



NEW MEXICO BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

Significant Adverse Drug Events

1. A retail pharmacy provided an 88-year-old female patient with pregabalin instead of the ibuprofen she was prescribed. After taking the incorrect medication for three days, the patient reported feeling tired and fatigued. The pharmacist indicated that the incorrect patient bag was dispensed due to two patients having the same last name. The pharmacist attributes the error to a break in protocol, stating that the technician who sold the medication should have verified the patient's address or date of birth. The pharmacist recommends reviewing the correct protocol with the technician who sold the medication.
2. A 66-year-old female patient requested a Moderna coronavirus disease 2019 (COVID-19) vaccine booster dose. The retail pharmacist believed the patient stated that she was immunocompromised and therefore qualified to receive the third dose. A week after administration, the patient contacted the pharmacy and indicated that she was not actually eligible for the third dose and experienced strong side effects. Upon review of the patient consent form, the pharmacist discovered that the patient answered "no" to the question regarding immunosuppression. The pharmacist attributes the error to confusion between what was said and written by the patient on the consent form and recommends reading the consent form in detail.

Disclaimer: These suggestions are made by the pharmacist submitting the Significant Adverse Drug Event Report. *Newsletter* publications of recommendations are not an indication of endorsement by the New Mexico Board of Pharmacy.

Disciplinary Actions

July 2021 Board Meeting

- **Brian Hunt, RP00007855** – Voluntary surrender. The Board accepted the surrender of respondent's pharmacist registration. The respondent must pay investigative costs in the amount of \$525 within 90 days.

- **Amber Jaramillo, PT00013534** – Voluntary surrender. The Board accepted the surrender of respondent’s pharmacy technician registration.
- **Keith Levitt, CS00218116** – Voluntary surrender. The Board accepted the surrender of respondent’s controlled substance (CS) registration. The respondent must pay investigative costs in the amount of \$100 within 90 days.
- **Victoria Sanchez, PT00009103** – Settlement agreement. During the July 2021 meeting, the Board came to the following agreement with the respondent:
1) respondent must pay a fine of \$100 within 90 days; and 2) respondent must enroll in and comply with a Monitored Treatment Program (MTP) and may only return to work with MTP clearance.

October 2021 Board Meeting

- **Mark Arturi, CS00228409** – Voluntary surrender. The Board accepted the surrender of respondent’s CS registration.
- **Antonio Duran, PT00008847** – Default revocation. The Board revoked the registration of the aforementioned pharmacy technician.
- **Marsa Ellison, CS00019275** – Voluntary surrender. The Board accepted the surrender of respondent’s CS registration.
- **Cheyenne Ntiforo, IN00004239** – Summary revocation. The Board revoked the registration of the aforementioned pharmacy intern/technician.

Legislative Update – Insurance Coverage for Prescription Contraceptive Drugs and Devices

The New Mexico Legislature recently added a section to the Health Care Purchasing Act related to coverage for contraception. The law includes requirements for third-party payers regarding reimbursement for contraceptive drugs and devices. The new language can be found below (emphasis added):

New Mexico Statutes Annotated 59A-22-42. Coverage for prescription contraceptive drugs or devices.

- A. Each individual and group health insurance policy, health care plan and certificate of health insurance delivered or issued for delivery in this state that provides a prescription drug benefit shall provide, at a minimum, the following coverage:
1. at least one product or form of contraception in each of the contraceptive method categories identified by the federal food and drug administration;
 2. a sufficient number and assortment of oral contraceptive pills to reflect the variety of oral contraceptives approved by the federal food and drug administration; and

3. clinical services related to the provision or use of contraception, including consultations, examinations, procedures, ultrasound, anesthesia, patient education, counseling, device insertion and removal, follow-up care and side-effects management.
- B. Except as provided in Subsection C of this section, the coverage required pursuant to this section shall not be subject to:
1. cost sharing for insureds;
 2. utilization review;
 3. prior authorization or step-therapy requirements; or
 4. any other restrictions or delays on the coverage.
- C. An insurer may discourage brand-name pharmacy drugs or items by applying cost sharing to brand-name drugs or items when at least one generic or therapeutic equivalent is covered within the same method of contraception without patient cost sharing; provided that when an insured's health care provider determines that a particular drug or item is medically necessary, the individual or group health insurance policy, health care plan or certificate of insurance shall cover the brand-name pharmacy drug or item without cost sharing. Medical necessity may include considerations such as severity of side effects, differences in permanence or reversibility of contraceptives and ability to adhere to the appropriate use of the drug or item, as determined by the attending provider.
- D. An insurer shall grant an insured an expedited hearing to appeal any adverse determination made relating to the provisions of this section. The process for requesting an expedited hearing pursuant to this subsection shall:
1. be easily accessible, transparent, sufficiently expedient and not unduly burdensome on an insured, the insured's representative or the insured's health care provider;
 2. defer to the determination of the insured's health care provider; and
 3. provide for a determination of the claim according to a time frame and in a manner that takes into account the nature of the claim and the medical exigencies involved for a claim involving an urgent health care need.
- E. An insurer shall not require a prescription for any drug, item or service that is available without a prescription.
- F. An insurer shall provide coverage and shall reimburse a health care provider or dispensing entity on a per-unit basis for dispensing a six-month supply of contraceptives at one time; provided that the contraceptives are prescribed and self-administered.**
- G. Nothing in this section shall be construed to:
1. require a health care provider to prescribe six months of contraceptives at one time; or

2. permit an insurer to limit coverage or impose cost sharing for an alternate method of contraception if an insured changes contraceptive methods before exhausting a previously dispensed supply.
- H. The provisions of this section shall not apply to short-term travel, accident-only hospital-indemnity-only, limited-benefit or specified-disease policies.
- I. The provisions of this section apply to individual and group health insurance policies, health care plans and certificates of insurance delivered or issued for delivery after January 1, 2020.
- J. For the purposes of this section:
1. 'contraceptive method categories identified by the federal food and drug administration':
 - a. means tubal ligation; sterilization implant; copper intrauterine device; intrauterine device with progestin; implantable rod; contraceptive shot or injection; combined oral contraceptives; extended or continuous use oral contraceptives; progestin-only oral contraceptives; patch; vaginal ring; diaphragm with spermicide; sponge with spermicide; cervical cap with spermicide; male and female condoms; spermicide alone; vasectomy; ulipristal acetate; levonorgestrel emergency contraception; and any additional contraceptive method categories approved by the federal food and drug administration; and
 - b. does not mean a product that has been recalled for safety reasons or withdrawn from the market;
 2. 'cost sharing' means a deductible, copayment or coinsurance that an insured is required to pay in accordance with the terms of an individual or group health insurance policy, health care plan or certificate of insurance; and
 3. 'health care provider' means an individual licensed to provide health care in the ordinary course of business.
- K. A religious entity purchasing individual or group health insurance coverage may elect to exclude prescription contraceptive drugs or devices from the health coverage purchased.

Reminder – FDA Drug Safety Communication Regarding Gabapentinoids

In December 2019, Food and Drug Administration (FDA) issued a warning that serious breathing difficulties may occur in patients who are using gabapentinoids and have respiratory risk factors. Such factors include chronic obstructive pulmonary disease or concomitant use of opioids and/or other central nervous system (CNS) depressants. Within the warning statement, FDA recommends that health care professionals should start gabapentinoids at the lowest possible dose and monitor for symptoms of respiratory depression and sedation when given

in combination with opioids or other CNS depressants. Gabapentinoids include pregabalin and gabapentin. Please keep this in mind when evaluating for and addressing actual or potential drug-drug and drug-disease interactions. For more information or to read FDA's communication in its entirety, you can visit the FDA website at www.fda.gov/drugs/drug-safety-and-availability.

2022 Board Meeting Dates

- Thursday, January 20 to Friday, January 21, 2022
- Thursday, April 21 to Friday, April 22, 2022
- Thursday, July 21 to Friday, July 22, 2022
- Thursday, October 20 to Friday, October 21, 2022

Meetings begin at 9 AM unless otherwise noted. Each meeting agenda will be posted on the Board's website at least 72 hours in advance. Additional information and the list of Board meeting dates can be found on the Board's website.

2022 Law Update Schedule

Upcoming Albuquerque Pharmacy Law Lecture Dates:

- January 7, 2022
- February 4, 2022
- March 4, 2022
- April 1, 2022
- May 6, 2022
- June 3, 2022
- July 1, 2022
- August 5, 2022
- September 2, 2022
- October 7, 2022
- November 4, 2022
- December 2, 2022

Upcoming Pharmacy Law Lecture Dates (Outside of Albuquerque):

- **March 29, 2022** – Presbyterian Española Hospital; Española, NM
- **April 26, 2022** – Rehoboth McKinley Christian Hospital; Gallup, NM
- **May 10, 2022** – Miners' Colfax Medical Center; Raton, NM
- **May 24, 2022** – San Juan College; Farmington, NM
- **June 7, 2022** – Gerald Champion Regional Medical Center; Alamogordo, NM
- **August 23, 2022** – Eastern New Mexico University; Roswell Occupational Technology Center; Roswell, NM

- **November 8, 2022** – Carlsbad Medical Center; Carlsbad, NM
- **November 28, 2022** – Memorial Medical Center; Las Cruces, NM
- **November 29, 2022** – MountainView Regional Medical Center; Las Cruces

Because of coronavirus disease 2019 restrictions, some of the law update reviews may be held as webinars. The most up-to-date information on review format and the full list of law updates can be found on the Board [website](#).

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