



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Pharmacy

5200 Oakland Avenue, NE ▪ Suite A ▪ Albuquerque, New Mexico 87113
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.state.nm.us/pharmacy

January 19-20, 2012 Board Meeting Minutes

New Mexico Board of Pharmacy Regular Board Meeting

Location: 5200 Oakland Ave. Suite A, Albuquerque, New Mexico 87113

Call to Order: The meeting was called to order by the Chairman Richard Mazzoni, R.Ph., at 9:05 a.m.

MEMBERS PRESENT: Richard Mazzoni R.Ph., Chairman
Amy Buesing R.Ph., Member
LuGina Mendez-Harper R.Ph., Member
Danny Cross, R.Ph., Member
Joe Anderson R.Ph., Member
Ray Nunley R.Ph., Member
Buffie Saavedra-Shean, Public Member

MEMBERS ABSENT: Allen Carrier, Public Member
Buffie Saavedra-Shean, Public Member (Tuesday 1/20/12)

STAFF ATTENDING: William Harvey, Executive Director
Debra Wilhite, Administrative Secretary
Larry Loring, Inspector
Ben Kesner, Inspector
Adela Padilla, Inspector
Bobby Padilla, Inspector
Cheranne McCracken, Inspector
Kristofer Mossberg, Inspector
Sarah Trujillo, Licensing Administrator

Thursday January 19, 2012

- 1. 9:05 a.m. Call to Order**
- 2. Roll Call**

Present were Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Chairman Richard Mazzoni. Mr. Carrier was absent.

3. Approval of the Agenda:

Motion: Motion made by Mr. Nunley, seconded by Mr. Cross to approve the agenda as presented, 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) or Section 10-15-1H(7) of the Open Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings.**

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

Revised February 16, 2012

4. Approval of October 2011 Minutes:

Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing to approve the minutes as presented, the board voted unanimously to pass the motion.

5. Applications:

a) Application List

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

Motion: 10 Clinic applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley, board voted unanimously to pass motion.

Motion: 2 Emergency Medical Services applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 30 Custodial Nursing Home applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 6 Pharmacy/Hospital applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 26 Non-Resident Pharmacy applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Ms. Buesing, board voted unanimously to pass motion.

Motion: 37 Wholesale/Broker applications all are in order. Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley, board voted unanimously to pass motion.

*NEW MEXICO BOARD OF PHARMACY
REGULAR MEETING
APPLICATION LIST
January 19 & 20, 2012*

CLINIC /HOME HEALTH

*1. Albuquerque Treatment Services LLC
123 Madeira Drive SE
Albuquerque, NM 87108*

*2. Christus St Vincent
Anticoagulation Management
465 St Michael's Drive Suite 210
Santa Fe, NM 87505*

*3. Christus St Vincent
Regional Cancer Center
490-A West Zia Road
Santa Fe, NM 87505*

CONSULTANT PHARMACIST

*Relocation
Carla Eichwald-Lightfoot, R.Ph.*

*New
Keith Romer, R.Ph.*

*New
Michael Lacey, R.Ph.*

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4. Concentra
City of Albuquerque
400 Marquette NW
Albuquerque, NM 87103

New
Larry Cato, R.Ph.

5. El Centro Family Health Taos HS Wellness
134 Cervantes Road
Taos, NM 87571

Change of Ownership
Christine Vigil, R.Ph.

6. El Centro Family Health Taos MS Wellness
235 Paseo del Canon E
Taos, NM 87571

Change of Ownership
Christine Vigil, R.Ph.

7. Intel Take Care Health Systems
4100 Sara Road SE MS RR5-1
Rio Rancho, NM 87124

New
Amy Bachyrzcz, R.Ph.

8. LCMC Capitan Clinic
405 Lincoln Avenue
Capitan, NM 88316

Relocation
Deborah Christopherson, R.Ph.

9. Lohman Endoscopy Center LLC
4381 Lohman Avenue
Las Cruces, NM 88011

New
Ramon Rede, R.Ph.

10. Quay Public Health Office
310 N 2nd Street
Tucumcari, NM 88401

Relocation
George Gonzales, R. Ph.

EMERGENCY MEDICAL SERVICES

CONSULTANT PHARMACIST

1. Bernalillo County Fire Department Warehouse
1120 Coors Road SW
Albuquerque, NM 87105

New
Phil Griego, R.Ph.

2. Phi Air Medical
2400 Unser Blvd SE
Rio Rancho, NM 87124
Albuquerque, NM

Relocation
Shannon Rankin, R.Ph.

CUSTODIAL/NURSING HOME

CONSULTANT PHARMACIST

1. Active Solutions Inc
11233 Morocco NE
Albuquerque, NM 87111

New
Annabel Roberts, R.Ph.

2. Active Solutions Inc
820 Kentucky SE
Albuquerque, NM 87108

New
Annabel Roberts, R.Ph.

3. Advantage Communication
8616 Las Camas NW
Albuquerque, NM 87111

New
Ron Lujan, R.Ph.

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|---|---------------------------------|
| 4. Advantage Communication
3940 La Sombra
Albuquerque, NM 87105 | New
Charlotte Breeden, R.Ph. |
| 5. Adelante Development Center
4915 Sundance Trail NW
Albuquerque, NM 87109 | New
Lori Carabajal, R.Ph. |
| 6. Adelante Development Center
317 Brugg Drive
Belen, NM 87002 | New
Wilfred Chavez, R.Ph. |
| 7. Alegria Family Services Inc
2921 Carlisle NE
Albuquerque, NM 87110 | New
Joel Villarreal, R.Ph. |
| 8. AWS
1890 Calle Quedo D
Santa Fe, NM 87505 | New
Maureen Rogers, R.Ph. |
| 9. AWS
1890 Calle Quedo C
Santa Fe, NM 87505 | New
Maureen Rogers, R.Ph. |
| 10. AWS
7232 Vutla de la Luz
Santa Fe, NM 87507 | New
Maureen Rogers, R.Ph. |
| 11. Casa Kaya LLC
4719 Golden Barrel Road NW
Albuquerque, NM 87114 | New
Lori Carabajal, R.Ph. |
| 12. CFC
3819 Corrales Road
Corrales, NM 87048 | New
Lori Carabajal, R.Ph. |
| 13. Cielo Abiertos LLC
3111 Toreador Drive NE
Albuquerque, NM 87111 | New
Bill Weast, R.Ph. |
| 14. Community Options
3082 Primo Colores
Santa Fe, NM 87507 | New
Charles Vandiver, R.Ph. |
| 15. Correctional Healthcare Companies
83 Old Hwy 70
Lordsburg, NM 88045 | New
Jimmy Byrd, R.Ph. |
| 16. Door of Opportunity
905 Bullock Court
Artesia, NM 88210 | New
Kirk Irby, R.Ph. |

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|---|---|
| 17. <i>El Ranchito de Los Nino</i>
2 Puesta del Sol
Los Lunas, NM 87031 | <i>New</i>
<i>Shirley Jojola, R.Ph.</i> |
| 18. <i>Expressions Unlimited</i>
916 Alvarado Drive
Albuquerque, NM 87108 | <i>New</i>
<i>Perry Storey, R.Ph.</i> |
| 19. <i>High Desert Family Services Inc</i>
1109 E 17 th
Roswell, NM 88203 | <i>New</i>
<i>Theresa Lewis, R.Ph.</i> |
| 20. <i>Life Quest Inc</i>
4210 Kiva Place Apt E-6
Silver City, NM 88061 | <i>New</i>
<i>Evangeline Zamora, R.Ph.</i> |
| 21. <i>Life Quest Inc</i>
4210 Kiva Place Apt I-4
Silver City, NM 88061 | <i>New</i>
<i>Evangeline Zamora, R.Ph.</i> |
| 22. <i>Lydia Talamates</i>
608 Suffolk Court SW
Albuquerque, NM 87121 | <i>New</i>
<i>Lori Carabajal, R.Ph.</i> |
| 23. <i>Mis Amigos Family Services</i>
1410 E Whitmore
Tucumcari, NM 88401 | <i>New</i>
<i>Perry Storey, R.Ph.</i> |
| 24. <i>New Mexico Baptist Children's Home</i>
2200 S Avenue I
Portales, NM 88130 | <i>New</i>
<i>Walter Chambliss, R.Ph.</i> |
| 25. <i>North Ridge Alzheimer's & Special
Care Center</i>
8101 Palomas Avenue NE
Albuquerque, NM 87109 | <i>New</i>
<i>Annabel Roberts, R.Ph.</i> |
| 26. <i>Providence Support Services</i>
2225 4 th Street NW
Albuquerque, NM 87102 | <i>New</i>
<i>Deborah Vanderhee, R.Ph.</i> |
| 27. <i>Rose Trujillo</i>
18 Tammy Lee Lane
Los Lunas, NM 87031 | <i>New</i>
<i>Shirley Jojola, R.Ph.</i> |
| 28. <i>Tresco Inc</i>
4914 Agate
Las Cruces, NM 88004 | <i>New</i>
<i>Ronald Dawes, R.Ph.</i> |
| 29. <i>Tungland Corporation</i>
604 Homestead Road
Farmington, NM 87401 | <i>New</i>
<i>Steve Burgess, R.Ph.</i> |

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30. *Tungland Corporation*
605 Homestead Road
Farmington, NM 87401

New
Steve Burgess, R.Ph.

PHARMACY /HOSPITAL

PHARMACIST IN CHARGE

1. *AOM Pharmacy*
Advanced Orthomolecular Medicine
4514 Central Avenue SE
Albuquerque, NM 87108

New
James Marcilla, R.Ph.

2. *Barreras Farmacia*
2404 Pueblo Benito NW
Albuquerque, NM 87104

New
Ben Michael Barreras, R.Ph.

3. *ESI*
DBA Express Scripts
4500 Alexander Blvd NE
Albuquerque, NM 87107

Remodel
Henna Griego, R.Ph.

4. *Safeway*
980 N Hwy 491
Gallup, NM 87301

New
Stephanie Rodriguez, R.Ph.

5. *Specialty Hospital of Albuquerque*
235 Elm Street NE
Albuquerque, NM 87102

Change of Ownership
Ahmad Zamanian, R.Ph.

6. *Wal*Mart Pharmacy*
8000 Academy NE
Albuquerque, NM 87111

Remodel
Tamm Romero, R.Ph.

NON-RESIDENT PHARMACY

PHARMACIST IN CHARGE

1. *Animal Pharm LLC*
137 W State Street
Dike, IA 50624

New
Philip Colbert, R.Ph.

2. *Amerisource Bergen*
2717 Key West Avenue
Rockville, MD 20850

Change of Ownership
Ken Webster, R.Ph.

3. *ASL Pharmacy*
900 Calle Plano Suite M
Camarillo, CA 93012

New
John Sandstorm, R.Ph.

4. *Clinical Solutions LLC*
618 Grassmere Park Drive
Nashville, TN 37211

New
Lincoln Dabbs, R.Ph.

5. *Customceutical Compounding*
4611 E Shea Blvd Bldg 3 Suite 180
Phoenix, AZ 85028

New
Sarah Simmers, R.Ph.

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|---|----------------------------------|
| 6.Diabetic Care RX LLX
DBA DCRX Infusion
37-15 23 rd Avenue
Astoria, NY 11105 | New
Michael Knee, R.Ph. |
| 7.Diplomat Pharmacy Services
325 W Atherton Road
Flint, MI 48507 | New
Nicole A Hubach, R.Ph. |
| 8.Direct Pharmacy Source Inc
4574 N Hiatus Road
Sunrise, FL 33351 | New
David MacKarey, R.Ph. |
| 9.Direct Success Pharmacy Dept
1710 Highway 34
Farmingdale, NJ 07727 | New
Andrea Grandinetti, R.Ph. |
| 10.First Pharma Associates LLC
DBA Riverpoint Pharmacy
528 E Spokane Falls Blvd #110
Spokane, WA 99202 | New
Catherine Hudek, R.Ph. |
| 11.Great Lake Medical Pharmacy LLC
23247 Pinewood Street Suite 100
Warren, MI 48091 | New
Arthur Dakessian, R.Ph. |
| 12.HealthStat Rx LLC
1270 Winchester Parkway Suite 100
Smyrna, GA 30080 | New
Pankajkumar Patel, R.Ph. |
| 13.Legacy Rx LLC
6435 Hazeltine National Drive Suite 140
Orlando, FL 32822 | New
Randolph Baez, R.Ph. |
| 14.LSC Mail Order Pharmacy
605 Montrose Avenue
South Plainfield, NJ 07080 | New
Ronald Simbulan, R.Ph. |
| 15.Med-Care Pharmacy
3300 SW 5 th Street
Deerfield Beach, IL 33442 | New
Amgad Girgis, R.Ph. |
| 16.Medication Adherence Solutions LLC
9320 Priority Way West Drive
Indianapolis, IN 46240 | New
Marvin Richardson, R.Ph. |
| 17.Meds at Home
255 Phillipi Road Suite 300
Columbus, OH 43228 | New
Thomas Wiley, R.Ph. |

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18. Park Compounding 9257 Research Drive Irvine, CA 92618	New Tina Sulic-Saadeh, R.Ph.
19. PetMart Pharmacy 2207 E Broadway Avenue Maryville, TN 37804	New Emily Abbott, R.Ph.
20. Pine Pharmacy 5110 Main Street #101 Williamsville, NY 14221	New Joseph Cataness, R.Ph.
21. Rite Aid Specialty Pharmacy LLC DBA Rite Aid #6800 704 Quince Orchard Road Suite 150 Gaithersburg, MD 20878	New Angela Morris, R.Ph.
22. Summit Pharmacy Inc 2432 W Peoria Avenue Suite 1286 Phoenix, AZ 85029	New April Jones, R.Ph.
23. Topical Apothecary Group LLC DBA TAG 780 Primos Avenue Unit E Folcroft, PA 19032	New Richard C Mossor, R.Ph.
24. Tri-Coast Pharmacy Inc 14141 US Highway #1 Juno Beach, FL 33408	New Mark Barron, R.Ph.
25. Valley View Drugs Inc 13966 Valley View Avenue La Mirada, CA 90638	New David M Jensen, R.Ph.
26. Wellness Center Pharmacy Inc 7304 Jarnigan Road Chattanooga, TN 37421	New Randy Davis, R.Ph.
<u>WHOLESALE/BROKER</u>	
1. Allergy Laboratories Inc 1005 SW 2 nd Street Oklahoma City, OK 73109	New
2. AuroMedics Pharma LLC 6 Wheeling Road Dayton, NJ 08810	New
3. Avion Pharmaceuticals LLC 8505 Dunwoody Place Atlanta, GA 30350	New

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| 4. Blood System Inc
DBA BioCARE
4405 E Cotton Center Blvd Suite 100
Phoenix, AZ 85040 | New |
| 5. Celgene Corporation
86 Morris Avenue
Summit, NJ 07901 | New |
| 6. Dendreon Distribution LLC
DBA Dendreon
220 East Hanover Avenue
Morris Plains, NJ 07950 | Change of Ownership |
| 7. Diplomat Pharmacy Services
325 W Atherton Road
Flint, MI 48507 | New |
| 8. ESI Mail Pharmacy Service Inc
4600 N Hanley Road Suite B
St Louis, MO 63134 | Change of Ownership |
| 9. Exel Inc
228 Access Drive
Southaven, MS 38671 | New |
| 10. Harvard Third Party Logistics
5110 West 74 th Street
Indianapolis, IN 46268 | New |
| 11. LIZLAMCORP
DBA Federal Solutions
14 NE 1 st Avenue 2 nd Floor
Miami, FL 33132 | New |
| 12. Luitpold Pharmaceuticals Inc
One Luitpold Drive
Shirley, NY 11967 | New |
| 13. McKesson Corporation
8313 Polk Lane
Olive Branch, MS 38654 | New |
| 14. Medical Purchasing Solutions
15021 N 74 th #300
Scottsdale, AZ 85260 | New |
| 15. Medline Industries Inc
1410 S Callaghan Road
San Antonio, TX 78227 | New |

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16.MWI Veterinary Supply Company 311 N Arthur Amarillo, TX 79107	Change of Ownership
17.Mycone Dental Supply Company 616 Hollywood Avenue Cherry Hill, NJ 08002	New
18.Ortho-Clinical Diagnostics 1001 US Highway 202 Raritan, NJ 08869-0606	New
19.Prolog Logistics Inc 2100 Capstone Drive #103 Lexington, KY 40511	New
20.Purdue Pharma LP 201 Tresser Blvd One Stamford Forum Stamford, CT 06901	New
21.Quest Pharmaceuticals 300 East Chestnut Street Murray, KY 42071	New
22.Real Value Products Corporation DBA Hospital Pharmaceutical Consulting 5100 Commerce Way San Antonio, TX 78218	New
23.Repligen Corporation 41 Seyon Street Building #1 Waltham, MA 02453	New
24.RGH Enterprises Inc 1360 Madeline Lane Suite 500 Elgin, IL 60124	New
25.RGH Enterprises Inc 8595 Milliken Avenue Suite 101 Rancho Cucamonga, CA 91730	New
26.RGH Enterprises Inc 4 Liebich Lane Halfmoon, NY 12065	New
27.RGH Enterprises Inc 731 Eight Twenty Blvd Suite 400 Fort Worth, TX 76106	New

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28. <i>RGH Enterprises Inc</i> 1810 Summit Commerce Park Twinsburg, OH 44087	<i>New</i>
29. <i>Rising Pharmaceuticals Inc</i> 3 Pearl Court Suite A & B Allendale, NJ 07401	<i>New</i>
30. <i>RxC Acquisition Co</i> DBA <i>RxCrossroads Third Party Logistics</i> 1001 Cheri Way Suite 100 Louisville, KY 40118	<i>New</i>
31. <i>Sanofi Pasteur Inc</i> Discovery Drive Swiftwater, PA 18370	<i>New</i>
32. <i>Sciagen Pharmaceuticals Inc</i> 20 Davids Drive Hauppauge, NY 11788	<i>New</i>
33. <i>TAGI Pharma Inc</i> 722 Progressive Lane Room 205 South Beloit, IL 61080	<i>New</i>
34. <i>Trigen Laboratories LLC</i> 2631 Causeway Center Drive Tampa, FL 33619	<i>New</i>
35. <i>Vertical Pharmaceuticals LLC</i> 2400 Main Street Suite 6 Sayreville, NJ 08872	<i>New</i>
36. <i>Wellspring Pharmaceutical Corporation</i> 5911 N Honor Avenue Suite 211 Sarasota, FL 34243	<i>Change of Ownership</i>
37. <i>Zylera Pharmaceuticals LLC</i> 2530 Meridian Parkway Suite 300 Research Triangle Park, NC 27713	<i>New</i>

b) Pharmacist Clinicians

Motion: Recommendations, prescriptive authority and PhC certification approved for Jon Nelson and Irma Avalos. Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley, board voted unanimously to pass the motion.

Motion: Recommendations and prescriptive authority approved for Anh Tran. Motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra-Shean, board voted unanimously to pass the motion.

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The board will discuss the applicant M. Aikmans' request regarding the physical assessment course during the committee reports.

Motion: Motion was made by Ms. Mendez-Harper, seconded by Ms. Saavedra-Shean to attach the application list to the minutes, board voted unanimously to pass the motion.

6. MTP Report* (Approximately 9:30 a.m.)

Motion made by Ms. Mendez-Harper, seconded by Ms. Saavedra-Shean to go into closed session to discuss the MTP report, Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Chairman Mazzoni, voted unanimously to pass the motion.

The board went back into open session and the only issue discussed was the MTP report.

7. 10:00 a.m. Rule Hearings:

a. 16.19.23 NMAC:

The Chairman Mr. Mazzoni opened the hearing at 10:00 a.m. and took roll call, present were Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, and Mr. Nunley. Mr. Allen carrier was not preset. The Chairman stated that a quorum was preset.

The Chairman presented the notice of hearing as exhibit #1, proposed amendment language for 16.19.23 NMAC as exhibit #2, and the attendance sheet as exhibit #3.

Mr. Harvey stated that he has not received any comments from the public.

The board discussed the amendments presented and determined that the language should also include other types of licensees in Part 6 of 16.19.23 NMAC. The board agreed to re-notice the rule for the April 2012 board meeting.

TITLE 16 OCCUPATIONAL AND PROFESSIONAL LICENSING CHAPTER 19 PHARMACISTS PART 23 PARENTAL RESPONSIBILITY ACT COMPLIANCE

16.19.23.1 ISSUING AGENCY: Regulation and Licensing Department - Board of Pharmacy, ~~1650 University Blvd, NE Ste. 400B, Albuquerque, NM 87102, (505) 841-9102.~~

16.19.23.2 SCOPE: All licensed pharmacists and pharmacist applicants subject to licensure by the Board of Pharmacy.

16.19.23.3 STATUTORY AUTHORITY: Section 61-11-6.A(1) Pharmacy Act directs the State Board of Pharmacy to adopt, regularly review and revise rules and regulations necessary to carry out the provisions of the Pharmacy Act after hearings open to the public. The Board adopts this Part pursuant to the Parental Responsibility Act (~~Ch. 25, Laws of 1995~~) (NMSA 1978 40-5A section 1-13), which requires all professional licensing boards to promulgate rules and regulations to implement the Parental Responsibility Act.

16.19.23.4 DURATION: Permanent

16.19.23.5 EFFECTIVE DATE: October 14, 1995, unless a later date is cited at the end of a Section or Paragraph.

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16.19.23.6 OBJECTIVE: The objective of Part ~~24~~ 23 of Chapter 19 is to ensure that pharmacists, pharmacist interns and pharmacy technicians licensed by, and applicants for pharmacist licensure from, the Board of Pharmacy comply with the Parental Responsibility Act (~~Ch. 25, Laws of 1995~~) (NMSA 1978 40-5A section 1-13).

16.19.23.7 DEFINITIONS:

- A. HSD means the New Mexico Human Services Department;
- B. Statement of Compliance means a certified statement from HSD stating that an applicant or licensee is in compliance with a judgment and order for support; and
- C. Statement of Non-compliance means a certified statement from HSD stating that an applicant or licensee is not in compliance with a judgment and order for support.

16.19.23.8 DISCIPLINARY ACTION: If an applicant or licensee is not in compliance with a judgment and order for support, the Board:

- A. shall deny an application for a license;
- B. shall deny the renewal of a license; and
- C. has grounds for suspension or revocation of the license.

16.19.23.9 CERTIFIED LIST: Upon receipt of ~~HSD's~~ HSD's certified list of obligors not in compliance with a judgment and order for support, the Board shall match the certified list against the current list of Board licensees and applicants. Upon the later receipt of an application for license or renewal, the Board shall match the applicant against the current certified list. By the end of the month in which the certified list is received, the Board shall report to HSD the names of Board applicants and licensees who are on the certified list and the action the Board has taken in connection with such applicants and licensees.

Motion: Motion was made by Ms. Saavedra-Shean, seconded by Mr. Nunley to withdraw the proposed rule and ask board staff to include any and all licensees pertinent to our statutes, rules and authority and re-notice for the April 2012 board meeting, and to adjourn the hearing, the board voted unanimously to pass the motion.

8. 1:00 p.m. Stipulated or Settlement Agreements/Surrenders/Default Hearings and Orders*

a. 2010-082 McCoy, PT Applicant, NCA/certified mail receipt:

Motion: Accept default revocation. Motion was made by Ms. Buesing, seconded by Ms. Saavedra-Shean, board voted unanimously to pass the motion.

b. 2011-031 Montenegro, PT, NCA/certified mail receipt:

Motion: Accept default revocation. Motion made by Mr. Nunley, seconded by Ms. Saavedra-Shean, board voted unanimously to pass the motion.

c. 2011-006 Granillo, PT, NCA/certified mail receipt:

Motion: Accept default revocation. Motion made by Mr. Cross, seconded by Ms. Buesing, board voted unanimously to pass the motion.

d. 2011-097 Brake, PT, Voluntary Surrender:

Motion: Accept voluntary surrender. Motion made by Ms. Saavedra-Shean, seconded by Ms. Mendez-Harper, board voted unanimously to pass the motion.

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e. 2010-048 DeSantis, IN, NCA/certified mail receipt/letter from attorney:

Motion: Accept Default revocation. Motion made by Mr. Nunley, seconded by Mr. Anderson, board voted unanimously to pass the motion.

f. 2011-063 Lapanne, RP, Voluntary Surrender:

Motion: Accept voluntary surrender. Motion made by Ms. Saavedra-Shean, seconded by Ms. Buesing, board voted unanimously to pass the motion.

g. 2011-094 Trujillo, PT, Voluntary Surrender:

Motion: Accept voluntary surrender. Motion was made by Ms. Saavedra-Shean, seconded by Ms. Buesing, board voted unanimously to pass the motion.

9. Committee Reports:

Tele-Pharmacy Committee: No report at this time.

Pharmacist CE Committee: Dr. Anderson is presenting to the Arizona BOP on January 25th regarding the Continuing Professional Development (CPD) pilot project. They are interested in developing a CPD pilot program. In addition, Dr. Anderson is requesting that the Arizona Board accept CPD credits for pharmacists who are licensed in both Arizona and NM but are participating in the pilot program.

Paul Davis, the Executive Director of the New Mexico Society of Health-System Pharmacists and the Texas Society of Health System Pharmacists has petitioned the Texas Board of Pharmacy to accept CPD credits for the continuing education requirements for the state of Texas for pharmacists licensed in both Texas and NM and participating in the NM CPD pilot. That meeting is scheduled for February 14th. Either Dr. Anderson or Kristina Wittstrom will present on behalf of the NM BOP CE Committee.

There are approximately 24 pharmacists currently participating in the CPD Pilot which nowhere near the goal of 100 pharmacists. Efforts have been made to reach out to pharmacy supervisors to encourage and possibly require staff pharmacists to participate in the CPD pilot which then can be used as part of the annual review process. We are planning to initiate the peer review process later this spring or in early summer.

Pharmacist Practice Committee: Ms. Mendez-Harper stated that they have met three times and will send notes regarding meeting.

Emergency Preparedness Committee: No report at this time.

Pharmacist Clinician Committee: Mr. Anderson stated that the committee discussed and agreed that for us to be consistent with individuals requesting the board to accept their non-approved physical assessment training course that we would require such individuals to take and pass the examination that is offered by all Board-approved courses.

We will hopefully (pending Board approval at the upcoming meeting) have 2 approved courses. One offered each spring and one offered each fall. The pharmacists wishing to challenge can take the examination at one of those two points in time. If they pass they would be issued a certificate of

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satisfactory completion. In that way our Board can be assured of the pharmacist's competency to perform assessment and not have to worry about what is taught in the non-approved course. If the individual does not pass the examination, they will be required to take and successfully complete one of the Board-approved courses.

Board of Pharmacy/Chiropractic Formulary Committee: We have agreed to mediation with our Board and the Medical Board. This will take place in February.

Board of Pharmacy/BAOM Education Committee: Mr. Anderson stated that they have not met since last board meeting.

Pharmacy Technician Committee: Mr. Cross stated that there is not a report at this time but will set up a meeting to present issued regarding technician ratio to be presented at the April 2012 board meeting.

10. 2:30 p.m. Case Number 2011-049 Controlled Substance Registration Applicant - Show Cause Hearing - 2009-133 Order Denying Controlled Substance Registration:

The Chairman opened the hearing and took roll call. Present were Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Chairman Mazzoni. Also, present was Mary Smith, Assistant Attorney General, counsel for the board and licensee Yvonne Mouchette was in attendance to present her case.

Upon lengthy discussion Ms. Mouchette explained to the board her progress regarding her ongoing sobriety and recovery and health since her last hearing with the board. She stated that she was sober and employed. She asked that the board consider approval of her application for a controlled substance license.

The board asked to go into closed session.

Motion: A motion was made by Mr. Cross, seconded by Ms. Saavedra-Shean to go into closed session. Ms. Saavedra-Shean, Mr. Anderson, Mr. Cross, Ms. Buesing, Ms. Mendez-Harper, Mr. Nunley and Mr. Mazzoni voted unanimously to go into closed session.

The board went back into open session and the only issue discussed was Ms. Mouchette's request to approve the application for a controlled substance license.

Motion: A motion was made by Mr. Cross, seconded by Ms. Saavedra-Shean to approve the application for Yvonne Mouchette and approve the schedule of drugs for 3-5 only. The board voted unanimously to pass the motion.

The board went into recess at 5:40 p.m.

Friday January 20, 2012

1. 9:05 a.m. Call to Order/Roll Call

2. Public and Professional Requests/Waiver Petitions:

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a. Walgreen Central Pharmacy Operations - Waiver Request, Gregory Gamble, R.Ph., Manager of Operations.

Gregory Gamble and Dan Loose were present from Walgreen's Operations regarding the toll free number referenced on the non-resident pharmacy application submitted for processing to the Board of Pharmacy. The board determined that the toll free number did meet the requirement as required on the application based on the rule presented without a waiver.

16.19.6.24 C.(1)(e) Proof that the nonresident pharmacy has a toll-free telephone service available to New Mexico patients; and,

16.19.6.24 D.(1)(e) Provide a toll-free telephone service to facilitate communication between patients in this state and a pharmacist at the nonresident pharmacy who has access to the patient's records. A nonresident pharmacy shall provide the toll-free telephone service during its regular hours of operation, but not less than six days a week and for a minimum of forty hours a week. The toll-free telephone number shall be disclosed on a label affixed to each container of drugs dispensed to patients in this state.

Motion: Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley to approve and process the application as presented, board voted unanimously to pass the motion.

b. Express Scripts - Waiver Request Pharmacist/Technician Ratio:

Ms. Henna Griego was present to discuss the waiver regarding the ratio of technicians to pharmacists stated as 8 to 1.

Motion: Motion made by Mr. Nunley, seconded by Ms. Buesing to approve the technician ratio of 8 to 1 for Express Scripts for 2 years and include the language in the waiver 16.19.6.26A(5) NMAC. Mr. Nunley, Ms. Buesing, Mr. Anderson, Ms. Mendez-Harper and Chairman Mazzoni voted in favor of passing the motion, Mr. Cross voted no, the motion was approved by quorum of the board.

c. School Based Clinics - Waiver Request:

Ms. Michele Disco was not available to make her presentation regarding the waiver request.

**d. Request from: The Pharmacy Alliance
6023 Avenue S, Box #134, Galveston, TX 77551
Steve Ariens, P.D. National Public Relations Director**

Mr. Harvey stated that presentation would not be made due to non-availability of the presenter.

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e. Physical Assessment Course – UNMCOP - Course approval:

Mr. Anderson presented the final version of the physical assessment course. The board approved the course.

Motion: Motion was made by Ms. Mendez-Harper, seconded by Mr. Nunley to approve the course, board voted unanimously to pass the motion.

UNM College of Pharmacy Physical Assessment for Pharmacists

Overview

This course is designed for pharmacists who wish to develop or improve assessment skills including primary care interviews and physical examinations to improve patient care. Develop basic physical assessment skills, apply physical assessment findings to medication monitoring and effectively communicate pertinent physical assessment findings to the health care provider. The program format consists of readings, lecture, demonstrations, practice sessions and both formative and summative assessments.

Course Description

The sixty hour course covers the process of patient physical assessment from the initial patient interview through the documentation in the patient record. General course topics are listed below

- History taking and patient interviewing
- Written documentation in SOAP/SOAR format
- Basic intake and vital signs
- Head, eyes, ears, nose, and throat (HEENT) Exam
- Neurologic Exam
- Mini mental status exam
- Thorax and lung Exam
- Cardiovascular Exam
- Musculoskeletal Exam
- Abdominal Exam
- Male and female genitourinary and rectal Exam
- Geriatric Exam
- Pediatric Exam

Successful completion of the course is defined as attending all course meetings and earning a score of 80% or higher on the summative assessment.

Both the formative and summative assessments are structured for participants to demonstrate interviewing and physical examination technique on trained simulated patients in order to simulate a true patient encounter.

Program Learning Goals:

1. Gather, document and assess patient information.
2. Demonstrate proper and appropriate physical assessment techniques.
3. Use these techniques to monitor a patient's response to drug therapy and the presence of adverse effects.
4. Document findings and plan recommendations for specific patients.

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Each topic will include practice session(s) for participant development of skills with faculty coaching. Physical contact with other participants and/or instructors will occur during interactive physical assessment activities.

Requirements:

1. Bickley, L. Bates' Guide to Physical Examination and History Taking, 10th ed., Philadelphia: J.B. Lippincott, 2009.
2. Stethoscope and reflex hammer. Suggested equipment: blood pressure cuff

Instructors:

Joe Anderson, PharmD;, PhC, BCPS
Associate Professor
UNM College of Pharmacy

James Nawarskas, PharmD, PhC, BCPS
Associate Professor
UNM College of Pharmacy

Patricia Marshik, Pharm D
Associate Professor
UNM College of Pharmacy

Jeff McCollum, MSN, CFNP
Nurse Practitioner

Chris McFarland, Pharm D, PhC, BCPS
Clinical Pharmacist
UNM Hospital

Greg D'Amour, PhC
Clinic Pharmacist
VA Hospital

Kirk Irby, RPh, PhC
Community Practice

J Danny Cross RPh, PhC
Community Practice

Ernie Dole, Pharm D, PhC
Clinical Pharmacist
UNM Hosital

Melanie Dodd, PharmD, PhC, BCPS
Associate Professor
UNM College of Pharmacy

Rucha Bond, PharmD, PhC
Assistant Professor
UNM College of Pharmacy

Catherine Cone, PharmD, PhC, BCPS
Assitant Professor
UNM College of Pharmacy

Amy Bachyryzc, Pharm D, PhC
Community Practice pharmacy

Stanley Snowden, PharmD
Fellow, UNM College of Pharmacy

PHYSICAL ASSESSMENT FOR PHARMACISTS

At the completion of the course, the student will demonstrate the ability to assess physical abnormalities and monitor drug therapy by satisfactorily performing a physical examination on a simulated patient.

Basic Principles of Communication; Basic Patient Interviewing

The pharmacist shall be able to:

1. Use open-ended questions to gather unbiased, patient-centered information from patients.
2. Use closed-ended questions to clarify and/or confirm information.
3. Demonstrate active-listening skills.
4. Properly introduce self to patient and provide comfortable setting that promotes respect, empathy, and confidentiality in interviewing.
5. Use proper dress, professional mannerism, voice tone, language, "body language," and recording techniques to promote patient communication.
6. Screen systems quickly and redirect interview using directed and closed-ended questions.
7. Demonstrate sensitivity in dealing with sensitive topics such as: death & dying, sexual activity & history, domestic violence, psychiatric illness, alcohol and/or drug abuse.
8. List techniques for dealing with patients with special needs (e.g. geriatrics, pediatrics, inebriated patients, adolescents, hostile patients, schizophrenics, attractive or seductive patients, AIDS patients, patients of different cultures, blind patients).

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The Health History; Medication History

The pharmacist shall be able to:

1. Describe the components, content and organization of the health history (e.g. chief complaint, history of present illness, past medical history, etc.).
2. Obtain complete, descriptive data of the history of present illness by use of the "Basic Seven."
3. Perform and record a health history, up to the Review of Systems, on a real or simulated patient.
4. Perform a medication history including a) appropriate medication history documentation, b) drug allergies, c) use of OTC products or herbal therapies, d) an assessment of the patient's compliance with treatment, e) response to therapy, f) presence or lack of adverse reactions, and g) a plan for any indicated interventions or other corrective action, if indicated.

Review of Systems; Approach to Symptoms

The pharmacist shall be able to:

1. List appropriate questions to screen for abnormalities of the various body systems.
2. Obtain and record a Review of Systems on a real or simulated patient, using open-ended questions for screening, and directed, closed-ended questions to clarify problems.
3. Obtain complete, descriptive data by use of the "Basic Seven."
4. Interpret patient symptoms and describe in medical terminology that facilitates a differential diagnosis or presentation to a physician for a differential diagnosis.
5. Apply the information obtained from a health history, complete with review of systems, to monitor a real or simulated patient's response to a given drug for a general condition (e.g. pain) and identification of any adverse drug reactions.

Documentation & SOAP/SOAR Format

The pharmacist shall be able to:

1. Classify all findings as subjective or objective.
2. Given a patient interview, history, physical findings and laboratory data, decide which findings are most appropriate to include in your note.
3. Write assessments and plans that are accurate, clear, and concise.

Physical Assessment Techniques, vital signs

The pharmacist shall be able to:

1. Describe room environment and positioning of the patient during the physical exam.
2. Demonstrate appropriate technique for measuring vital signs in adult patients.
3. List the normal ranges of vital signs in adult patients.

Examination of the Head, Eyes, Ears, Nose, Throat and Skin

The pharmacist shall be able to:

1. Name the structures of the head, eye, ears, nose and throat.
2. Examine the head and neck, describing the possible abnormalities using the correct terminology.
3. Know how to palpate the lymph nodes and be familiar with reasons attributable to enlarged lymph nodes.
4. Discuss expected facial/neck findings in inadequately treated hypo- or hyperthyroidism.
5. Demonstrate how to test for visual acuity, visual fields, the external eye structures, and ocular movements, describing normal and possible abnormal findings.
6. Examine extraocular movements, and name the eye muscles and cranial nerves involved in each direction tested.
7. Describe the different parts and appropriate use of the ophthalmoscope and otoscope.
8. Examine papillary response, accommodation, the iris, lacrimal apparatus, and the anterior chamber, explaining possible abnormalities.

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9. List drugs that have adverse ocular effects and the techniques for assessing such effects.
10. Perform a funduscopic exam, describing structures examined.
11. Describe funduscopic monitoring for glaucoma, increased intraocular pressure, or adverse ocular effects caused by poorly controlled hypertension or diabetes.
12. Examine the ear, describing the structures of the external and inner ear and discuss findings one might find in otitis externa and/or otitis media.
13. Describe how the performance of an ear exam on a child is different from that of an adult.
14. Test hearing, lateralization, and auditory air and bone condition.
15. Examine the nose and mouth, describing structures. Discuss potential abnormalities.
16. List objective terms used to describe the qualities of the hair, skin, and nails.
17. Use appropriate terms to describe the color, shape, size, structure, and distribution of abnormal dermatological lesions.
18. Use appropriate documentation to document the physical findings of the head, eyes, ears, nose, throat, and skin.

Examination of the Nervous System and the Mental Status Exam

The pharmacist shall be able to:

1. List the 12 cranial nerves and explain the function of each.
2. Examine the 12 cranial nerves and document findings.
3. Explain the motor and sensory pathways of the nervous system, examine each, and document findings.
4. Identify the dermatomes used in pain assessment.
5. Examine and grade the reflexes and document findings.
6. Examine and grade muscle strength and document findings.
7. Demonstrate techniques for evaluating and reporting level of consciousness, appearance, behavior, orientation, and affect in a patient.
8. Demonstrate techniques for evaluating and reporting speech and language that may be abnormal in a patient with a developmental, neurological, mental or emotional condition.
9. Asks appropriate questions to determine a patient's mood, affect, and attitude as a tool to determine a patient's probability of compliance with treatment, response to antidepressants, and identification of depressive adverse effects to medication (e.g., antihypertensives).
10. Determine a patient's orientation, memory, and higher cognitive functions using appropriate questioning and assessment tools (e.g., proverbs, serial 7 subtraction).
11. Perform a complete mental status exam on a real or simulated patient, and discuss drugs or drug classes, which are monitored by use of elements in the mental status exam.
12. Be able to incorporate your mental status findings into a SOAP format chart note.

Examination of the Cardiovascular System

The student shall be able to:

1. Identify the point of maximal impulse by inspection and palpation.
2. Identify auscultation locations for the 4 heart valves.
3. Using proper auscultation techniques, identify SB_{1B} and SB_{2B} heart sounds as well as common "extra" heart sounds.
4. Describe the grading and attributes of murmurs.
5. Identify the valve and abnormality (stenosis or insufficiency) most likely associated with different murmurs based on location and timing of the murmur.
6. Measure the jugular venous pressure and discuss the significance of elevated pressure.
7. Palpate the following pulses: carotid, radial, ulnar, brachial, dorsalis pedis, posterior tibial, popliteal, and femoral.
8. Examine the lower extremities for edema.
9. Accurately measure blood pressure using a sphygmomanometer.
10. Appropriately document physical findings on a patient record.
11. Using proper interviewing technique, effectively obtain information from a patient regarding his or her disease (history, symptomatology, etc.) and drug history.

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12. For a given patient with a given cardiovascular disease, utilize appropriate physical assessment techniques to assess disease severity, monitor drug efficacy and adverse effects.

Examination of the Thorax and Lungs

The pharmacist shall be able to:

1. Identify intercostals spaces, structures of the chest and back, and location of the lungs.
2. Inspect the thorax and describe retractions, and abnormalities found in COPD.
3. Percuss the lungs and excursion of the diaphragm in the correct locations.
4. Palpate the lungs and describe fremitus.
5. Auscultate the lungs and describe possible adventitious sounds and associate pathology.
6. Describe abnormal patterns of breathing and their significance.
7. Demonstrate appropriate documentation of pulmonary findings.

Examination of the Musculoskeletal Systems, Abdomen, Rectum, Anus, Breast, and Prostate

The pharmacist shall be able to:

1. Assess significant joints for range of motion, crepitus, inflammation, and deformities.
2. Examine, grade and report muscle strength.
3. Use appropriate documentation to document physical findings of the musculoskeletal system examination.
4. List the proper sequence of examination techniques for the abdomen.
5. Indicate where the internal organs are located with respect to the abdomen.
6. Auscultate the abdomen for bowel sounds and bruits (aorta, renal, iliac and femoral)
7. Perform light and deep palpation of the abdomen to examine for tenderness, landmarks of the liver or spleen, fluid, and masses.
8. Be able to determine liver size through percussion.
9. Be able to percuss for splenomegaly, and for costovertebral angle tenderness.
10. Describe possible findings in appendicitis and/or acute cholecystitis.
11. On lab model or through description, examine the anus, rectum, breast, and prostate.

Examination of the Infant, Child and Adolescent

The pharmacist shall be able to:

1. Describe the normal vital signs for an infant and child.
2. Demonstrate special procedures for examining an infant or child.
3. Discuss special considerations in examining or counseling an adolescent.

3. 10:00 a.m. Disciplinary Hearing: Case No. 2011-035 - NCA, NOH, RFH:

Mr. Harvey stated that a "Continuance Order" was submitted for Joshua Smith (Blevins) case 2011-035 for continuance of hearing at the April 2012 board meeting.

4. Executive Director's Report (may be heard at any time during the two day meeting):

The Chairman asked the board to go into closed session to discuss case presentations.

Motion: Go into closed session to discuss case presentation. Motion made by Mr. Anderson, seconded by Mr. Cross. Ms. Saavedra-Shean, Mr. Cross, Ms. Buesing Ms. Mendez-Harper, Mr. Nunley and Mr. Mazzoni voted unanimously to pass the motion.

The board went back into open session and the only issue discussed was case presentations.

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a. Case presentations:

2011-066 Kris Mossberg/close
2011-081 Kris Mossberg/advisory letter tech/pharmacist
2011-084 Kris Mossberg/advisory letter pharmacist

2011-022 Larry Loring/close
2011-037 Larry Loring//voluntary surrender
2011-058 Larry Loring/close
2011-069 Larry Loring/close
2011-090 Larry Loring/NCA-emergency surrender

2011-082 Bobby Padilla/advisory letter tech/PIC

2011-080 Cheranne McCracken/NCA w/pre-nca settlement agreement
2011-085 Cheranne McCracken/close-DA
2011-086 Cheranne McCracken/close-DA

2009-049 Ben Kesner/close
2009-050 Ben Kesner/close
2010-032 Ben Kesner/close
2011-038 Ben Kesner/advisory letter
2011-045 Ben Kesner/close
2011-052 Ben Kesner/NCA w/pre-nca settlement agreement
2011-053 Ben Kesner/close
2011-057 Ben Kesner/close
2011-064 Ben Kesner/close
2011-072 Ben Kesner/close
2011-076 Ben Kesner/NCA
2011-077 Ben Kesner/NCA
2011-078 Ben Kesner/NCA
2011-079 Ben Kesner/NCA

2011-012 Adela Padilla/advisory letter PIC
2011-063 Adela Padilla/voluntary surrender
2011-067 Adela Padilla//close
2011-073 Adela Padilla/close
2011-083 Adela Padilla/close
2011-094 Adela Padilla/voluntary surrender
2011-096 Adela Padilla/close-DA

Motion: Motion made by Ms. Mendez-Harper, seconded by Mr. Nunley to approve the cases as presented, the board voted unanimously to pass the motion.

b. Proposed changes to 16.19.4 Prospective Drug Review:

The board referred discussion to the newly developed SAHR (Substance Abuse harm Reduction) committee for review.

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c. Texas Board of Pharmacy rule: Professional Responsibility of Pharmacists:

The board discussed the Texas Board professional responsibility rule and upon completion of discussion developed a new committee to address the numerous issues regarding pharmacist responsibility and substance abuse of prescription drugs among many other drug abuse problems in our state. The name of the committee will be SAHR which is the acronym for "Substance Abuse Harm Reduction".

d. Proposed changes to 16.19.20.65 C Synthetic Cannabinoids

16.19.20.65 SCHEDULE I:

C(32) Synthetic cannabinoids: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture of preparation which contains any quantity of the following synthetic cannabinoids which demonstrates binding activity to the cannabinoid receptor or analogs or homologs with binding activity:

- (a) CP 55,244 ((hydroxymethyl)-4-[2-hydroxy-4-(2-methyloctan-2-yl)phenyl]1,2,3,4,4a,5,6,7,8,8a-decahydronaphthalen-2-ol)
- (b) CP 55,940 (5-hydroxy-2-(3-hydroxypropyl) cyclohexyl]-5-(2-methyloctan-2-yl)phenol)
- (c) JWH-081 (1-pentyl-3-[1-(4-methoxynaphthoyl)]indole)
- (d) JWH-122 (1-pentyl-3-(4-methyl-1-naphthoyl)indole)
- (e) JWH-133 3-(1,1-dimethylbutyl)-6a,7,10,10a-tetrahydro -6,6,9-trimethyl-6H dibenzo[b,d]pyran
- (f) JWH 203 1-pentyl-3-(2-chlorophenylacetyl)indole)
- (g) JWH 210 4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone
- (h) AM-694 (1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole)
- (i) AM-1221 (1-(N-methylpiperidin-2-yl)methyl-2-methyl-3-(1-naphthoyl)-6-nitroindole)
- (j) AM-2201 (1-(5-fluoropentyl)-3-(1-naphthoyl)indole)
- (k) RCS-4 or SR-19 (1-pentyl-3-[4-methoxy]-benzoyl]indole)
- (l) RCS-8 or SR-18 (1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole)
- (m) JWH-210 (1-pentyl-3-(4-ethylnaphthoyl)indole)
- (n) WIN-49,098 (Pravadoline) (4-methoxyphenyl)-[2-methyl-1-(2-morpholin-4-ylethyl)indol-3-yl]methanone
- (o) WIN-55,212-2 (2,3-dihydro-5-methyl-3-(4-morpholinylmethyl)pyrrolo-1,4-benzooxazin-6-yl)-1-naphthalenylmethanone)

(p) Any of the following synthetic cannabinoids, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

(i) Naphthoylindoles: Any compound containing a 3-(1-naphthoyl) indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-015, JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-210, JWH-398 and AM-2201;

(ii) Naphthylmethylindoles: Any compound containing a 1Hindol- 3-yl-(1-naphthyl) methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-175, JWH-184, and JWH-199;

(iii) Naphthoylpyrroles: Any compound containing a 3-(1-naphthoyl) pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl,

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alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-307;

(iv) Naphthylmethylindenes: Any compound containing a naphthylideneindene structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-176;

(v) Phenylacetylindoles: Any compound containing a 3-phenylacetylindole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent including, but not limited to, JWH-203, JWH-250, JWH-251, and RCS-8;

(vi) Cyclohexylphenols: Any compound containing a 2-(3-hydroxycyclohexyl) phenol structure with substitution at the 5-position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not substituted in the cyclohexyl ring to any extent including, but not limited to, Cannabicyclohexanol (CP 47,497 C8 homologue), CP 47,497 and CP 55,490

(vii) Benzoylindoles: Any compound containing a 3-(benzoyl) [5] OTS-3833.4 indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent including, but not limited to, AM-694, Pravadoline (WIN 48,098), RCS-4, and AM-1241;

(viii) 2,3-Dihydro-5-methyl-3-(4-morpholinylmethyl) pyrrolo [1,2,3-de]-[1,4-benzoxazin-6-yl]-1-naphthalenylmethanone: Some trade or other names: WIN 55,212-2.

Mr. Harvey presented the proposed amendments to 16.19.20.65 to the board regarding synthetic cannabinoids. The board approved the amendments for notice at the April 2012 board meeting.

Motion: Motion made by Ms. Buesing, seconded by Ms. Mendez-Harper to notice the amendments for 16.19.20.65 NMAC at the April 2012 board meeting, board voted unanimously to pass the motion.

e. E Mail Notification List: Proposed regulation: 16.19.31.10

16.19.31.10 EMERGENCY CONTACT INFORMATION:

(A) ANY facility licensed by the board shall join the board's email notification list by July 1, 2012, OR when obtaining a new license.

(B) ANY facility licensed by the board shall update its email address with the board's email notification list within 72 hours of a change in the facility's email address

(C) An owner of two or more facilities licensed by the board may comply with subdivisions (a) and (b) by subscribing a single email address to the board's email notification list, where the owner maintains an electronic notice system within all of its licensed facilities that, upon receipt of an email notification from the board, immediately transmits electronic notice of the same notification to all of its licensed facilities automatically. If an owner chooses to comply with this section by using such an electronic notice system, the owner shall register the electronic notice system with the board by July 1, 2012, or at the time of initial licensure, informing the board of single email addresses to be utilized by the owner, describing the electronic notice system, and listing all facilities to which immediate notice will be provided. The owner shall update its

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email address with the board's email notification list within 72 hours of any change in the owner's email address.

(D) This section shall become operative on July 1, 2012.

f. Legislative items:

- **PMP legislation:** Mr. Harvey stated that the board is proposing to hire two staff members to work on the PMP on an ongoing basis.
- **Opioid legislation:**

50TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2012

INTRODUCED BY
Bernadette M. Sanchez
AN ACT

RELATING TO HEALTH CARE; AMENDING AND ENACTING SECTIONS OF THE CONTROLLED SUBSTANCES ACT TO PROVIDE FOR THE ESTABLISHMENT OF A PRESCRIPTION DRUG MONITORING PROGRAM TO PREVENT PRESCRIPTION DRUG ABUSE; PROVIDING FOR INFORMATION EXCHANGE WITH OTHER STATES' PRESCRIPTION DRUG MONITORING PROGRAMS; PRESCRIBING CIVIL AND CRIMINAL PENALTIES; REQUIRING CONTROLLED SUBSTANCES TRAINING FOR PRACTITIONERS; PROVIDING FOR FEES; MAKING AN APPROPRIATION; DECLARING AN EMERGENCY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. A new section of the Controlled Substances Act is enacted to read:

"[NEW MATERIAL] CONTROLLED SUBSTANCE PRESCRIBING AND DISPENSING--PRESCRIPTION DRUG MONITORING PROGRAM--RULEMAKING--INFORMATION TECHNOLOGY PROTOCOLS."

A. The board shall establish and maintain a prescription drug monitoring program to monitor the prescribing and dispensing of controlled substances by practitioners in the state. The board shall promulgate any rules necessary to implement the prescription drug monitoring program, including specification of the information in a prescription needed to meet the requirements of the prescription drug monitoring program. The prescription drug monitoring program shall be accessible to practitioners via a web site portal maintained by the board and shall provide immediate online access upon online request to patient utilization reports prepared pursuant to board rules. The prescription drug monitoring program shall not interfere with the legal use of controlled substances.

B. The board shall create on its prescription drug monitoring program portal a controlled substance prescription dispensing database and shall require dispensers to report within twenty-four hours to the prescription drug monitoring program each time a controlled substance is dispensed. The information a dispenser provides shall include:

- (1) the dispenser's federal drug enforcement administration number;
- (2) the date the prescription was filled;
- (3) the prescription number in a manner established by board rules;
- (4) whether the prescription is new or a refill;
- (5) the national drug code for the drug dispensed;
- (6) the quantity of the drug dispensed;

***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 Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings.**

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- (7) the name of the patient for whom the drug is prescribed;
- (8) the patient's address;
- (9) the patient's date of birth;
- (10) the prescriber's drug enforcement administration number;
- (11) the date the prescriber issued the prescription;
- (12) a classification of the method of payment used to purchase the prescription; and
- (13) if available, the indication for which the prescription was prescribed.

C. The prescription drug monitoring program shall provide the information provided pursuant to Subsection B of this section to any legally authorized user of the database, except for the following information:

- (1) the dispenser's federal drug enforcement administration number;
- (2) the national drug code for the drug dispensed; and
- (3) the prescriber's federal drug enforcement administration number.

D. In lieu of providing any of the information in Paragraphs (1) and (3) of Subsection C of this section, additional information shall include the name of the dispenser and the name of the prescriber.

E. The board shall register in the prescription drug monitoring database any practitioner required to be licensed to prescribe or dispense controlled substances. The board shall also register any physician-in-training who does not have a personal federal drug enforcement administration license. The board shall by rule establish standards and protocols for using the prescription drug monitoring database to observe patterns of prescribing, dispensing and use of controlled substances to identify for further investigation any apparently inappropriate prescribing, dispensing or use of controlled substances. The board shall develop information technology parameters for conducting electronic surveillance of prescribing patterns in the prescription drug monitoring database to automatically alert the board of possibly improper controlled substance prescribing, dispensing or utilization patterns. The board shall use the prescription drug monitoring database to categorize prescribing, dispensing and utilization patterns by practitioner specialty, by geographic area and any other information that the board deems necessary by rule. The board shall share prescription drug monitoring database data with the department of health for the purposes of tracking inappropriate prescribing and misuse of controlled substances, including drug overdose.

F. The board shall promptly review any irregularities detected in the prescribing, dispensing or use of controlled substances. The board shall report the findings of its investigation to the appropriate licensing agency or law enforcement agency as it deems necessary.

G. The board shall use de-identified data obtained from the prescription drug monitoring database to identify and report to state and local public health authorities the geographic areas of the state where anomalous prescribing, dispensing or use of controlled substances is occurring.

H. The board shall develop protocols and a curriculum for creating and maintaining an instructional program accessible on a web site that the board maintains or by other means that the board deems effective to:

- (1) educate practitioners on the use of the prescription drug monitoring program and on safe controlled substance prescribing and dispensing practices; and
- (2) educate the public on the existence and purpose of the prescription drug monitoring program to provide a deterrent against the diversion of prescription drugs from their prescribed uses.

***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 Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings. H(1) are licensing matters, H(2) is limited to personnel matters, H(7) is pending or threatened litigation.**

I. The board shall conduct outreach and education to practitioners in methadone maintenance treatment programs, the United States department of veterans affairs and the federal Indian health service to encourage practitioners at these entities to use the prescription drug monitoring program.

J. The board shall enforce the provisions of this section.

SECTION 2. A new section of the Controlled Substances Act is enacted to read:

"[NEW MATERIAL] INFORMATION EXCHANGE WITH OTHER PRESCRIPTION DRUG MONITORING PROGRAMS."

A. The board may provide prescription drug monitoring information to other states' prescription drug monitoring programs, and this information may be used by those programs consistent with the provisions of the Controlled Substances Act.

B. The board may request and receive prescription drug monitoring information from other states' prescription drug monitoring programs and may use that information consistently with the provisions of the Controlled Substances Act.

C. The board shall develop the capability to transmit information to and receive information from other prescription drug monitoring programs in a secure manner that complies with state and federal privacy laws.

D. The board is authorized to enter into written agreements with other states' prescription drug monitoring programs or other entities hosting compatible information sharing technologies for the purpose of describing the terms and conditions for the sharing of prescription information pursuant to this section.

SECTION 3. A new section of the Controlled Substances Act is enacted to read:

"[NEW MATERIAL] PENALTIES.--A dispenser who knowingly fails to submit prescription drug monitoring information to the board pursuant to the Controlled Substances Act, or who knowingly submits incorrect prescription drug information, shall be subject to disciplinary proceedings by the practitioner's licensing board pursuant to the Uniform Licensing Act."

SECTION 4. Section 30-31-13 NMSA 1978 (being Laws 1972, Chapter 84, Section 13) is amended to read:

"30-31-13. REGISTRATIONS.

A. The board shall register an applicant to manufacture or distribute controlled substances unless it determines that the issuance of that registration would be inconsistent with the public interest. In determining the public interest, the board shall consider the following factors:

- (1) maintenance of effective controls against diversion of controlled substances into other than legitimate medical, scientific or industrial channels;
- (2) compliance with applicable state and local law;
- (3) any convictions of the applicant under any federal or state laws relating to any controlled substance;
- (4) past experience in the manufacture or distribution of controlled substances and the existence in the applicant's establishment of effective controls against diversion;
- (5) furnishing by the applicant of false or fraudulent material in any application filed under the Controlled Substances Act;

***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 Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings.**

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- (6) suspension or revocation of the applicant's federal registration to manufacture, distribute or dispense controlled substances as authorized by federal law; and
- (7) any other factors relevant to and consistent with the public health and safety.

B. Registration under this section does not entitle a registrant to manufacture and distribute controlled substances in Schedules I or II other than those allowed in the registration.

C. Compliance by manufacturers and distributors with the provisions of the federal Comprehensive Drug Abuse Prevention and Control Act of 1970 respecting registration, excluding state registration fees, entitles them to be registered under the Controlled Substances Act.

D. Practitioners must be registered to dispense any controlled substances or to conduct research with controlled substances in Schedules II through V if they are authorized to dispense or conduct research under Section [39 of the Controlled Substances Act] 30-31-40 NMSA 1978.

E. As a condition of registration, the board shall require a practitioner who applies for registration under this subsection to complete training in controlled substance prescribing and dispensing developed pursuant to Paragraph (1) of Subsection H of Section 1 of this 2012 act. The board need not require separate registration under [this] the Controlled Substances Act for practitioners engaging in research with nonnarcotic controlled substances in Schedules II through V where the registrant is already registered under [the Controlled Substances] that act in another capacity. Practitioners or scientific investigators registered under the federal Comprehensive Drug Abuse Prevention and Control Act of 1970 to conduct research with Schedule I substances may conduct research with Schedule I substances within this state upon furnishing the board evidence of that federal registration."

SECTION 5. Section 30-31-11 NMSA 1978 (being Laws 1972, Chapter 84, Section 11, as amended) is amended to read:

"30-31-11. REGULATIONS--FEES.--The board [may] shall promulgate regulations and charge reasonable fees relating to the registration and control of the manufacture, distribution, prescribing and dispensing of controlled substances; provided, however, that in no case shall the fees exceed eighty dollars (\$80.00) per year. If the board determines to increase any fee, the board shall notify, in addition to any other notice required by law, the affected professional group of the board's intention to increase the fee and the date for the scheduled hearing to review the matter."

SECTION 6. Section 30-31-24 NMSA 1978 (being Laws 1972, Chapter 84, Section 24, as amended) is amended to read:

"30-31-24. CONTROLLED SUBSTANCES--VIOLATIONS OF ADMINISTRATIVE PROVISIONS--VIOLATIONS OF PRESCRIPTION DRUG MONITORING PROGRAM PROVISIONS--PENALTIES.

A. It is unlawful for [any] a person:

- (1) who is subject to Sections 30-31-11 through 30-31-19 NMSA 1978 to intentionally distribute or dispense a controlled substance in violation of Section 30-31-18 NMSA 1978;
- (2) who is a registrant to intentionally manufacture a controlled substance not authorized by [his] the person's registration or to intentionally distribute or dispense a controlled substance not authorized by [his] the person's registration to another registrant or other authorized person;
- (3) to intentionally refuse or fail to make, keep or furnish [any] a record, notification, order form, statement, invoice or information required under the Controlled Substances Act; or
- (4) to intentionally refuse an entry into [any] a premises for [any] an inspection authorized by the Controlled Substances Act.

***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 Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings.**

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B. [Any] A person who violates this section is guilty of a fourth degree felony and shall be sentenced pursuant to the provisions of Section 31-18-15 NMSA 1978.

C. Prescription information submitted to the prescription drug monitoring program established pursuant to Section 1 of this 2012 act is protected health information. A person that has access to the prescription drug monitoring program shall exercise due diligence in protecting this information. A person shall access the prescription drug monitoring program only as necessary in the course of legitimate professional, regulatory or law enforcement duties as the board defines those legitimate duties by rule. With respect to the prescription drug monitoring program, it is unlawful to:

(1) knowingly or intentionally access, use or disclose in a manner not consistent with the provisions of this section any patient-specific information provided to the program pursuant to Subsection A of Section 1 of this 2012 act. A person that violates the provisions of this paragraph is guilty of a fourth-degree felony; or

(2) negligently use or disclose patient specific information in a manner not consistent with the provisions of this section any patient-specific information provided to the program pursuant to Subsection A of Section 1 of this 2012 act. A person that violates the provisions of this paragraph is guilty of a fourth degree felony."

SECTION 7. APPROPRIATION.--Two hundred twenty-five thousand dollars (\$225,000) is appropriated from the general fund to the board of pharmacy for expenditure in fiscal year 2013 and subsequent fiscal years to establish and administer a prescription drug monitoring program. Any unexpended or unencumbered balance remaining at the end of a fiscal year shall not revert to the general fund.

SECTION 8. EMERGENCY.--It is necessary for the public peace, health and safety that this act take effect immediately.

SENATE BILL 159
50TH LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2012

INTRODUCED BY
Bernadette M. Sanchez
AN ACT

RELATING TO HEALTH CARE; MANDATING PROCEDURES RELATING TO THE
PRESCRIBING AND DISPENSING OF CERTAIN PRESCRIPTIONS FOR OPIOID
MEDICATIONS. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:
SECTION 1. A new section of the New Mexico Drug, Device and Cosmetic Act is enacted to read:

"[NEW MATERIAL] OPIOID MEDICATION--CONSENT REQUIRED--PATIENT EDUCATION--
SUPPLY LIMITS--LABELING--PROTOCOLS FOR DISPENSING CERTAIN PRESCRIBED OPIOID
MEDICATIONS."

A. Before initiating therapy with an opioid medication to a patient that resides in the state, a practitioner shall obtain written consent from:

- (1) the patient for whom the practitioner wishes to prescribe the opioid medication, if the patient is an adult;
- (2) the patient's parent, guardian or legal representative, if the patient is a minor;
- (3) the patient's guardian or legal representative, if the patient is an adult who has been judged to be incompetent to provide informed consent; or
- (4) the patient's surrogate appointed pursuant to Section 24-7A-5 NMSA 1978.

B. Before issuing a prescription for an opioid medication, a practitioner shall discuss with the patient or

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the patient's parent, legal guardian or legal representative the risks and benefits of using opioid medication and shall provide the patient or the patient's parent, legal guardian or legal representative with written materials containing current, factual information on the risks associated with using opioids and on the safe use of opioids.

C. Notwithstanding any other provision of law, consent and counseling are not required pursuant to Subsections A and B of this section when health care decisions are made pursuant to the provisions of Chapter 24, Article 10 NMSA 1978.

D. A prescription for an opioid medication shall not be refilled.

E. For an opioid medication prescription issued by a practitioner licensed under the Dental Health Care Act, excluding an opioid medication prescription issued for oral or maxillofacial surgery, a prescriber shall not prescribe and a dispenser shall not fill the prescription in an amount that exceeds a three-day supply. A practitioner issuing an opioid medication prescription for oral or maxillofacial surgery shall adhere to the opioid medication prescribing limits set forth in Subsection F of this section.

F. For an opioid medication prescription issued by a practitioner, including a prescription for oral or maxillofacial surgery and otherwise excluding a practitioner licensed under the Dental Health Care Act, a prescriber shall indicate dosage instructions on the prescription. A prescriber shall not prescribe and a dispenser shall not fill the prescription in an amount that exceeds the limits set forth in this subsection:

(1) a thirty-day supply, where the patient has been diagnosed with cancer pain, chronic pain or is a hospice patient, except in the following circumstance, which relates only to opioid medications that are Schedule II controlled substances that are prescribed by an individual practitioner:

- (a) the practitioner may issue multiple prescriptions for the same opioid medication at one time;
- (b) no single prescription may exceed a thirty-day supply;
- (c) the total days of medication from multiple prescriptions issued at one time shall not exceed ninety days; and
- (d) the prescriptions may only be filled one at a time, with no less than a twenty-one-day interval between fills for the same opioid medication;

(2) a seven-day supply, where the patient has been diagnosed with acute pain or cough, except as provided in Paragraph (3) of this subsection; and

(3) a thirty-day supply, where the patient has not been diagnosed with cancer pain or chronic pain and:

- (a) twenty-eight days have passed after the prescriber has issued an initial prescription for opioid medication to treat a specified indication or indications; and
- (b) the prescriber reasonably believes that the patient's pain situation will become chronic. In this case, the prescriber shall specify the underlying diagnosis believed to be the cause of the pain.

G. A practitioner when issuing a prescription for an opioid medication shall include in the prescription whether the indication for which it has been prescribed is for acute pain, chronic pain, cancer pain, cough, diarrhea, opioid replacement therapy or hospice care. When the indication is chronic pain, the underlying diagnosis believed to be the cause of the chronic pain shall be specified.

H. A dispenser of an opioid medication shall include the indication for which the opioid medication was prescribed with the medication's directions for use on the dispensing container label as required pursuant to Subsection B of Section 26-1-16 NMSA 1978. The indication shall state whether the opioid medication has been prescribed for acute pain, chronic pain, cancer pain, cough, diarrhea, opioid replacement therapy or hospice care. When the indication is chronic pain, the underlying diagnosis believed to be the cause of the chronic pain shall be specified.

***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 Meetings Act. Agenda items may be executed within the two day scheduling period to accommodate hearings.**

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I. When a patient who is a minor seeks to fill a prescription for an opioid medication by presenting the prescription to a dispenser, or when that patient seeks to obtain a filled opioid medication prescription from a dispenser, the minor patient shall be accompanied by the patient's parent, guardian or legal representative.

J. A practitioner shall retain a copy of the written consent obtained pursuant to Subsection A of this section for a period of time that the board shall designate by rule.

K. A practitioner who treats a patient with an opioid medication for at least one month shall review a board of pharmacy prescription drug monitoring report for that patient as defined by the provider's licensing board. The practitioner's licensing board operating pursuant to Chapter 61 NMSA 1978 shall enforce the provisions of this subsection.

L. For the purposes of this section:

- (1) "adequate directions for use" means directions pursuant to which a layperson can use a drug or device safely and for the purposes for which it is intended;
- (2) "adult" means an individual who is:
 - (a) over eighteen years of age; or
 - (b) under eighteen and emancipated;
- (3) "dispenser" means a person who delivers an opioid medication to the opioid medication's ultimate user, but "dispenser" does not mean:
 - (a) a licensed hospital pharmacy that distributes opioid medications for the purpose of inpatient hospital care;
 - (b) a practitioner or other authorized person who directly administers an opioid medication to a patient;
 - (c) a wholesale distributor of a Schedule II, III, IV or V controlled substance; or
 - (d) a health facility that the department of health licenses as a clinic, urgent care or emergency facility that dispenses no more than four dosage units to an individual patient within a twenty-four-hour period;
- (4) "emancipated" means the status of being between sixteen years of age and eighteen years of age and:
 - (a) married;-
 - (b) on active duty in the armed forces; or
 - (c) having been declared by court order to be emancipated;
- (5) "minor" means an individual under the age of eighteen who is not emancipated;
- (6) "opioid medication" means a substance that:
 - (a) binds to and stimulates the opioid receptors on the surface of the cell;
 - (b) is specifically indicated to treat acute pain, chronic pain or cancer pain, cough suppression or diarrhea, or for opioid replacement therapy or hospice care;
 - (c) is a dangerous drug; and
 - (d) is a Schedule II, III, IV or V controlled substance included in the Controlled Substances Act; and
- (7) "Schedule II controlled substance" means a controlled substance listed in Schedule II of the Controlled Substances Act.”

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g. Pseudoephedrine as a dangerous drug and other options to reduce its availability in the illicit manufacture of methamphetamine. Det. Brian Sallee:

Mr. Sallee was present to discuss issues regarding combating the illicit manufacturing of methamphetamine and developing proposed language to list "pseudoephedrine" as a dangerous drug. Mr. Harvey stated that the discussion for proposed language will be addressed within the newly developed "SAHR" committee and look at tentative presentment at the April 2012 board meeting.

h. Legal Matters: Board of Pharmacy and Medical Board vs. NM Board of Chiropractic Examiners, status and designation of delegates for mediation:

Ms. Mary Smith, Assistant Attorney General, stated that mediation has been agreed between the boards and will be scheduled for February 27, 2012.

i. Proposed delegation of authority to declare an agent/CS Act of the Board to the executive director:

Mr. Harvey asked that the board designate the "Executive Director" of the board to delegate authority to declare agents for the board. The board approved.

Motion: Motion was made by Mr. Cross, seconded by Mr. Nunley to approve the Executive Director of the Board of Pharmacy to delegate authority to declare agents for the board, board voted unanimously to pass the motion.

j. Policy of combining refills, NMSA 26-1-16:

Mr. Nunley discussed the Medical Board policies on the combining of refills and stated that the policy does not allow this to be done. He would like to approach the Medical Board and presents issues in favor of combining refills for patients that would be beneficial to the patient and that as a pharmacist would be a practical thing to do and that pharmacist wouldn't have a problem doing. Ms. Jennifer Ortega stated that in her opinion she would also agree to the suggestion and would be willing to work with Mr. Nunley. The points Mr. Nunley made were as follows:

- a. Meeting with the Medical board and presenting a broader perspective on the benefits of combining certain types of refills.
- b. Going from a one (1) month supply to a 90-day supply at patients request and allowing pharmacists to fill.
- c. Saving the patient money.
- d. Allow combining of non-controlled substances.

Motion: Allow Mr. Nunley to discuss with medical board combining of refills. A motion was made by Ms. Mendez-Harper, seconded by Ms. Saavedra-Shean, board voted unanimously to pass the motion.

FYI: NABP 108th Annual Meeting May 19-22, 2012, Philadelphia, PA

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