

# NEW MEXICO BOARD OF PHARMACY

Newsletter to Promote Pharmacy  
and Drug Law Compliance.

## Significant Adverse Drug Event

1) A 65-year-old patient was being treated for substance abuse and had been prescribed Subutex® 8 mg sublingual tablets but was dispensed Suboxone® 8 mg tablets in error. The patient administered one dose of the medication before the treatment center noticed the discrepancy. The retail pharmacy that filled the prescription disclosed that they had recently implemented a new computer system and attributed the mistake to poor training and occasional staff filling in. Per the pharmacy's root

cause analysis, the technician should have entered "Subutex" into the system instead of "buprenorphine" to substitute the generic form of the drug. The pharmacy also noted that the reviewing pharmacist did not catch the error. The patient had previously taken Suboxone and tolerated the misfilled prescription.

**Disclaimer:** *These suggestions are made by the pharmacist submitting the Significant Adverse Drug Event report. The publication of recommendations is not an indication of endorsement by the New Mexico Board of Pharmacy.*

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## 2026 Rules Update

New Mexico Administrative Code (NMAC) 16.19.4.11 - Consultant Pharmacist, Subsection B, was streamlined to clarify the provision for return-to-pharmacy stock of dispensed patient medication packages from institutional

settings. Subsection D updated the allowance for which dangerous drugs could be stocked in custodial care facilities – removing reference to the Advisory Committee on Immunization Practices, adding epinephrine nasal spray as an

allowable dosage form, and adding the provision for authorized dangerous drugs for medically monitored withdrawal management, pursuant to NMAC 16.19.11.9 (a pending rule update). Subsection E streamlined the provision for the repackaging, relabeling, and reuse of prescription drugs in correctional facilities.

NMAC 16.19.26 - Pharmacist Prescriptive Authority, Section 9, removed reference to Centers for Disease Control and Prevention (CDC) guidelines. Sections 9 and 10 decreased required continuing education (CE) from two hours to one hour and allowed it to count toward CE requirements for pharmacist license renewal. Section 11 required CE appropriate to maintain competence (rather than as specified by CDC). Section 12 replaced “naloxone” with “opioid antagonist” throughout the regulation and decreased the required CE requirement from two live hours to one non-live hour, which may count toward CE requirements for pharmacist license renewal. Section 13 decreased the required CE from two hours to one hour, and it may count toward requirements for pharmacist license renewal. In Section 14, CE may count toward requirements for pharmacist license renewal, and the point-of-care testing categories are determined by the Board. The purpose of the proposed changes is to minimize the administrative burden and potential barriers while supporting competency and CE relevancy to promote the availability of these services for our patients.

NMAC 16.19.34 has been repealed. The new rule governing prescription drug donation and redistribution in New Mexico represents a comprehensive expansion and modernization of the previous regulatory framework.

- **Broadened Scope and Definitions:**

- The new rule replaces the restrictive focus on New Mexico-licensed clinics and practitioners with an expanded set of “eligible recipients.” These include any licensed pharmacy, health care facility, or practitioner in New Mexico, as well as out-of-state entities that meet licensure and registration requirements.

- The definition of “donor” now expressly includes any person, regardless of residency, thereby facilitating interstate donations.
- “Patient” is now the term for individuals receiving donated drugs, clarifying roles and relationship; eligible recipients can now collect and redistribute drugs to a wider population, no longer limited to prior clinic-patient associations.

- **Eligibility and Acceptance of Donations:**

- Donated drugs must still be unexpired, unused, and in tamper-evident packaging, but the six-month minimum expiration requirement has been eliminated. The key standard is now that the drug must not expire before the patient completes the course.
- Drugs may be donated from any source, including those out of state, and are no longer required to have been originally prescribed by the recipient’s clinic or practitioner.
- Eligibility criteria clarify ineligible drugs, most notably continuing to exclude controlled substances (CS) and many drugs with Risk Evaluation and Mitigation Strategies (REMS) requirements, unless all specific REMS provisions are satisfied.

- **Procedures for Acceptance, Inspection, and Distribution:**

- Eligible recipients (not just clinics and practitioners) must register with the Board, inspect all donations, and ensure drugs have not been adulterated or misbranded.
- Handling fees have moved from a fixed \$20 cap to an amount not to exceed reasonable and documented actual costs, increasing program flexibility.
- Record-keeping requirements have been modernized, expressly allowing electronic tracking, use of barcodes or serial

numbers as identifiers, and streamlined patient acknowledgments when a facility predominantly dispenses donated drugs.

- Out-of-state pharmacies may now participate in drug donation, transfer, and dispensing in New Mexico, as long as all state and federal regulations are followed.
- **Labeling, Repackaging, and Inventory Management:**
  - The new rule details explicit labeling and repackaging standards for donated drugs, especially when combining drugs with different expiration dates (requiring labeling with the shortest date).
  - Pharmacies are authorized to repackage donated drugs for storage, dispensing, or transfer, which was not allowed under the old rule.
  - There is a new requirement for physically or electronically distinguishing donated drug inventory from non-donated inventory, enhancing transparency and compliance.
- **Transfers, Interstate Participation, and Exemptions:**
  - A formal framework is introduced for interstate transfers; eligible recipient pharmacies – including those out of state – may directly transfer donated prescription drugs among themselves, provided appropriate pedigree and record keeping.
  - All such donation and transfer activities are expressly excluded from being considered wholesale distribution, removing the need for wholesale distributor licensure for participants.
- **Oversight, Removal, and Listing:**
  - The Board of Pharmacy’s responsibilities are broadened to include the oversight of a far larger and more diverse group of eligible recipients.
  - Application and removal procedures now apply to a wide range of entity types, and the Board’s listing of eligible recipients is made publicly accessible via the online license lookup function.
- **Disposal and Recall Protocols:**
  - Enhanced disposal requirements compel documentation of the method, date, and details for all drugs destroyed, tightening oversight.
  - Recall procedures are bolstered: drugs listed in a recall notice are presumed recalled unless explicit evidence excludes them, improving patient safety.
- **Immunity and Liability:**
  - Civil, criminal, and professional disciplinary immunity for participants acting with reasonable care continues and is extended to the broader set of eligible recipients and donors under the expanded scope.
  - The statutory language and documentation protocols for patient acknowledgment of immunity are incorporated and clarified.

In summary, the new rule greatly expands, clarifies, and updates the prescription drug donation program in New Mexico. It increases access, enhances safety, enables broader participation (including interstate), and incorporates robust oversight, all while maintaining patient and participant protections previously established. The changes are fundamentally oriented toward inclusivity, administrative efficiency, and improved public health outcomes.

## Disciplinary Actions

The Board took the following actions during its **January** meeting:

**Antony Malo, CS00227057** – practitioner, CS registration, voluntary surrender.

**Kelly Caldwell, RP00008003** – pharmacist, voluntary surrender.

**Andres Barron, PT00005101** – Pre-Notice of Contemplative Action (NCA) settlement agreement.

**SmartScript Pharmacy, PH00004777, CS00226860** – Pre-NCA settlement agreement.

**Trena Mallory, CS02325459** – practitioner, CS registration, voluntary surrender.

**August Martin, RP00006165** – pharmacist, license revoked.

**Neil Vangese, PT00015871** – pharmacy technician, registration revoked.

**Jessica Anderson** – pharmacy technician applicant, registration denied.

**Esperanza Sanchez, CS02323425** – practitioner, CS registration, voluntary surrender.

**Harriett Reid** – pharmacist applicant, Pre-NCA settlement agreement.

**James Steier, CS00209787** – practitioner, CS registration, voluntary surrender.

## ACPE-accredited CE Focuses on Identifying Victims of Human Trafficking

**Please consider completing the following free Accreditation Council for Pharmacy Education (ACPE)-accredited CE:**

**Human Trafficking Prevention: Identifying and Responding to Victims of Human Trafficking for Pharmacists & Pharmacy Technicians**

This program is offered by The University of Texas at Austin College of Pharmacy. From the presentation: *“Sex Trafficking & Health Care – 87.8% of sex trafficking survivors saw a health*

*care professional while being trafficked. Most were not identified as victims.”*

### Learning Objectives

- 1) Describe different types of human trafficking and their local, statewide, and international prevalence.
- 2) Identify potential signs of human trafficking in victims who present for care in a medical setting.
- 3) Discuss the immediate health care needs of

identified victims and develop an ability for trauma-informed response.

- 4) Describe available resources for victims’ service and aftercare.

Here is the free course link:  
<https://utpharmacyce.learningexpressce.com/index.cfm>

New Mexico-specific resources for human trafficking awareness and response are posted to the Board’s website under Pharmacy FAQs.

## 2026 Pharmacy Law Update: Monthly Webinars, 2-4 PM

Please contact the Board at least a week prior to a Board-sponsored law update (via email at [pharmacy.board@rld.nm.gov](mailto:pharmacy.board@rld.nm.gov)) to reserve your spot and register.

Please include your name, pharmacist license number, the date and time of the session you wish to attend, and your contact information in the message.

\*Remember, the law update given by the Board, while presented at no charge, does not have an ACPE number and is not reported to CPE Monitor®. The

## 2026 Pharmacy Law Update: Monthly Webinars, 2-4 PM (cont)

Board law updates will be held by webinar. Registration is open to licensees regardless of their area of residence. Throughout 2026, the Board will hold a law update on the first Friday of each month from 2-4 PM. If you wish to attend a pharmacy law update that is sponsored by the New Mexico Pharmacists Association (NMPPhA) or the New Mexico Society of Health-System Pharmacists (NMSHP), please contact the

organizations directly to reserve your spot. Please note that the dates and times for the NMPPhA- or NMSHP-sponsored law updates vary.

### The following 2026 law webinars are scheduled:

- **March 6, 2026**  
Registration closes on March 4, 2026.
- **March 10, 2026**  
Registration closes on March 8, 2026.

- **April 3, 2026**  
Registration closes on April 1, 2026.
- **May 1, 2026**  
Registration closes on April 29, 2026.
- **June 5, 2026**  
Registration closes on June 3, 2026.



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