87020

2. Des Moines School Based Health & Wellness  
500 Des Moines Avenue  
Des Moines, NM 88418

3. El Centro Family Health  
MS School Based Clinic  
947 Old National Avenue  
Las Vegas, NM 87701

4. El Centro Family Health  
Robertson HS School Based Clinic  
1236 5<sup>th</sup> Street  
Las Vegas, NM 87701

5. La Clinica de Familia Inc  
Centennial High School  
1950 S Sonoma Ranch Blvd  
Las Cruces, NM 88011

6. La Clinica de Familia Inc  
Santa Teresa High School  
100 Airport Road  
Santa Teresa, NM 88008

7. Logan Family Practice  
600 Gallegos  
Logan, NM 88426

CONSULTANT PHARMACIST

Relocation  
George Gonzales, R.Ph.

Relocation  
Bill Harvey, R.Ph.

New  
Christine Vigil, R.Ph.

New  
Christine Vigil, R.Ph.

New  
James Spencer, R.Ph.

New  
James Spencer, R.Ph.

New  
Brian Wilson, R.Ph.

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- |  |                                   |
|--|-----------------------------------|
| 8. Mountain View Urgent Care East<br>3485 Northside Drive Suite A<br>Las Cruces, NM 88011      | New<br>Marchell Sparks, R.Ph.     |
| 9. PMG High Resort<br>4100 High Resort Blvd<br>Rio Rancho, NM 87124                            | Remodel<br>Rich Gutierrez, R.Ph.  |
| 10. PMG St Michael's<br>454 St Michael's Drive<br>Santa Fe, NM 87505                           | New<br>Rich Gutierrez, R.Ph.      |
| 11. PMS Santa Fe Community Guidance Center<br>2960 Rodeo Park Drive West<br>Santa Fe, NM 87505 | Remodel<br>Katie Klein, R.Ph.     |
| 12. San Juan Health Partners Neuroscience<br>407 South Schwartz<br>Farmington, NM 87401        | Remodel<br>Ernie Armenta, R.Ph.   |
| 13. Southeast Heights Public Office<br>7525 Zuni SE<br>Albuquerque, NM 87108                   | Remodel<br>George Gonzales, R.Ph. |
| 14. PMS Valley Community Health Center<br>835 Spruce Street Suite C & D<br>Española, NM 87532  | Relocation<br>Emily Bustos, R.Ph. |
| 15. UNM Center for Life<br>4700 Jefferson NE Suite 100<br>Albuquerque, NM 87109                | Remodel<br>Candice Morrow, R.Ph.  |

EMERGENCY MEDICAL SERVICES

1. Gallup Med Flight  
3234 Indian Route 12  
Navajo, NM 87328

2. Motion Picture Set Medics LLC  
5650 University A205  
Albuquerque, NM 87106

3. Native Air  
1313-A E 32<sup>nd</sup> Street  
Silver City, NM 88061

4. Torrance County Fire/EMS  
753 Salt Mission Trail  
McIntosh, NM 87032

CUSTODIAL/NURSING HOME

1. A Better Way of Living Inc.  
917 7<sup>th</sup> Street SW  
Albuquerque, NM 87102

2. A Love for Life LLC  
7534 Bear Canyon NE  
Albuquerque, NM 87109

CONSULTANT PHARMACIST

New  
Stephanie Rodriguez, R.Ph.

Relocation  
Charles Vandiver, R.Ph.

Relocation  
Raymond Rede, R.Ph.

Relocation  
Kathleen West, R.Ph.

CONSULTANT PHARMACIST

New  
Traci Tadano, R.Ph.

New  
Lori Carabajal, R.Ph.

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3. Advanced Communication 1307 Douglas MacArthur Albuquerque, NM 87107	New Uri Bassan, R.Ph.
4. Alive 21 Barros Lane Bernalillo, NM 87004	New Lori Carabajal, R.Ph.
5. Alive 10339 Rio Los Pinos NW Albuquerque, NM 87114	New Lori Carabajal, R.Ph.
6. Alive 9635 El Patron Albuquerque, NM 87121	New Lori Carabajal, R.Ph.
7. CFC-Montano Site 223 Montano NW Suite B Albuquerque, NM 87107	New Lori Carabajal, R.Ph.
8. Community Options Inc 7205 Rio Del Luna Santa Fe, NM 87507	New Ron Lujan, R.Ph.
9. Cornucopia Adult & Family Services 325 63 <sup>rd</sup> NW Albuquerque, NM 87105	New Kenneth Lee Corazza, R.Ph.
10. Dungarvin New Mexico LLC 3420 Sanostee Drive Apt #5136 Gallup, NM 87301	New Martin Salas, R.Ph.
11. Dungarvin New Mexico LLC 712 E Mesa Avenue Apt A Gallup, NM 87301	New Martin Salas, R.Ph.
12. Dungarvin New Mexico LLC 333 Klagetoh Drive Apt L102 Gallup, NM 87301	New Martin Salas, R.Ph.
13. Dungarvin New Mexico LLC 650 Dani Drive Apt 44 Gallup, NM 87301	New Martin Salas, R.Ph.
14. Dungarvin New Mexico LLC 650 Dani Drive Apt 43 Gallup, NM 87301	New Martin Salas, R.Ph.
15. Dungarvin New Mexico LLC 137 County Road 1 Mentmore, NM 87319	New Martin Salas, R.Ph.
16. Dungarvin New Mexico LLC 502 Mountain View Circle Gallup, NM 87301	New Martin Salas, R.Ph.
17. Dungarvin New Mexico LLC 513B Williams Street Gallup, NM 87301	New Martin Salas, R.Ph.

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18. Enchanted Living of New Mexico 6217 Wildflower Pass Drive Rio Rancho, NM 87144	New Shauna Parker, R.Ph.
19. Encino Board and Care Facilities 201 59 <sup>th</sup> Street SW Albuquerque, NM 87121	New Richard Garcia, R.Ph.
20. EnSuenos Y Los Angelitos Development Center 1030 Salazar Road Taos, NM 87571	New Nieves Romero, R.Ph.
21. Expression of Life 393 Jarales Road Jarales, NM 87023	New Wilfred Chavez, R.Ph.
22. Ilona Csangi 2324 Isleta Blvd SW Albuquerque, NM 87105	New Richard Garcia, R.Ph.
23. JCM Inc DBA Villa de Esperanza 110 N Mesquite Street Carlsbad, NM 88220	New Danny Cross, R.Ph.
24. Lessons of Life LLC 1972 Cummings Court Las Cruces, NM 88001	New Mahmood Hurab, R.Ph.
25. Links of Life LLC 4200 Escondido Las Cruces, NM 88005	New Robert Adams, R.Ph.
26. Links of Life LLC 3200 Del Rey #51 Las Cruces, NM 88012	New Robert Adams, R.Ph.
27. Links of Life LLC 2144 For Lane Las Cruces, NM 88005	New Robert Adams, R.Ph.
28. Links of Life LLC 6710 Via Emma Las Cruces, NM 88005	New Robert Adams, R.Ph.
29. Links of Life LLC 125 W Mountain Las Cruces, NM 88005	New Robert Adams, R.Ph.
30. Mental Health Resources Inc 1111 West Fir Portales, NM 88130	New Melissa Perkins, R.Ph.
31. New Beginnings 4015 Irca Street NE Albuquerque, NM 87111	New Lori Carabajal, R.Ph.
32. New Beginnings 3752 Mount Rainier Albuquerque, NM 87114	New Lori Carabajal, R.Ph.

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33. New Beginnings Senior Living  
1331 Cuesta Ebajo Court NE  
Albuquerque, NM 87113

New  
Lori Carabajal, R.Ph.

34. PRS-NM  
1813 Seldon  
Las Cruces, NM 88001

New  
Perry Storey, R.Ph.

PHARMACY /HOSPITAL

PHARMACIST IN CHARGE

1. Albertsons Sav-on  
600 N Guadalupe  
Santa Fe, NM 87501

Remodel  
Robert Lucero, R.Ph.

2. First Nations Community Healthsource  
5608 Zuni SE  
Albuquerque, NM 87108

Relocation  
Tischa Becker, R.Ph.

3. Las Cruces Apothecary  
525 E Madrid Suite 8  
Las Cruces, NM 88001

New  
Ken Cooper, R.Ph.

4. LARX Pharmacy LLC  
DBA Nambe Drugs  
111 Central Park Square  
Los Alamos, NM 87544

New  
Tom Lovett, R.Ph.

5. Los Alamos Medical Center  
3917 West Road  
Los Alamos, NM 87554

Remodel  
Jaipriya Goff, R.Ph.

6. Lovelace Rehabilitation Hospital  
505 Elm Street  
Albuquerque, NM 87102

Remodel  
Joell Yan, R.Ph.

7. Safeway Pharmacy  
980 N US Hwy 491  
Farmington, NM 87401

Change of Ownership  
Stephanie Rodriguez, R.Ph.

8. Safeway Pharmacy  
415 N Main Avenue  
Aztec, NM 87410

Change of Ownership  
Kristin McDonald, R.Ph.

9. Safeway Pharmacy  
3540 E Main Street  
Gallup, NM 87301

Change of Ownership  
Jennifer Beyhan, R.Ph.

10. Walgreens Home Care Inc  
DBA Walgreens  
4374 Alexander Blvd NE  
Albuquerque, NM 87107

Change of Ownership  
Larry Lovato, R.Ph.

11. Walgreens Pharmacy  
101 Coors Blvd NW  
Albuquerque, NM 87121

Change of Ownership  
Marguerite Esquibel, R.Ph.

12. Walgreens Pharmacy  
2105 Central Avenue NW  
Albuquerque, NM 87104

Change of Ownership  
Rayanna Fejeran, R.Ph.

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13. Walgreens Pharmacy 6000 Coors Blvd NW Albuquerque, NM 87120	Change of Ownership Elizabeth Saavadra-Mendez
14. Walgreens Pharmacy 3400 Coors Blvd NW Albuquerque, NM 87120	Change of Ownership Steven Garcia, R.Ph.
15. Walgreens Pharmacy 2011 12 <sup>th</sup> Street NW Albuquerque, NM 87104	Change of Ownership Toby Garcia, R.Ph.
16. Walgreens Pharmacy 8400 Montgomery Blvd NE Albuquerque, NM 87111	Change of Ownership Christy Fischer, R.Ph.
17. Walgreens Pharmacy 8011 Harper Drive NE Albuquerque, NM 87111	Change of Ownership Phillip Reese, R.Ph.
18. Walgreens Pharmacy 1835 N Main Street Roswell, NM 88201	Change of Ownership Lacey Scott, R.Ph.
<u>NON-RESIDENT PHARMACY</u>	<u>PHARMACIST IN CHARGE</u>
1. Amarillo Diagnostic Clinic RX 6700 W 9 <sup>th</sup> Amarillo, TX 79106	New Stan Britten, R.Ph.
2. Apogee Bio-Pharma LLC 107 Sunfield Avenue Edison, NJ 08837-3822	New Marize Dahwood, R.Ph.
3. Avella of Orlando 100 Technology Park Suite 155 Lake Mary, FL 32746	New Ron Pompeli, R.Ph.
4. Boca Raton Pharmacy Inc 4802 NW 2 Avenue Boca Raton, FL 33431	New Aviram Cohen, R.Ph.
5. Brand Direct Health LLC 68397 Tammany Trace Drive Mandeville, LA 70471	New Carrie Belsom, R.Ph.
6. Brookhaven Specialty Pharmacy 3750 W Robinson Suite 150 Norman, OK 73072	New Lee Ross, R.Ph.
7. Crescent Healthcare 11980 Telegraph Road Suite 102 Santa Fe Springs, CA 90670-6087	Change of Ownership Joseph Di Stefano, R.Ph.
8. Cystic Fibrosis Services 6931 Arlington Road Suite 400 Bethesda, MD 20814	New Patrick Baker, R.Ph.
9. Cystic Fibrosis Services 7472 S Tucson Way Suite 100D Centennial, CO 80112	New Jennifer Barker, R.Ph.

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10. Deerfield Healthcare LLC DBA Republic Rx Specialty Pharmacy 1862 W Bitters Road Suite 100 San Antonio, TX 78248	New Mark Hanus, R.Ph.
11. Dogwood Pharmacy Inc DBA Medscripts Medical Pharmacy 1325 Miller Road Suite K Greenville, SC 29607	New Erica Yelton, R.Ph.
12. Doyle's Pharmacy 2425 Sunset Houston, TX 77005	New Dana M Doyle-Johnson, R.Ph.
13. DRG Pharmacy LLC 248 E Scott Street Port Hueneme, CA 93041-2918	New Olga Core, R.Ph.
14. Estonna Management LLC 3501 Health Center Blvd #1200 Bonita Springs, FL 34135	New Joseph Catalano, R.Ph.
15. Exact Care Pharmacy LLC 9445 Rockside Road Valley View, OH 44125	New Aaron Link, R.Ph.
16. Fusion Specialty Pharmacy 1100 Canyon View Drive Suite C Santa Clara, UT 84765	New Travis Jackman, R.Ph.
17. Genoa Healthcare 4508 Auburn Way N Suite A-104 Auburn, WA 98002	Change of Ownership Mohammad Shawish, R.Ph.
18. Global Pharmacy LLC 922 20 <sup>th</sup> Street Haleyville, AL 35565	New Jason Smith, R.Ph.
19. Greywell Pharmacy 10672 Riverside Drive North Hollywood, CA 91602	New Kristina Malkhasova, R.Ph.
20. Heartland Medical LLC 7955 Flint Street Lenexa, KS 66214	New Jeff Hinchey, R.Ph.
21. HepCare Pharmacy 2200 Park Bend Drive Bldg 1 Suite 300 Austin, TX 78758	New Janny Dav, R.Ph.
22. Hope Specialty Pharmacy 1480 Colorado Blvd Suite 100 Los Angeles, CA 90041	New Sarkis Jarakian, R.Ph.
23. Innoveix Pharmaceuticals Inc 3790 Arapaho Road Addison, TX 75001	New Richard Bonnard, R.Ph.

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24. Kroger Columbus Central Fill 2270 Rickenbacker Parkway W Columbus, OH 43217	New Chong Lim, R.Ph.
25. Marley Drug 5008 Peters Creek Pkwy Winston-Salem, NC 27127	New Dave Marley, R.Ph.
26. Med Pro Rx Inc 140 Northway Court Raleigh, NC 27615	New Andrew Clark, R.Ph.
27. Medical Square Pharmacy 1215 S Coulter Suite 101 Amarillo, TX 79106	New Brooke McLean, R.Ph.
28. Medpoint Pharmacy 2000 W Golf Road Suite B Rolling Meadows, IL 60008	New Jessica Sinsheimer, R.Ph.
29. MedVantx Specialty Pharmacy 1860 Outer Loop Suite 348 Louisville, KY 40219	New Sean Harms, R.Ph.
30. Option Care Enterprises Inc 6611 N Belt Line Road #100 Irving, TX 75063-6001	Change of Ownership Drashti Dave, R.Ph.
31. Park Compounding 9257 Research Drive Irvine, CA 92618	Change of Ownership Nadia Ibrahim, R.Ph.
32. Partell Specialty Pharmacy 5835 S Eastern Avenue Suite 101 Las Vegas, NV 89119	New Stuart Koszer, R.Ph.
33. Patient Direct Rx 159 Gibraltar Road Horsham, PA 1904	New Eric Borell, R.Ph.
34. Pharma Management Group Inc DBA Pharma Express 1321 NW 14th #100 Miami, FL 33125	New Dan Gardner, R.Ph.
35. Pharmacy Depot LLC 1119 W Randal Mill Road #104 Arlington, Texas 76012	New Thanh Nguyen, R.Ph.
36. Pharmacy and Nutrition Shoppe 10109 E 79 <sup>th</sup> Street Tulsa, OK 74133	New Laura Reibenstein, R.Ph.
37. Physician Specialty Pharmacy 6258 North W Street Pensacola, FL 32505	New Glenn Hanson, R.Ph.
38. Prescription Health Resources 7339 Airport Freeway Fort Worth, TX 76118	New Deborah Brown, R.Ph.

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39. Prescription Mart 6388 Folsom Drive Beaumont, TX 77706	New Angela Byerly, R.ph.
40. ProCare Pharmacy 9191 West Minister Avenue Garden Grove, CA 92844	New Chau Phan, R.Ph.
41. Quick Care Pharmacy Inc 9397 Haven Avenue Rancho Cucamonga, CA 91730	New Rohit Sheta, R.Ph.
42. Safeway Pharmacy 4550 Atlantic Avenue Long Beach, CA 90807	Change of Ownership Pete Cangialosi, R.Ph.
43. Stoney Creek Pharmacy 2831 Rockfish Valley Hwy Nellysford, VA 22958	New Tasha Bush, R.Ph.
44. Sunflower Discount Pharmacy LLC 840 N Oak Avenue Ruleville, MS 38771	Change of Ownership Thomas Spells Jr, R.Ph.
45. Trilogy Pharmacy 2603 Oak Lawn Ave Dallas, TX 75219	New Charles Parks, R.Ph.
46. Walgreens 4545 E 9 <sup>th</sup> Avenue Suite 100 Denver, CO 80200	Change of Ownership Melissa Eng, R.Ph.
47. Walgreens 901 South Rancho Drive Suite 20 Las Vegas, NV 89106	Change of Ownership Kanika Toston, R.Ph.
48. Walgreens 14210 Scottslawn Road Marysville, OH 43041	Change of Ownership Scott Kijowski, R.Ph.
49. Walgreens 8325 South Park Circle Orlando, FL 32819	Change of Ownership Fenicia Hutt, R.Ph.
50. Walgreens Home Care Inc 9013 N 24 <sup>th</sup> Avenue #6 Phoenix, AZ 85021-2851	Change of Ownership Frazer Henderson, R.Ph.
51. Walgreens Infusion Services 6611 N Belt Line Road Suite 100 Irving, TX 75063-6001	Change of Ownership Nora Nance, R.Ph.
52. Walgreens Mail Service Inc 8350 S River Parkway Tempe, AZ 85284	Change of Ownership Hazeem Abawi, R.Ph.
53. Walgreens Mail Service Inc 8337 S Park Circle Orlando, FL 32819	Change of Ownership Fenicia Hutt, R.Ph.

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54. Walgreens Pharmacy Services Midwest LLC 14901 NW 79 <sup>th</sup> Court Miami Lakes, FL 33016	Change of Ownership Cristina Lorenzo, R.Ph.
55. Walgreens Specialty Pharmacy 500 Nobles Town Road Suite 200 Carnegie, PA 15106	Change of Ownership Kathleen Kokoski, R.Ph.
56. Walgreens Specialty Pharmacy 41460 Haggerty Circle South Canton, MI 48188-4811	Change of Ownership Gary Lupini, R.Ph.
57. Walgreens Specialty Pharmacy 6775 SW Gemini Drive Suite 1 Beaverton, OR 97008	Change of Ownership Clay Parkel, R.Ph.
58. Walgreens Specialty Pharmacy 10530 John W Elliott Drive Suite 100 Frisco, TX 75033	Change of Ownership Thomas Mathews, R.Ph.
59. Y Medical Associates Inc 8840 N MacArthur Blvd Irving, TX 75063	New Kevin Yu, R.Ph.
<u>WHOLESALE/BROKER</u>	
1. AmerisourceBergen Drug Corporation 501 Patriot Parkway Roanoke, TX 76262	New
2. Aptalis Pharmatech 845 Center Drive Vandalia, OH 45377	Change of Ownership
3. ASD Specialty Healthcare Inc 1195 Trademark Drive #102-A Reno, NV 89521	New
4. Atlantic Distributors & Logistics LLC 550 Elmwood Park Blvd Suite D Harahan, LA 70123	New
5. BDI Pharma Inc 3250 W Story Road Suite 104 Irving, TX 75038	New
6. Bionpharma Inc 600 Alexander Road Suite 2-4B Princeton, NJ 08540	New
7. Camber Consumer Care Inc 1035 Centennial Avenue Piscataway, NJ 08854	New
8. Cardinal Health 200 LLC 8640 Nail Road Suite 115 Olive Branch, MS 38654	New

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9. Cubist Pharmaceuticals US 420 International Blvd Suite 500 Brooks, KY 40109	Change of Ownership
10. Cypress Pharmaceuticals Inc 15 Ingram Blvd #240 La Vergne, TN 37086	New
11. Diamondback Drugs 7631 E Indian School Road Scottsdale, AZ 85251	Change of Ownership
12. Diversified Biologicals Inc 1018 S Batesville Road Unit #3C Greer, SC 29650	New
13. Dr Reddy's Laboratories Inc 1860 Outer Loop Louisville, KY 40219	New
14. Exeltis USA Dermatology One Main Street Suite 203 Chatham, NJ 07928	Change of Ownership
15. Fisher Bioservices Inc 627 Lofstrand Lane Rockville, MD 20850	New
16. Fox Health Care Inc 1192 W Sunset Blvd Suite 8 St George, UT 84770	New
17. Genco I Inc 1600 Ruffin Mill Road Colonial Heights, VA 23834	New
18. HealthSource Distributors LLC 7200 Rutherford Road Suite 150 Baltimore, MD 21244	New
19. Henry Schein Animal Health 920 Citation Blvd Lexington, KY 40511	New
20. Integrated Commercialization Solutions Inc 1195 Trademark Drive #102-B Reno, NV 89521	New
21. Journey Medical Corporation 9237 Via de Ventura Blvd Suite 135 Scottsdale, AZ 85258	New
22. Lumara Health Inc 15 Ingram Blvd La Vergne, TN 37086	Change of Ownership
23. Lundbeck LLC 15 Ingram Blvd La Vergne, TN 37086	New

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24. McKesson Medical-Surgical Inc 510 N Peachtree Road Suite 100 Mesquite, TX 75149	New
25. My Doctors Choice LLC 3430 Progress Drive Suite H Bensalem, PA 19020	New
26. Source Pharmaceuticals Inc 203 N Main Street Roxboro, NC 27573	New
27. Theracom LLC 1195 Trademark Drive #102-C Reno, NV 89521	New
28. Top Rx LLC 2950 Brother Blvd Bartlett, TN 38133	Change of Ownership
29. Trigen Laboratories LLC 2631 Causeway Center Drive Tampa, FL 33619	Change of Ownership
30. UPS Supply Chain Solutions Inc 1130 Commerce Blvd Suite 100 Logan Township, NJ 08085	New
31. Vernalis Therapeutics Inc 1160 W Swedesford Road Suite 100 Berwyn, PA 19312	New
32. Virtus Pharmaceuticals OpCo II LLC DBA Virtus Specialty 951 Clint Moore Road Suite A Boca Raton, FL 33487	New
33. Walgreen Co 5100 Lake Terrace NE Mount Vernon, IL 62864	New
34. Walgreens Specialty Pharmacy 10530 John W Elliott Drive Suite 100 Frisco, TX 75033	Change of Ownership
35. Westminster Pharmaceuticals LLC 8680 Swinnea Road Southaven, MS 38671	New

**b) Pharmacist Clinicians:**

Motion: Approve registration as pharmacist clinician for Elizabeth Latino, motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

Motion: Approve the new protocol for existing license for Jackson Kelly and Katherine Chavez, motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

**\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings. H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.**

Motion: Attach application list to the minutes, motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

## Pharmacist Clinician Credentialing Committee

PLACE: New Mexico Board of Pharmacy

Date: 4/15/15

MEMBERS PRESENT: Sarah Trujillo; Cheranne McCracken RPh PhC; Greg D'Amour PharmD RPh PhC; Kirk Irby PharmD RPh PhC; J.Anderson PharmD RPh PhC;

ABSENT; Amy Buesing RPh; C. Burlett RPh PhC

GUESTS: NonE

AGENDA ITEM	RECOMMENDATION
Elizabeth Latino	Approval of registration as pharmacist clinician.
Jackson Kelly	Jackson Kelly
Katherine Chavez	New protocol approved for existing license

Next PhC meeting June 4, 2015 at 12:30.

Applications to be accepted through May 23, 2015 and sent to committee for review.

Submitted: Sarah Trujillo, Licensing Manager

#### 4. 10:00 a.m. Rules Hearings:

The Chairman Danny Cross opened the rule hearing at 10:00 a.m. and took roll call. Present were Mr. Woodul, Ms. Mendez-Harper, Ms. Buesing, Mr. Mazzoni, Mr. Anderson, Ms. Saavedra, Ms. Wingert and Chairman Cross. Also present were board counsel Roscoe Woods, Executive Director, Ben Kesner, Administrative Secretary, Debra Wilhite and Inspector Cheranne McCracken.

The Chairman entered the notice of hearing as exhibit #1, exhibit #2 proposed language for 16.19.6.28 NMAC, exhibit #3 written comment from NACDS, and the sign in sheet as exhibit #4.

a. **16.19.6 NMAC new section 28 – automated filling systems:** See Appendix A

**Motion: Adopt language as amended in 16.19.6. NMAC section 28. Motion made by Mr. Mazzoni, seconded by Ms. Mendez-Harper, board voted unanimously to pass the motion.**

b. **16.19.20.67 hydrocodone proposed change:** Table rule amendment indefinitely.

#### 5. Carl Flansbaum – Discussion regarding DOH & PMP:

The PMP Director, Carl Flansbaum discussed the possibility of utilizing the Department of Health to support and maintain the PMP for the Pharmacy Board. The DOH currently has DOIT support in place and would be able to focus on applying for grants, contracts and technical support.

The board was opposed to the idea regarding the DOH and asked that another avenue be considered. Mr. Flansbaum stated that Optimum, the company that provides the upgrades for our existing monitoring program, could in fact support and maintain the PMP. The board asked that he proceed with that avenue and report back to the board at the next board meeting with the results, regarding RLD and DOIT's involvement and any budgetary requirement from the Pharmacy board.

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The board discussed contacting Nick Patek, in the Governor's Office, the Medical Board, Nursing Board and the Osteopathic Board for feedback regarding the urgency in finding support and maintenance for the PMP.

**6. Public/Professional Requests/Waiver Petitions\*:**

**Kathy Wade – Waiver for CE taken in May:** Ms. Kathy Wade was present to request a waiver be granted to allow any of the hours from the Certified Diabetes Educator (CDE) program that she purchased to study for the exam, which is not ACPE approved in order to renew her pharmacist or clinician license.

The board informed Ms. Wade that she may enroll in the CPD pilot program offered by the board in order to use hours from the CDE program to count toward her CE requirements for renewal of license to fulfill her required hours. Ms. Wade stated that she would enroll in the program.

Ms. Wade withdrew her request before leaving the board meeting.

Upon returning from recess the board was informed by Executive Director, Ben Kesner that Ms. Wade sent an email at 1:16 p.m. regarding her request and stated that she felt that the board staff were not helpful and should have been more knowledgeable regarding the pilot program when she initially submitted her request to be put on the agenda. Ms. Wade requested the board reconsider her waiver request.

Motion made by Ms. Saavedra, seconded by Mr. Anderson to deny the waiver request submitted by Ms. Kathy Wade, the board took a roll call vote; Mr. Cross voted yes, Mr. Woodul voted no, Mr. Anderson voted yes, Ms. Mendez-Harper voted yes, Ms. Buesing voted yes, Ms. Wingert voted yes, and Mr. Mazzoni voted yes. The motion was passed to deny the waiver request of Ms. Kathy Wade.

**El Centro Family Health/Taos – extend waiver:** Ms. Christine Vigil was not present. Ms. Vigil has requested an extension to the existing waiver to dispense intranasal naloxone from the class C clinic.

Motion made by Mr. Woodul, seconded by Ms. Mendez-Harper to approve the extension of the existing waiver for an additional two (2) years, board voted unanimously to pass the motion.

The board will address the clinic waiver requests in the clinic committee for future rule amendments.

**Tresco/Las Cruces – include HEP B vaccine waiver:** Tresco/Las Cruces withdrew the waiver request via email.

**7. Lunch: 12:00 p.m. – 1:30 p.m.**

**8. 1:30 p.m. Litigation Update:**

**a) Ellwood Stipulated Agreement – not to practice in our state indefinitely:**

Board counsel, Roscoe Woods spoke with Mr. Ellwood's attorney regarding the status of the appeal, which has been suspended by his attorney and held in abeyance, the filing of the brief in chief has been delayed. Mr. Woods will inform the board of any correspondence from Mr. Ellwood or his attorney regarding his case.

**b) Ms. Elva Gurule - Possible settlement offer/predicate cancelling special board meeting:**

Board prosecutor, Sally Galanter is working with Dan Cron, Ms. Gurule's attorney, regarding a continuance of the hearing scheduled for April 29, 2015 that will be re-scheduled. A voluntarily surrender of her license may be a possible settlement prior to the hearing scheduled for July 23<sup>rd</sup>, 2015.

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## 9. Committee Reports and Board Actions:

**Carl Flansbaum – 16.19.29 NMAC amend required data reporting:** [See Appendix B](#)

**Motion: Notice 16.19.29 NMAC section 8 for the June 2015 board meeting. Motion made by Ms. Harper, seconded by Mr. Mazzone, board voted unanimously to pass the motion.**

**Ben Kesner - 16.19.11 NMAC – proposed language regarding a 24-hour/365 day on-site nurse may use an emergency drug tray containing controlled substances:**

Proposed language for 16.19.11 NMAC will be re-presented at the June 2015 board meeting to allow time to prepare proposed language for 16.19.4 NMAC that addresses a similar function.

**Buffie Saavedra - 16.19.6.27 NMAC – Automated Drug Distribution Systems in Health Care Facilities:** [See Appendix C](#)

**Motion: Notice 16.19.6 NMAC new section 27 for the June 2015 board meeting. Motion made by Mr. Mazzone, seconded by Ms. Saavedra, board voted unanimously to pass the motion.**

## 10. Executive Director's Report\*: (\*May be heard at any time during the meeting)

**a) Inspector McCracken & Inspector Mossberg – 16.19.6 NMAC outsourcing language:** Inspector McCracken discussed proposed language regarding outsourcing in rule 16.19.6 NMAC that will be presented at a later date.

**b) Dennis McAllister - 16.19.22 NMAC remote technicians:** Mr. McAllister discussed a possible amendment to 16.19.22 NMAC to allow for technicians to work off-site from the licensed location, waiving the need of cameras in pharmacies and the 25 mile rule, in remote areas of the state.

The Technician and Remote committees will address Mr. McAllister's concerns and suggestions and present possible proposed amendments to 16.19.22 NMAC at the June 2015 board meeting.

**c) Buffie Saavedra & Amy Buesing – BOP Strategic Plan:** Strategic plan will be addressed at the August 2015 board meeting in Ruidoso.

**d) LuGina Mendez-Harper - NC Dental Board v. FTC, Anti-trust Laws; informational webinar:**

Ms. LuGina Mendez-Harper presented summary of informational webinar and stated that the one distinction with the NMBOP is clear regarding Governor appointment versus of the NMBOP by the state required by RLD and the ULA, as opposed to the way NC Dental Board members are selected in North Carolina. Mr. Mazzone also attended the informational webinar. Ms. Mendez-Harper asked the board counsel to review the case and Supreme Court ruling for implications for NMBOP.

Board counsel, Roscoe Woods stated that he would look into the opinion of the FTC and Supreme Court and consult with the board at the next meeting.

Mr. Woods reviewed the Supreme Court ruling online during the meeting and indicated that in his legal opinion that the Supreme Court held that, because the NC Dental Board was made up of market participants—the board was elected by their constituents and non-state actors; the board could only claim immunity from federal anti-trust actions if the board were subject to active supervision by the state. And, because the board was not subject to active supervision from the state, the board could not claim immunity from federal anti-trust actions.

As oppose to New Mexico, where the Governor appoints the board and thus considered state actors. Moreover, the board has legislation enabling them to regulate their respective industry, and the board is also subject to supervision by the State of New Mexico Regulation & Licensing Dept. As such the board may claim state immunity from federal anti-trust actions.

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**e) Amy Bachyrycz and Michel Disco – 16.19.26 NMAC - Immunization Regulation and Protocol:** [See Appendix D](#)

**Motion: Notice 16.19.26 NMAC for the June 2015 board meeting. Motion made by Ms. Saavedra, seconded by Mr. Woodul, board voted unanimously to pass the motion.**

Ms. Bachyrycz presented additional revisions to the protocol and stated that the protocol would be revisited after meeting with the Medical and Nursing boards. No hearing is required for changes to the protocol.

**f) Hearing Officer Appointee/Appointment:** Joe Anderson is currently the hearing officer for the board. The board has also appointed Ms. Buffie Saavedra as a hearing officer for the board.

**g) Special Board Meeting April 29<sup>th</sup> & 30<sup>th</sup>:** Cancelled

**h) Brief Legislative Update:** Mr. Dale Tinker gave a brief presentation regarding the bills that were presented during the legislature; HB 224 Medication Synchronization passed; Hydrocodone change to Schedule II did not pass due to non-approval of penalty implications; Osteopathic Bill to include pharmacy clinicians did not pass; Drug take-back and Prescriber Hotline did not pass.

**i) NMPHA – Annual Convention June 27 & 28, 2015 Attendees:** Executive Director, Ben Kesner stated that prior approval for procurement is necessary in order for members to attend the convention. Board members Joe Anderson, Rich Mazzoni, LuGina Mendez-Harper, Amy Buesing, Danny Cross, Chris Woodul and Cathy Wingert will be attending the convention.

**j) LuGina Mendez-Harper – NABP Resolutions:** Ms. Mendez- Harper gave a brief overview of proposed NABP resolutions sent to Executive Director, Ben Kesner;

*Joe            How To Obtain Prescriptive Authority for Pharmacists: Recommend Ms. Amy Bachyrycz, Mr. Anderson and Mr. Dale Tinker be on this task-force, if passes at NABP  
                 Updates to NABP Model Laws  
                 NABP shouldn't accept any grants or sponsorships*

**k) Power-Pak CE & NMBOP discussion regarding 2 live webinars annually to help pharmacists meet Live Law CE requirement:** Mr. Kesner stated that he had a brief discussion with a representative from Power-Pak CE, requesting that the NMBOP record the law update given by inspectors, and use as a Power-Pak CE presentation in order for pharmacists to meet their live CE requirement.

The board did not approve of the request from Power-Pak CE.

**l) LuGina Mendez-Harper & Carl Flansbaum - National Rx Drug Abuse Summit:** Neonatal Abstinence Syndrome, and studies conducted during National drug take-back events; discussions regarding Naloxone.

Mr. Flansbaum left the board meeting to attend a teleconference.

**m) Jennifer Ortega – Walgreens Lovelace Purchase – Training Issues:** Walgreen's District Manager, Ms. Jennifer Ortega discussed the transition of Lovelace closing and Walgreen's taking over all Lovelace pharmacies. She stated that Arizona licensed pharmacists will apply for New Mexico technician licenses for the purpose of training; the role of these personnel will be in support roles not pharmacist roles within New Mexico based Walgreens Lovelace pharmacies. The technician training/licensing period will be for 6 weeks, at which time NMBOP will archive the technician licenses following voluntary surrenders of the licenses.

**n) CYFD – Requirement for NMBOP Custodial Registration:** Mr. Kesner stated that Diane Cox from New Mexico Christian Children's Homes were not going to renew their 8 custodial homes due to the homes are being classified as a foster care group home facility and is regulated by CYFD, Protective Health Services.

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The board stated that the custodial homes must be licensed by the NMBOP and to inform their general counsel of such. The NMCCH must abide by the rules and regulations of the board. The NMBOP will issue NCA's to the NMCCH if they do not comply.

**11. Case Presentations:**

Inspector McCracken:	2014-079/close 2015-019/close 2015-022/open 2015-029/close-DEA	2014-080/close 2015-020/close 2015-023/VS	2014-082/close 2015-021/open 2015-027/VS
Inspector Mossberg:	2014-041/close 2014-074/table 2015-026/table	2014-069/VS 2014-083/close 2015-030/table	2014-071/table 2015-018/table 2015-035/table
Inspector B. Padilla:	2014-050/table 2014-076/open 2015-028/close	2014-051/close 2014-081/NCA 2015-032/close	2014-072/close 2014-086/close
Inspector A. Padilla:	2013-058/NCA	2015-031/VS	
Inspector Kesner:	2014-053/NCA		

Motion: **Close cases:** 2014-079, 2014-080, 2014-082, 2015-019, 2015-020, 2015-029, 2014-051, 2014-072, 2015-028, 2015-029 and 2015-032. Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul, board voted unanimously to pass the motion.

Motion: **Table cases:** 2014-071, 2014-074, 2015-018, 2015-026, 2015-030, 2015-035 and 2014-050. Motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra, board voted unanimously to pass the motion.

Motion: **Leave cases open:** 2014-076, 2015-021 and 2015-022. Motion made by Ms. Mendez-Harper, seconded by Mr. Mazzoni, board voted unanimously to pass the motion.

Motion: **Issue an advisory letter:** 2014-041 and 2014-086. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: **Issue NCA to revoke:** 2014-053. Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson, board voted unanimously to pass the motion.

Motion: **Issue NCA to revoke:** 2014-081. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

Motion: **Issue NCA:** 2013-058. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass the motion.

NCA = Notice of Contemplated Action  
 VS = Voluntary Surrender  
 DEA = Drug Enforcement Administration

**12. Stipulated or Settlement Agreements/Surrenders/Defaults and Orders\*:**

**2013-040 - Main Street Family Pharmacy – Default Revocation (ULA 61-1-15 petitioning the board to dispute fine):**

The board stated that Main Street Family pharmacy will have to abide by the default order. Executive Director, Ben Kesner will contact the licensee regarding the outcome.

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**2014-038 – Alex White PT Applicant- NCA to deny:**

Motion made by Mr. Mazzoni, seconded by Ms. Wingert to issue an NCA to deny application for Alex White, board voted unanimously to pass the motion.

**2014-057P – Lowell’s Pharmacy PH1211 – Stipulated Agreement (hearing request):**

Motion made by Ms. Wingert, seconded by Mr. Mazzoni to issue an NCA to Lowell’s pharmacy due to the licensee’s non-acceptance of the pre-nca stipulated agreement, board voted unanimously to pass the motion.

**2014-058P – Lowe’s #55 Pharmacy PH2516 – Stipulated Agreement (modification request):**

Motion made by Ms. Saavedra, seconded by Mr. Mazzoni to approve the stipulated agreement for 2014-058P, board voted unanimously to pass the motion.

**2014-059P – UNM Hospital Outpatient Pharmacy PH1837– Stipulated agreement:**

Motion made by Ms. Saavedra, seconded by Ms. Mendez-Harper to approve the stipulated agreement for 2014-059P, board voted unanimously to pass the motion.

**2014-060P – Michael’s Prescription Corner PH2509 – Violation of Order:**

The board discussed the non-payment of fine, which is a violation of the stipulated agreement. The board stated that the licensee may have overlooked the due date and to proceed with Executive Director, Ben Kesner calling Michael’s Prescription Corner reminding him that the fine is due.

**2014-061P – Vida Pharmacy LLC PH2980 – Stipulated Agreement:**

Motion made by Ms. Saavedra, seconded by Mr. Mazzoni to approve the stipulated agreement for 2014-061P, board voted unanimously to pass the motion.

**2014-069 – Voluntary Surrender:**

Motion made by Mr. Anderson, seconded by Ms. Wingert to accept the voluntary surrender for Lashawnda Cochran, board voted unanimously to pass the motion.

**2014-081 – Cheryl Escobedo PT9455- Default Revocation:**

Motion made by Mr. Anderson, seconded by Ms. Buesing to approve to default order for 2014-081, board voted unanimously to pass the motion.

**2015-023 – Voluntary Surrender:**

Motion made by Ms. Mendez-Harper, seconded by Mr. Woodul to accept the voluntary surrender for Daniel Brandt, board voted unanimously to pass the motion.

**2015-027 – Voluntary Surrender:**

Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson to accept the voluntary surrender for Chris Driskill, board voted unanimously to pass the motion.

**2015-031 – Voluntary Surrender:**

Motion made by Ms. Mendez-Harper, seconded by Mr. Anderson to accept the voluntary surrender for David L. Jones, board voted unanimously to pass the motion.

**13. Adjournment:** With no further business, Mr. Mazzoni made a motion to adjourn the Pharmacy Board meeting at 5:22 p.m., seconded by Ms. Buesing, board voted unanimously to pass the motion.

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## Appendix A

### 16.19.6.28 AUTOMATED FILLING SYSTEMS:

#### A. Definitions. The following definitions shall apply to this section:

(1) “Automated filling system” means an automated system used by a pharmacy in the state of New Mexico to assist in filling a prescription drug order by selecting, labeling, filling, or sealing medication for dispensing. An “automated filling system” shall not include automated devices used solely to count medication that is then subject to final product check by a pharmacist prior to dispensing, vacuum tube drug delivery systems, or automated dispensing and storage systems used to dispense medication directly to a patient or to an authorized health care practitioner for immediate distribution or administration to the patient.

(2) “Electronic verification system” means an electronic verification, bar code verification, weight verification, radio frequency identification (RFID), or similar electronic process or system that accurately verifies medication has been properly dispensed and labeled by, or loaded into, an automated filling system.

(3) “Manufacturer unit of use package” means a drug dispensed in the manufacturer’s original and sealed packaging, or in the original and sealed packaging of a repackager, without additional manipulation or preparation by the pharmacy, except for application of the pharmacy label.

(4) “Repackager” means a repackager registered with the United States Food and Drug Administration (FDA).

(5) “Prepacked” means any drug that has been removed from the original packaging of the manufacturer or an FDA repackager and is placed in a properly labeled **dispensing** container by a pharmacy for use in an automated filling system for the purpose of dispensing **to the ultimate user from** the establishment in which the prepacking occurred.

**B. Medication Stocking.** Automated filling systems (hereinafter “system”) may be stocked or loaded by a pharmacist or by an intern pharmacist or pharmacy technician under the direct supervision of a pharmacist.

**C. Pharmacist Verification.** Except as otherwise provided herein, a licensed pharmacist shall inspect and verify the accuracy of the final contents of any dispensing container filled or packaged by a system, and any label affixed thereto, prior to dispensing, as required by 16.19.4 NMAC section 16 paragraph B subsection 1.

**D. Verification Criteria.** The pharmacist verification requirements of paragraph C of this section shall be deemed satisfied if all the following are met:

(1) Pharmacy personnel establish and follow a policy and procedure manual that complies with paragraph E of this section;

(2) The filling process is fully automated from the time the filling process is initiated until a completed, labeled, and sealed prescription is produced by the system that is ready for dispensing to the patient. No manual intervention with the medication or prescription may occur after the medication is loaded into the system. For purposes of this section, manual intervention shall not include preparing a finished prescription for mailing, delivery, or storage;

(3) A pharmacist performs a prospective DUR and verifies the accuracy of the prescription information used by or entered into the system for a specific patient prior to initiation of the automated fill process. The identity of the verifying pharmacist shall be recorded in the pharmacy’s records;

(4) A pharmacist verifies the correct medication and strength, prepacked container, or manufacturer unit of use package was properly stocked, filled, and loaded in the system prior to initiating the fill process. Alternatively, an electronic verification system may be used for verification of manufacturer unit of use packages or prepacked medication previously verified by a pharmacist;

(5) The medication to be dispensed is selected, filled, labeled, and sealed in the dispensing container by the system or dispensed by the system in a manufacturer’s unit of use package or a prepacked container;

(6) An electronic verification system is used to verify the proper prescription label has been affixed to the correct medication and strength, prepacked container, or manufacturer unit of use package for the correct patient;

(7) Daily random quality testing is conducted by a pharmacist on a sample size of prescriptions filled by the system. The required sample size shall not be less than two percent (2%) of the prescriptions filled by the automated system on the date tested or two percent (2%) of the prescriptions filled by the automated system on the last day of system operation, as designated in writing by the pharmacist-in-charge. Proof of compliance with this subsection and random quality testing date(s) and results shall be documented and maintained in the pharmacy’s records;

(8) The product dispensed is a solid oral dosage form; and

(9) The product dispensed is not a controlled substance listed in DEA or Board of Pharmacy Schedule II.

**E. Policies and Procedures.** Pharmacists verifying prescriptions pursuant to paragraph D of this section shall follow written policies and procedures to ensure the proper, safe, and secure functioning of the system. Policies and procedures shall be established by, and reviewed annually by the pharmacist-in-charge and shall be maintained in the pharmacy’s records. The required annual review shall be documented in the pharmacy’s records.

At a minimum, pharmacy personnel shall establish and follow policies and procedures for the following:

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**H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.**

- (1) Maintaining the system and any accompanying electronic verification system in good working order;
- (2) Ensuring accurate filling, loading, and stocking of the system;
- (3) Ensuring sanitary operations of the system and preventing cross-contamination of cells, cartridges, containers, cassettes, or packages;
- (4) Reporting, investigating, and addressing filling errors and system malfunctions;
- (5) Testing the accuracy of the system and any accompanying electronic verification system. At a minimum, the system and electronic verification system shall be tested before the first use of the system or restarting the system and upon any modification to the system or electronic verification system that changes or alters the filling or electronic verification process;
- (6) Training persons authorized to access, stock, or load the system in equipment use and operations;
- (7) Tracking and documenting prescription errors related to the system that are not corrected prior to dispensing to the patient;
- (8) Conducting routine and preventive maintenance and, if applicable, calibration;
- (9) Removing expired, adulterated, misbranded, or recalled drugs;
- (10) Preventing unauthorized access to the system, including, assigning, discontinuing, or changing security access;
- (11) Identifying and recording persons responsible for stocking, loading, and filling the system;
- (12) Ensuring compliance with state and federal law, including, all applicable labeling, storage, and security requirements;
- (13) Ensuring proper drug storage within the system, consistent with the manufacturer's specifications and *the United States Pharmacopoeia (USP)*;
- (14) Maintaining an ongoing quality assurance program that monitors performance of the system and any electronic verification system to ensure proper and accurate functioning.

**F. Recordkeeping.** Records and documentation required by this section shall be maintained in the pharmacy's records electronically or in writing for a minimum of three years. Records shall be made available for inspection and produced to the board or the board's agent upon request.

**G. Prepacking.** A pharmacist, or a pharmacist intern or pharmacy technician under the direct supervision of a licensed pharmacist, may prepack drugs for other than immediate dispensing purposes provided that the following conditions are met:

- (1) Prepacking occurs at the licensed pharmacy utilizing the system;
- (2) Only products which will be **dispensed** directly to the patient may be prepacked;
- (3) Containers utilized for prepacking shall meet standards specified by the USP, which has been incorporated herein by reference (e.g. Preservation, Packaging, Storage and Labeling section of the General Notices and Requirements). Where needed, light resistant containers shall be used;
- (4) Any prepacked drug must have a label affixed to it which contains, at a minimum, the name and strength of the drug, quantity, the name of the manufacturer or distributor, the expiration date and lot number, **the date prepacked, and the identity of the person who prepacked it.**
- (5) A record of drugs prepacked must be kept, and include the following: **the name and strength of the drug, lot number, name of manufacturer or distributor, expiration date (per USP requirements), date of prepacking, total number of dosage units (tabs, caps) prepacked, quantity per prepacked container, number of dosage units (tabs, caps) wasted, initials of prepacker and of pharmacist performing final check.**
- (6) All drugs prepacked by a pharmacist intern or pharmacy technician must undergo a final check by the pharmacist.

[16.19.6.28 NMAC \_\_\_\_\_]

\* The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.  
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## Appendix B

### 16.19.29.8 MANDATORY REPORTING OF PRESCRIPTION INFORMATION TO THE PMP:

A. The board shall monitor the dispensing of all Schedule II - V controlled substances by all dispensers licensed to dispense such substances to patients in this state.

B. Each dispenser shall submit to the board by electronic means information regarding each prescription dispensed for a drug included under Subsection A of this section. Information to be submitted for each prescription as well as the standards for how this information shall be formatted, not contrary to law, is defined in the PMP data reporting manual available on the state PMP website at <http://nmpmp.org> shall include at a minimum:

- ~~(1) dispenser drug enforcement agency (DEA) number;~~
- ~~(2) date prescription filled;~~
- ~~(3) prescription number;~~
- ~~(4) whether the prescription is new or a refill;~~
- ~~(5) national drug code (NDC) code for drug dispensed;~~
- ~~(6) quantity dispensed;~~
- ~~(7) patient name;~~
- ~~(8) patient address;~~
- ~~(9) patient date of birth;~~
- ~~(10) prescriber DEA number;~~
- ~~(11) date prescription issued by prescriber;~~
- ~~(12) and payment classification.~~

- (1) dispenser NPI number
- (2) dispenser NCPDP number
- (3) dispenser DEA number
- (4) patient name
- (5) patient address
- (6) patient date of birth
- (7) phone number (optional)
- (8) patient gender
- (9) species code (situational)
- (10) reporting status (new, revised, void)
- (11) prescription number
- (12) date prescription written
- (13) refills authorized
- (14) date prescription filled
- (15) refill number
- (16) product id (NDC) + product id qualifier
- (17) quantity dispensed
- (18) days supply
- (19) drug dosage units
- (20) transmission form of Rx origin
- (21) payment type
- (22) date sold (optional)
- (23) prescriber NPI number
- (24) prescriber DEA number
- (25) prescriber DEA number suffix
- (26) compound ingredient quantity (situational)
- (27) compound drug dosage units (situational)

C. Each dispenser shall submit the information in accordance with transmission methods and frequency established by the board; but shall report at least within one (1) business day of the prescription being filled. The PMP director shall have the authority to approve submission schedules that exceed one (1) business day.

D. Corrections to information submitted to the PMP must be addressed including:

- (1) file upload or “outstanding uncorrected errors” as defined in the PMP data reporting manual;
- (2) prescriptions that were not dispensed to the patient must be voided from the PMP;
- (3) incorrect information in prescriptions records submitted to the PMP must be corrected as soon as possible after the dispenser has been notified.

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[16.19.29.8 NMAC - N, 07-15-04; A, 06-11-11; A, 08-31-12; A, 03-22-15]

**\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.**  
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**Last update 6/15/15**



## Appendix C

### TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 19 PHARMACISTS PART 6 PHARMACIES

#### 16.19.6.27 Automated Drug Distribution Systems in Licensed Health Care Facilities

A. Scope. This section applies only to the use of automated drug distribution systems located within the facilities specified in paragraph B.

B. Definitions. For purposes of this section only, the terms defined in this section have the meanings given.

(1) "Automated drug distribution system", or "automated medication system" or "system" means a mechanical system that performs operations or activities, other than compounding or administration, related to the storage, packaging, or dispensing of drugs, and collects, controls, and maintains transaction information and records.

(2) "Health care facility" means a facility licensed under NMAC 16.19.11; or an inpatient hospice facility licensed pursuant to NMAC 16.19.10.12.

(3) "Managing pharmacy" means an in-state retail pharmacy licensed by the board, pursuant to NMAC 16.19.6, that controls and is responsible for the operation of an automated drug distribution system.

(4) "Multi-Disciplinary Committee" means the pharmacist in charge, or the consultant pharmacist, and one or more representatives of the health care facility;

(5) "Override medication" means:

(a) A drug that may be removed from an automated medication system prior to pharmacist review because the Multidisciplinary Committee has determined that the clinical status of the patient would be compromised by delay; or

(b) A drug determined by the Multidisciplinary Committee to have a low risk of drug allergy, drug interaction, dosing error, or adverse patient outcome, which may be removed from an automated medication system independent of a pharmacist's review of the medication order or clinical status of the patient.

#### C. Authorization.

A managing pharmacy may use an automated drug distribution system to supply medications for patients of a health care facility. The automated drug distribution system may be located in a health care facility that is not at the same location as the managing pharmacy. When located within a health care facility, the system is considered to be an extension of the managing pharmacy. When the automated drug distribution system is used to deliver routine doses of controlled substances, the managing pharmacy submit and maintain a separate registration with the Drug Enforcement Administration.

#### D. Notification.

(1) At least 60 days prior to the initial use of an automated drug distribution system, the pharmacist-in-charge of the managing pharmacy must provide the board with written notification of:

(a) the physical address at which the automated drug distribution system will be located,

(b) the health facility's board of pharmacy registration type and number,

(c) the managing pharmacy's registration number, address, and pharmacist-in-charge, and

(d) written policies and procedures that govern the operation of the system. The policies and procedures must address the requirements of paragraph F of this section and the rules of the board.

(e) The managing pharmacy/pharmacist-in-charge must notify the board within ten (10) days whenever an automated drug distribution system is taken permanently out of service.

#### E. Operation of automated drug distribution systems.

(1) The pharmacist-in-charge shall assure compliance with all requirements of the Pharmacy Act, Drug Device and Cosmetic Act, Controlled Substances Act and this Section.

(2) The pharmacist-in-charge shall be responsible for:

(a) Maintaining a record of each transaction or operation;

(b) Controlling access to the automated medication system;

(c) Maintaining policies and procedures for:

(d) Operating the automated medication system;

(e) Training personnel who use the automated medication system;

(f) Maintaining patient services whenever the automated medication system is not operating; and

(g) Defining a procedure for a pharmacist to grant access to the drugs in the automated medication system or to deny access to the drugs in the automated medication system.

**\* The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.**

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- (h) Securing the automated medication system;
- (i) Assuring that a patient receives the pharmacy services necessary for appropriate pharmaceutical care;
- (j) Assuring that the automated medication system maintains the integrity of the information in the system and protects patient confidentiality;
- (k) Establishing a procedure for stocking or restocking the automated medication system; and
- (l) Insuring compliance with all requirements for packaging and labeling;
- (m) A pharmacist shall perform prospective drug use review and approve each medication order prior to administration of a drug except an override medication;
- (n) A pharmacist shall perform retrospective drug use review for an override medication.
- (o) The pharmacist-in-charge shall convene or identify a Multidisciplinary Committee, which is charged with oversight of the automated medication system.

**F. STOCKING OR RESTOCKING OF AN AUTOMATED MEDICATION SYSTEM**

- (1) Responsibility for accurate stocking and restocking of an automated medication system lies with the pharmacist-in-charge and with any pharmacist tasked with supervising such functions.
- (2) The stocking or restocking of an automated medication system, where performed by someone other than a pharmacist, shall follow one of the following procedures to ensure correct drug selection:
  - (a) A pharmacist shall conduct and document a daily audit of drugs placed or to be placed into an automated medication system, which audit may include random sampling.
  - (b) A bar code verification, electronic verification, or similar verification process shall be utilized to assure correct selection of drugs placed or to be placed into an automated medication system. The utilization of a bar code, electronic, or similar verification process shall require an initial quality assurance validation, followed by a quarterly quality assurance review by a pharmacist. When a bar code verification, electronic verification, or similar verification process is utilized as specified in this section, stocking and restocking functions may be performed by a pharmacy technician or by a registered nurse trained and authorized by the pharmacist-in-charge.
- (3) The pharmacist performing the quality assurance review shall maintain a record of the quality assurance process that occurred and the pharmacist approval of the drug stocking, restocking or verification process.
- (4) Any drug that has been removed from the automated medication system shall not be replaced into the system unless: the drug's purity, packaging, and labeling have been examined according to established policies and procedures.

**G. Quality Assurance Program**

The pharmacist-in-charge shall be responsible for establishing a quality assurance program for the automated medication system. The program shall provide for:

- (1) Review of override medication utilization;
- (2) Investigation and reporting of any medication error related to drugs distributed or packaged by the automated medication system;
- (3) Review of any discrepancy or transaction reports and identification of patterns of inappropriate use or access of the automated medication system;
- (4) Review of the operation of the automated medication system;
- (5) Integration of the automated medication system quality assurance program with the overall continuous quality improvement program of the managing pharmacy; and
- (6) Assurance that individuals working with the automated medication system receive appropriate training on operation of the system and procedures for maintaining pharmacy services when the system is not in operation.

**H. Records**

The managing pharmacy/pharmacist-in-charge shall maintain, for at least three years, the following records related to the automated medication system in a readily retrievable manner:

- (1) Managing pharmacy's distribution records for all dangerous drugs, including controlled substances, transferred to each automated medication system.
- (2) Perpetual inventories of controlled substances contained within each automated medication system.
- (3) At the time of any event involving the contents of the automated device, the device shall automatically produce on demand, a written or electronic record showing:
  - (a) the date and time of transaction;
  - (b) the type of transaction;

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- (c) the nature of the emergency;
  - (d) the name, strength, and quantity of medication;
  - (e) the name of the patient for whom the drug was ordered;
  - (f) the name or identification code (electronic signature) of the person making the transaction;
  - (g) the name of the prescribing practitioner;
  - (h) the name of the pharmacist conducting the drug utilization review; and
  - (i) the identity of the device accessed.
- (4) A delivery record shall be generated on demand for all drugs supplied to a facility for use by an automated dispensing device which shall include:
- (a) date;
  - (b) drug name;
  - (c) dosage form
  - (d) strength;
  - (e) quantity;
  - (f) identity of device; and
- (5) Any report or analysis generated as part of the quality assurance program required by Paragraph (G) of this regulation.

**I. The Multidisciplinary Committee shall:**

- (1) Establish the criteria and process for determining which drug qualifies as an override medication;
- (2) Develop policies and procedures regarding the operation of the automated medication system;
- (3) Conduct an annual review of override medications.

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## Appendix D

**TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**CHAPTER 19 PHARMACISTS**  
**PART 26 PHARMACIST PRESCRIPTIVE AUTHORITY**

**16.19.26.1 ISSUING AGENCY:** Regulation and Licensing Department - Board of Pharmacy, Albuquerque, NM.  
[16.19.26.1 NMAC - N, 12-15-02; A, 03-07-11]

**16.19.26.2 SCOPE:** All pharmacists that intend to exercise the authority to prescribe dangerous drugs based on written protocols approved by the Board.  
[16.19.26.2 NMAC - N, 12-15-02]

**16.19.26.3 STATUTORY AUTHORITY:** Section 61-11-6.A.(1) NMSA 1978 authorizes the Board of Pharmacy to adopt, regularly review and revise rules and regulations necessary to carry out the provisions of the Pharmacy Act. Section 61-11-6.A.(7) gives the Board authority to enforce the provisions of all laws of the state pertaining to the distribution of drugs. Under the Pharmacist Prescriptive Authority Act, Sections 61-11B-1 to 61-11B-3 NMSA 1978, the Board is required to establish regulations governing certification as a pharmacist clinician. Section 61-11-6.A.(19) authorizes the Board to adopt rules and protocols for the prescribing of dangerous drug therapy.  
[16.19.26.3 NMAC - N, 12-15-02]

**16.19.26.4 DURATION:** Permanent.  
[16.19.26.4 NMAC - N, 12-15-02]

**16.19.26.5 EFFECTIVE DATE:** 12-15-02, unless a later date is cited at the end of a section.  
[16.19.26.5 NMAC - N, 12-15-02]

**16.19.26.6 OBJECTIVE:** The objective of Part 26 of Chapter 19 is to protect the health and safety of New Mexico citizens by regulating the prescriptive authority of pharmacists.  
[16.19.26.6 NMAC - N, 12-15-02]

**16.19.26.7 DEFINITIONS:**

- A.** "Antigen" means a substance recognized by the body as being foreign; it results in the production of specific antibodies directed against it.
  - B.** "Antibody" means a protein in the blood that is produced in response to stimulation by a specific antigen.
  - C.** "Immunization" means the act of inducing antibody formation, thus leading to immunity.
  - D.** "Vaccine" means a specially prepared antigen, which upon administration to a person, will result in immunity.
  - E.** "Vaccination" means the administration of any antigen in order to induce immunity; is not synonymous with immunization since vaccination does not imply success.
  - F.** "Written protocol" means a physician's order, standing delegation order, or other order or protocol as defined by rule of the New Mexico board of pharmacy.
  - G.** "Emergency contraception drug therapy" means the use of a drug to prevent pregnancy after intercourse.
  - H.** "Tobacco cessation drug therapy" means the use of therapies, which may include drugs to assist in quitting any form of tobacco use.
- [16.19.26.7 NMAC - N, 12-15-02; A, 07-15-04]

**16.19.26.8 REFERRAL:** Any pharmacist not certified to provide a prescriptive authority service is required to refer patients to a pharmacist or other provider who provides such a service.  
[16.19.26.8 NMAC - N, 12-15-02; 16.19.26.8 NMAC - N, 07-15-04]

**16.19.26.9 VACCINES:**

- A. PROTOCOL:**
  - (1) Prescriptive authority for vaccines shall be exercised solely in accordance with the written protocol for vaccine prescriptive authority approved by the board.
  - (2) Any pharmacist exercising prescriptive authority for vaccines must maintain a current copy of the protocol for vaccine prescriptive authority approved by the board.

**\* The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings. H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.**

**B. EDUCATION AND TRAINING:**

(1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), provided by: a) the centers for disease control and prevention (CDC); or b) a similar health authority or professional body approved by the board.

(2) Training must include study materials, hands-on training and techniques for administering vaccines, comply with current CDC guidelines, and provide instruction and experiential training in the following content areas:

- (a) mechanisms of action for vaccines, contraindication, drug interaction, and monitoring after vaccine administration;
- (b) standards for pediatric, adolescent, and adult immunization practices;
- (c) basic immunology and vaccine protection;
- (d) vaccine-preventable diseases;
- (e) recommended pediatric, adolescent, and adult immunization schedule;
- (f) vaccine storage management;
- (g) biohazard waste disposal and sterile techniques;
- (h) informed consent;
- (i) physiology and techniques for vaccine administration;
- (j) pre and post-vaccine assessment and counseling;
- (k) immunization record management;
- (l) management of adverse events, including identification, appropriate response, documentation and reporting;
- (m) reimbursement procedures and vaccine coverage by federal, state and local entities.

(3) Continuing education: Any pharmacist exercising prescriptive authority for vaccines shall complete a minimum of 0.2 CEU of live ACPE approved vaccine related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

4) Basic Life Support/Cardiopulmonary Resuscitation (BLS/CPR): Any pharmacist exercising prescriptive authority for vaccines shall complete and have current live BLS/CPR certification.

**C. AUTHORIZED DRUGS:**

(1) Prescriptive authority shall be limited to those drugs and vaccines delineated in the written protocol for vaccine prescriptive authority approved by the board, and;

(2) Other vaccines as determined by the CDC, the advisory committee on immunization practices (ACIP) or New Mexico department of health that may be required to protect the public health and safety

**D. RECORDS:**

- (1) The prescribing pharmacist must generate a written or electronic prescription for any dangerous drug authorized.
- (2) Informed consent must be documented in accordance with the written protocol for vaccine prescriptive authority approved by the board and a record of such consent maintained in the pharmacy for a period of at least three years.

**E. NOTIFICATION:** Upon signed consent of the patient or guardian the pharmacist shall:

- (1) notify ~~the New Mexico department of health immunization program~~ the patient's designated physician or primary care provider ~~and or~~
- (2) update the New Mexico department of health immunization program's electronic database (NMSIIS) of any vaccine administered.

[16.19.26.9 NMAC - N, 12-15-02; 16.19.26.9 NMAC - Rn, 16.19.26.8 NMAC & A, 07-15-04; A, 01-31-07]

**16.19.26.10 EMERGENCY CONTRACEPTION DRUG THERAPY:**

**A. PROTOCOL:**

(1) Prescriptive authority for emergency contraception drug therapy shall be exercised solely in accordance with the written protocol for emergency contraception drug therapy approved by the board.

(2) Any pharmacist exercising prescriptive authority for emergency contraception drug therapy must maintain a current copy of the written protocol for emergency contraception drug therapy approved by the board.

**B. EDUCATION AND TRAINING:**

(1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of emergency contraception drug therapy provided by: a) the department of health; or b) planned parenthood or c) a similar health authority or professional body approved by the board.

(2) Training must include study materials and instruction in the following content areas:

- (a) mechanisms of action, contraindication, drug interaction, and monitoring of emergency contraception drug therapy;
- (b) current standards for prescribing emergency contraception drug therapy;
- (c) identifying indications for the use of emergency contraception drug therapy;
- (d) interviewing patient to establish need for emergency contraception drug therapy;

\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.

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- (e) counseling patient regarding the safety, efficacy and potential adverse effects of drug products for emergency contraception;
- (f) evaluating patient's medical profile for drug interaction;
- (g) referring patient follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (j) management of adverse events, including identification, appropriate response, documentation and reporting.

(3) Continuing education: Any pharmacist exercising prescriptive authority for emergency contraception drug therapy shall complete a minimum of 0.2 CEU of ~~five~~ ACPE approved emergency contraception drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

**C. AUTHORIZED DRUGS:**

(1) Prescriptive authority shall be limited to emergency contraception drug therapy and shall exclude any device intended to prevent pregnancy after intercourse.

(2) Prescriptive authority for emergency contraception drug therapy shall be limited to those drugs delineated in the written protocol for emergency contraception drug therapy approved by the board.

**D. RECORDS:**

(1) The prescribing pharmacist must generate a written or electronic prescription for any dangerous drug authorized.

(2) Informed consent must be documented in accordance with the approved protocol for emergency contraception drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.

**E. NOTIFICATION:** Upon signed consent of the patient or guardian, the pharmacist shall notify the patient's designated physician or primary care provider of emergency contraception drug therapy prescribed. [16.19.26.10 NMAC - N, 12-15-02; 16.19.26.10 NMAC - Rn, 16.19.26.9 NMAC & A, 07-15-04]

**16.19.26.11 TOBACCO CESSATION DRUG THERAPY:**

**A. PROTOCOL:**

(1) Prescriptive authority for tobacco cessation drug therapy shall be exercised solely in accordance with the written protocol for tobacco cessation drug therapy approved by the board.

(2) Any pharmacist exercising prescriptive authority for tobacco cessation drug therapy must maintain a current copy of the written protocol for tobacco cessation drug therapy approved by the board.

**B. EDUCATION AND TRAINING:**

(1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of tobacco cessation drug therapy provided by: a) the department of health; or b) health and human services or c) a similar health authority or professional body approved by the board.

(2) Training must include study materials and instruction in the following content areas:

- (a) mechanisms of action for contraindications, drug interactions, and monitoring cessation;
- (b) current standards for prescribing tobacco cessation drug therapy;
- (c) identifying indications for the use of tobacco cessation drug therapy;
- (d) interviewing patient to establish need for tobacco cessation drug therapy;
- (e) counseling patient regarding the safety, efficacy and potential adverse effects of drug products for tobacco cessation;
- (f) evaluating patient's medical profile for drug interaction;
- (g) referring patient follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (j) management of adverse events, including identification, appropriate response, documentation and reporting;
- (k) reimbursement procedures and tobacco cessation drug therapy and education coverage by federal, state and local entities.

(3) Continuing education: Any pharmacist exercising prescriptive authority for tobacco cessation drug therapy shall complete a minimum of 0.2 CEU of ~~five~~ ACPE approved tobacco cessation drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

**C. AUTHORIZED DRUGS:**

(1) Prescriptive authority shall be limited to tobacco cessation drug therapy including prescription and non-prescription therapies.

(2) Prescriptive authority for tobacco cessation drug therapy shall be limited to those drugs delineated in the written protocol approved by the board.

**D. RECORDS:**

(1) The prescribing pharmacist must generate a written or electronic prescription for any dangerous drug authorized.

**\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings. H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.**

(2) Informed consent must be documented in accordance with the approved protocol for tobacco cessation drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.

**E. NOTIFICATION:** Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider of tobacco cessation drug therapy prescribed.  
[16.19.26.11 NMAC - N, 07-15-04]

**16.19.26.12 TB TESTING:**

**A. PROTOCOL:**

(1) Prescriptive authority for Tuberculosis (TB) testing shall be exercised solely in accordance with the written protocol for TB testing drug therapy approved by the board.

(2) Any pharmacist exercising prescriptive authority for TB testing must maintain a current copy of the written protocol for TB testing approved by the board.

**B. EDUCATION AND TRAINING:**

(1) The pharmacist must successfully complete training as specified by the New Mexico Department of Health Tuberculosis Department.

(2) Continuing education: Any pharmacist exercising prescriptive authority for TB testing shall complete continuing education as specified by the centers for disease control.

**C. AUTHORIZED DRUGS:**

(1) TB skin antigen serum(s).

(2) Prescriptive authority for TB testing shall be limited to those drugs delineated in the written protocol approved by the board.

**D. RECORDS:**

(1) The prescribing pharmacist must generate a written or electronic prescription for any TB test administered.

(2) Informed consent must be documented in accordance with the approved protocol for TB testing and a record of such consent maintained in the pharmacy for a period of at least three years.

**E. NOTIFICATION:** Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider and the department of health of any positive TB test.  
[16.19.26.12 NMAC - N, 03-07-11]

**16.19.26.13 NALOXONE FOR OPIOID OVERDOSE:**

**A. PROTOCOL:**

(1) Prescriptive authority for naloxone drug therapy shall be exercised solely in accordance with the written protocol for naloxone drug therapy approved by the board.

(2) Any pharmacist exercising prescriptive authority for naloxone drug therapy must maintain a current copy of the written protocol for naloxone drug therapy approved by the board.

**B. EDUCATION AND TRAINING:**

(1) The pharmacist must successfully complete a course of training, accredited by the accreditation council for pharmacy education (ACPE), in the subject area of naloxone for opioid overdose drug therapy provided by:

- (a) the New Mexico pharmacists association; or
- (b) a similar health authority or professional body approved by the board.

(2) Training must include study materials and instruction in the following content areas:

- (a) mechanisms of action;
- (b) contraindications;
- (c) identifying indications for the use of naloxone drug therapy;
- (d) patient screening criteria;
- (e) counseling and training patient and care-giver regarding the safety, efficacy and potential adverse effects of naloxone;
- (f) evaluating patient's medical profile for drug interactions;
- (g) referring patient for follow-up care with primary healthcare provider;
- (h) informed consent;
- (i) record management;
- (j) management of adverse events.

(3) Continuing education: Any pharmacist exercising prescriptive authority for naloxone drug therapy shall complete a minimum of 0.2 CEU of live ACPE approved naloxone drug therapy related continuing education every two years. Such continuing education shall be in addition to requirements in 16.19.4.10 NMAC.

**C. AUTHORIZED DRUG(S):**

\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.  
H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.

- (1) Prescriptive authority shall be limited to naloxone and shall include any device(s) approved for the administration of naloxone.
- (2) Prescriptive authority for naloxone drug therapy shall be limited to naloxone as delineated in the written protocol for naloxone drug therapy approved by the board.

**D. RECORDS:**

- (1) The prescribing pharmacist must generate a written or electronic prescription for any naloxone dispensed.
- (2) Informed consent must be documented in accordance with the approved protocol for naloxone drug therapy and a record of such consent maintained in the pharmacy for a period of at least three years.

**E. NOTIFICATION:** Upon signed consent of the patient, the pharmacist shall notify the patient's designated physician or primary care provider within 15 days of naloxone dispensing.

[16.19.26.13 NMAC - N, 03-14-14]

**HISTORY OF 16.19.26 NMAC: [RESERVED]**

\*The board may go into Executive Session to discuss these items and any other items pursuant to Section 10-15-1H(1), Section 10-15-1H(2), Section 10-15-1H(3) or Section 10-15-1H(7) of the Open Meeting Act. Agenda items may be executed at any time during the meeting to accommodate hearings.  
H(1) are licensing matters, H(2) is limited to personnel matters, H(3) deliberation of hearings, H(7) is pending or threatened litigation.