JUNE 2026

NEW MEXICO BOARD OF PHARMACY

Newsletter to Promote Pharmacy and Drug Law Compliance.

Significant Adverse Drug Events

1) An eight-month-old patient with bronchitis was prescribed budesonide inhalation suspension with directions for 0.25 mL to be administered every 12 hours. The prescription was dispensed with directions to administer 1 mL every 12 hours. The patient was administered one box of budesonide nebulizer solution before the error was noticed at the next refill. The pharmacist stated that the handwritten prescription was confusing, and the strength stated in the Sig field did not match the strength of the drug. The pharmacist submitted a root cause analysis, which recommended contacting the prescriber for clarification, slowing down, not being in a rush, eliminating distractions, and following policies to do a nine-point check at input.

2) A 20-year-old patient was prescribed cyclobenzaprine 10 mg to be taken three times daily, as needed, for muscle spasms. The patient was instead dispensed nitrofurantoin 100 mg to be taken twice daily for seven days. The patient reported taking one dose of the nitrofurantoin and then experiencing anxiety and shortness of breath, which resulted in going to the emergency room. The pharmacist stated that this error occurred in the pharmacy drive-thru, at which two patients were being dispensed medications simultaneously. After the pharmacist counseled both patients, the technician mistakenly placed the medications in the wrong bags and sent them out to the wrong patients. According to the root cause

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Significant Adverse Drug Events *(cont)*

analysis, policies require staff to work one patient at a time and make sure the medication being given matches the name on the printed paperwork. Subsequently, a barrier was installed at the drive-thru window between the computer screens/drive-thru canisters. The pharmacist-in-charge also retrained all the technicians, which included checking out only one patient at a time.

3) A 38-year-old hospital patient was ordered Cytotec® (misoprostol) 100 mcg for postpartum hemorrhage but was administered a divalproex sodium delayed-release 250 mg tablet by the certified registered nurse anesthetist (CRNA) in the operating room. According to the root cause analysis, a pharmacist had misstocked an obstetric (OB) hemorrhage kit one week prior to the incident, and when the doctor ordered Cytotec, the CRNA did not recognize that the generic name (misoprostol) was incorrect. The report stated other causal factors: look-alike packaging, time pressure, and, due to administration in a sterile field, barcode administration was not used. The stated corrective actions include creating a dedicated policy/standard operating procedure that defines the following: exact formulary items for the OB hemorrhage kit; adding misoprostol vs divalproex sodium to the look-alike, sound-alike (LASA) separation rules; preparing the kit with a contents checklist; using two-person verification (pharmacy and nursing) with double signatures on the checklist at the time of sealing the kit; using tamper-evident seals on the kit; and release control. Additionally, LASA stickers were added to pharmacy bins; targeted education will be performed for all labor and delivery nurses, CRNAs, and OBs; and there will be a random monthly audit of OB kits for one year.

4) A 56-year-old patient was prescribed buprenorphine/naloxone 8 mg/2 mg tablets but was dispensed trazodone 50 mg tablets. The patient reported taking one tablet, which made them sleepy. According to the root cause analysis, during the filling process, the trazodone was placed in a bottle labeled buprenorphine/naloxone by a technician who was scanning multiple labels and bottles at the same time, instead of following best practices and scanning only one label and one bottle, and filling one prescription at a time. The root cause analysis stated that the pharmacist reported being distracted by the phone and patients at the counter during verification and did not notice that the tablets in the bottle were not correct. The root cause analysis stated that the pharmacist should slow down and check the bottle contents thoroughly, especially when very busy. Stated corrective actions include coaching staff on this error and instructing them to scan one label and one bottle at a time, while also filling one prescription at a time.

5) A 33-year-old patient went to the pharmacy to pick up a prescription for himself but was dispensed a quetiapine prescription for his father and took one tablet. The patient reported experiencing drowsiness and took a nap. According to the root cause analysis, the son always picked up his father's medications, and the father and son have the same name. The pharmacist reported not being aware that the son had been issued a prescription until after the son had left. The pharmacist's recommendations were to always confirm the patient's date of birth, address, and phone number and to update these in the event of changes.

6) A 79-year-old patient was prescribed levetiracetam 1000 mg extended release (ER) but was dispensed levetiracetam 1000 mg immediate release. According to the root cause analysis, the pharmacist input the prescription in such a way that the branded generic for the ER dosage form did not come up, and the other pharmacist who performed final verification may have trusted the prescription too much.

Significant Adverse Drug Events *(cont)*

Stated corrective actions include retraining pharmacy staff on data entry procedures and entering the generic name for medications to bring up all the branded products.

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

Disciplinary Actions

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

Scott Ranson – Pharmacy technician applicant, default denial

Optical Source, CD56 – Pre-Notice of Contemplated Action settlement agreement

Ryan Ortiz, PT00017429 – Pharmacy technician, default revocation

Esther Medina, PT00017753 – Pharmacy technician, default revocation

Lucas Miltenberger, CS00223605 – Pharmacy controlled substance (CS) registration, practitioner voluntary surrender

Jesus Christian Ortega, RP00010220 – Pharmacist, voluntary surrender

Corrales Pharmacy, CS00222172 – Pharmacy CS registration, voluntary surrender

Megan Decker, PT00016413 – Pharmacy technician, voluntary surrender

Pharmacist CE Requirements

Rules Update Reminder – NMAC 16.19.26 – Pharmacist Prescriptive Authority

The continuing education (CE) requirements for pharmacists exercising different types of prescriptive authority have changed. The purpose of the changes was to minimize administrative burden and potential barriers while supporting competency and CE relevancy to promote the availability of these services for our patients. As of the rule change, CE credits obtained for any type of prescriptive authority may be counted toward the requirement for 30 hours of CE for pharmacist license renewal. In other words, the CE credits required for a pharmacist's prescriptive authority are no longer in addition to the 30 hours of CE required for pharmacist license renewal. Other changes to CE requirements for the different types of prescriptive authority are summarized below:

Vaccines: The reference to Centers for Disease Control and Prevention (CDC) guidelines was removed. The CE requirement decreased from two hours to one hour.

Tobacco cessation: The CE requirement decreased from two hours to one hour.

TB testing: The CE requirement changed to an appropriate amount to maintain competence (rather than as specified by CDC).

Opioid antagonist: The word "naloxone" was replaced with "opioid antagonist." CE requirements changed from two live hours to one non-live hour.

Hormonal contraception: The CE requirement decreased from two hours to one hour.

Pharmacist CE Requirements *(cont)*

CE for Prescribing Dangerous in Conjunction With Point-Of-Care Testing

Two hours of live CE are required **per** category of point-of-care testing (POCT) for which the pharmacist exercises prescriptive authority. Prescribing dangerous drugs in conjunction with POCT for the treatment of COVID-19, Group A Beta-Hemolytic Streptococcal Pharyngitis, and influenza is considered one category and only requires two hours of live CE. The other two categories of prescriptive authority, in conjunction with POCT (eg, treatment of uncomplicated urinary tract infections and HIV post-exposure prophylaxis treatment), each separately require two hours of live CE.

Summary of Current CE Requirements for Pharmacists

The CE requirements for pharmacist license renewal every two years must be a combined total of 30 hours.

Please keep in mind that the Board currently audits 100% of pharmacist license renewal applications for CE. The required 30 hours of CE includes the following:

- 10 hours must be in "live programs" (excludes the law requirement below).
- 2 hours must be about patient safety.
- 2 hours must be in the area of pharmacy law offered by the Board.
- 2 hours must be in the area of safe and appropriate use of opioids.
- Any prescriptive authority exercised by a pharmacist pursuant to 16.19.26 New Mexico Administrative Code (NMAC) would also be included in the 30 hours.

Prescriptive Authority – Initial Training

For initial pharmacist immunization training, the Board recognizes programs from the New Mexico Pharmacists Association (NMPhA), American Pharmacists Association (APhA), and CEimpact's Immunization Administration Training for Pharmacists. New Mexico pharmacists that receive initial training through APhA or CEimpact will also need to complete a one-hour course provided by NMPhA (on demand, virtual) that focuses on New Mexico-specific requirements. For initial hormonal contraception prescriptive authority training, the Board has recognized NMPhA and the Oregon State University College of Pharmacy Comprehensive Contraceptive Education programs.

Prescription Drug Donation

Registration for eligible recipients to accept drug donations will soon be live through the Board's online licensing portal at the following website: *https://nmrldlpi.my.site.com/bcd/s/login/*. All eligible recipients must register with the Board prior to accepting donated drugs. Additionally, eligible recipients must inspect all donations and ensure that the drugs have not been adulterated or misbranded. Donated drugs must still be unexpired, unused, and in tamper-evident packaging and must not expire before the patient completes the course. Drugs may be donated from any source, including those out of state. Ineligible drugs for donation include CS and many drugs with Risk Evaluation and Mitigation Strategies (REMS) requirements, unless all specific REMS provisions are satisfied.

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) 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 Accreditation Council for Pharmacy Education number and is not reported to CPE Monitor®. The 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 NMPhA 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 NMPhA- or NMSHP-sponsored law updates vary.

The following 2026 law webinars are scheduled:

- June 5, 2026
  Registration closes on June 3, 2026.
- July 10, 2026
  Registration closes on July 8, 2026.
- August 7, 2026
  Registration closes on August 5, 2026.
- September 4, 2026
  Registration closes on September 2, 2026.
- October 2, 2026
  Registration closes on September 30, 2026.
- November 6, 2026
  Registration closes on November 4, 2026.
- December 4, 2026
  Registration closes on December 2, 2026.

Other NM areas, the following law updates are scheduled:

- July 7, 2026 – Alamogordo area webinar
  Registration closes on July 2, 2026.
- August 4, 2026 – Roswell area webinar
  Registration closes on July 31, 2026.
- September 8, 2026 – Carlsbad area webinar
  Registration closes on September 4, 2026.
- November 10, 2026 – Las Cruces area webinar
  Registration closes on November 6, 2026.

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NM Board of Pharmacy staff - State News Editor
Lemrey "Al" Carter, PharmD, MS, RPh - National News Editor & Executive Editor
Megan Pellegrini - Publications and Editorial Manager

5500 San Antonio Dr NE, Suite C | Albuquerque, NM 87109 |
Tel: 505/222-9830 Fax: 505/222-9845 In-State Only Toll Free: 1-800/565-9102 |
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