ARTICLE 11B
Pharmacist Prescription Authority

61-11B-1. Short title.

This act [61-11B-1 to 61-11B-3 NMSA 1978] may be cited as the "Pharmacist Prescriptive Authority Act".

History: Laws 1993, ch. 191, § 1.

ANNOTATIONS

Am. Jur. 2d, A.L.R. and C.J.S. references. — Liability of pharmacist who accurately fills prescription for harm resulting to user, 44 A.L.R.5th 393.
Construction and application of learned-intermediary doctrine, 57 A.L.R.5th 1.
Civil liability of pharmacist or druggist for failure to warn of potential drug interactions in use of prescription drug, 79 A.L.R.5th 409.

61-11B-2. Definitions.

As used in the Pharmacist Prescriptive Authority Act:

A. "administer" means the direct application of a drug by any means to the body of a person;

B. "board" means the board of pharmacy;

C. "dangerous drug" means a drug that, because of any potentiality for harmful effect or the methods of its use or the collateral measures necessary to its use, is not safe except under the supervision of a practitioner licensed by law to direct the use of such drug and the drug prior to dispensing is required by federal law and state law to bear the manufacturer's legend of "Caution: federal law prohibits dispensing without prescription." or "RX only";

D. "guidelines or protocol" means a written agreement between a pharmacist clinician or group of pharmacist clinicians and a practitioner or group of practitioners that delegates prescriptive authority;

E. "monitor dangerous drug therapy" means the review of the dangerous drug therapy regimen of patients by a pharmacist clinician for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. "Monitor dangerous drug therapy" includes:

(1) collecting and reviewing patient dangerous drug histories;

(2) measuring and reviewing routine patient vital signs, including pulse, temperature, blood pressure and respiration; and

(3) ordering and evaluating the results of laboratory tests relating to dangerous drug therapy, including blood chemistries and cell counts, controlled substance therapy levels, blood, urine, tissue or other body fluids, culture and sensitivity tests when performed in accordance with guidelines or protocols applicable to the practice setting;

F. "pharmacist" means a person duly licensed by the board to engage in the practice of pharmacy pursuant to the Pharmacy Act;

G. "pharmacist clinician" means a pharmacist with additional training, at least equivalent to the training received by a physician assistant, required by regulations adopted by the board in consultation with the New Mexico board of medical examiners [New Mexico medical board] and the New Mexico academy of physician assistants, who exercises prescriptive authority in accordance with guidelines or protocol;

H. "practitioner" means a physician duly authorized by law in New Mexico to prescribe controlled substances; and

I. "prescriptive authority" means the authority to prescribe, administer or modify dangerous drug therapy.

History: Laws 1993, ch. 191, § 2; 1995, ch. 121, § 1; 1999, ch. 298, § 4.

ANNOTATIONS

Bracketed material. — The bracketed material was insulted by the compiler and is not part of the law.

The 1999 amendment, effective June 18, 1999, added "or 'RX only'" at the end of Subsection C and deleted "of pharmacy" following "board" in Subsection F.

The 1995 amendment, effective July 1, 1995, added Subsection A, redesignated the remaining subsections accordingly, made minor stylistic changes in Subsection E, and inserted "administer" in Subsection I.

61-11B-3. Pharmacist clinician prescriptive authority.

A. A pharmacist clinician planning to exercise prescriptive authority in practice shall have on file at the place of practice written guidelines or protocol. The guidelines or protocol shall authorize a pharmacist clinician to exercise prescriptive authority and shall be established and approved by a practitioner in accordance with regulations adopted by the board. A copy of the written guidelines or protocol shall be on file with the board. The practitioner who is a party to the guidelines or protocol shall be in active

practice and the prescriptive authority that the practitioner grants to a pharmacist clinician shall be within the scope of the practitioner's current practice.

B. The guidelines or protocol required by Subsection A of this section shall include:

(1) a statement identifying the practitioner authorized to prescribe dangerous drugs and the pharmacist clinician who is a party to the guidelines or protocol;

(2) a statement of the types of prescriptive authority decisions that the pharmacist clinician is authorized to make, which may include:

(a) a statement of the types of diseases, dangerous drugs or dangerous drug categories involved and the type of prescriptive authority authorized in each case; and

(b) a general statement of the procedures, decision criteria or plan the pharmacist clinician is to follow when exercising prescriptive authority;

(3) a statement of the activities the pharmacist clinician is to follow in the course of exercising prescriptive authority, including documentation of decisions made and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescriptive record, patient profile, patient medical chart or in a separate log book; and

(4) a statement that describes appropriate mechanisms for reporting to the practitioner monitoring activities and results.

C. The written guidelines or protocol shall be reviewed and shall be revised every two years if necessary.

D. A pharmacist clinician planning to exercise prescriptive authority in practice shall be authorized to monitor dangerous drug therapy.

E. The board shall adopt regulations to carry out the provisions of the Pharmacist Prescriptive Authority Act [61-11B-1 to 61-11B-3 NMSA 1978].

F. For the purpose of the Pharmacist Prescriptive Authority Act, the New Mexico medical board and the board of osteopathic medicine shall adopt rules concerning the guidelines and protocol for their respective practitioners defined in Subsection D of Section 61-11B-2 NMSA 1978.

History: Laws 1993, ch. 191, § 3; 2016, ch. 90, § 27.

ANNOTATIONS

The 2016 amendment, effective July 1, 2016, required the board of osteopathic medicine to adopt rules concerning the guidelines and protocol for osteopathic practitioners; in Subsection A, after "prescriptive authority in", deleted "his", after "shall

have on file at", deleted "his" and added "the", and after "prescriptive authority that", deleted "he" and added "the practitioner"; in Subsection D, after "prescriptive authority in", deleted "his"; in Subsection F, after "Pharmacist Prescriptive Authority Act, the", added "New Mexico medical", after "board", deleted "of medical examiners" and added "and the board of osteopathic medicine", after "shall adopt", deleted "regulations" and added "rules", after "protocol for", added "their respective", after "Subsection", deleted "C" and added "D", and after "Section", deleted "2 of that act" and added "61-11B-2 NMSA 1978".