This is an amendment to 16.22.2 NMAC, Section 8 effective 02/10/2022.

16.22.30.8 PRESCRIPTION MONITORING PROGRAM (PMP) REQUIREMENTS:

A. Any conditional prescribing or prescribing psychologist who holds a federal drug enforcement administration registration and a New Mexico controlled substance registration shall become a participant in the state's prescription monitoring program. Such participation requires registering with the board of pharmacy.

B. A conditional prescribing or prescribing psychologist may authorize non-licensed individuals under the psychologist's supervision to access the prescription monitoring report consistent with board of pharmacy regulation 16.19.29 NMAC. Individuals so authorized may obtain a report from the state's prescription monitoring program, with the requirement that the conditional prescribing or prescribing psychologist is solely responsible for reviewing the prescription monitoring report, and for documenting the receipt and review of such report in the patient's medical record.

C. A conditional prescribing or prescribing psychologist shall obtain a prescription monitoring report, [~~in addition to contacting the patient's physician~~] before prescribing a controlled substance for the first time or when the patient has been prescribed an opiate by the patient's physician. If there is a gap in prescribing the controlled substance for 30 days or more, the conditional prescribing or prescribing psychologist shall review a prescription monitoring report for the patient for the preceding 12 months. When made available, the conditional prescribing or prescribing psychologist shall review similar reports from other states. The conditional prescribing or prescribing psychologist shall document the receipt and review of such reports in the patient's medical record.

D. A prescription monitoring report shall be reviewed a minimum of once every three months during a patient's continuous use of a controlled substance. The conditional prescribing or prescribing psychologist shall document the review of these reports in the patient's medical record. Nothing in this section shall be construed as preventing a conditional prescribing or prescribing psychologist from reviewing prescription monitoring reports with greater frequency than that required by this section.

E. A conditional prescribing or prescribing psychologist does not have to obtain and review a prescription monitoring report before prescribing,

(1) for a patient in a nursing facility;

(2) for a patient in hospice care;

(3) for a patient in a licensed treatment facility; or

(4) for a patient under 14 years of age.

F. Upon review of a prescription monitoring report for a patient, the conditional prescribing or prescribing psychologist shall identify, document, and attempt to remain current with regard to all prescriptions for any a patient known to be:

(1) receiving opioids from multiple prescribers;

(2) receiving opioids and benzodiazepines concurrently;

(3) receiving more than one controlled substance analgesic;

(4) receiving opioids totaling more than 90 morphine milligram equivalents per day; or

(5) exhibiting potential for abuse or misuse of opioids and other controlled substances, such as:

(a) over-utilization;

(b) requests to fill early;

(c) requests for specific opioids;

(d) requests to pay cash when insurance is available; or

(e) receives opioids from multiple pharmacies.

G. Upon recognizing any of the above conditions described in Subsection F, the conditional prescribing or prescribing psychologist, using professional judgment based on prevailing standards of practice, shall take action as appropriate to prevent, mitigate, or resolve any potential problems or risks that may result in opioid misuse, abuse, or overdose. These steps may involve consultation with the primary prescribing physician, and utilization of the prescription monitoring program. The conditional prescribing or prescribing psychologist shall document actions taken to prevent, mitigate, or resolve the potential problems or risks.

H. The board will review over-prescription of schedule drugs by licensees, through review of the PMP, reference to currently accepted standards of care, and using the standard of patient protection.

[16.22.30.8 NMAC - N, 7/1/2018; A, 02/10/2022]