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New Mexico Register

The official publication for all official notices of rulemaking and filing of proposed, adopted and emergency rules.

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The New Mexico Register

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Notices of Rulemaking and Proposed Rules

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

NOTICE OF PUBLIC RULEMAKING HEARING

The Children, Youth and Families Department will hold a public hearing on Tuesday, December 22 from 12:30 p.m. to 2:30 p.m. in Apodaca Hall on the second floor the PERA Building located at 1120 Paseo de Peralta, Santa Fe, New Mexico 87501, to receive public comments regarding a proposed new rule: NMAC 8.8.8 Multi-Level Response.

The draft of the rule may be accessed at https://cyfd.nm.gov or by emailing cyfd.policy@cyfd.nm.gov. Interested persons may testify at the hearing or submit written comments no later than 5 p.m. Monday, December 21. Written comments will be given the same consideration as verbal comments given at the hearing. Written comments should be emailed to cyfd.policy@cyfd.nm.gov.

If you require this information in an alternative format or require special accommodations to participate in the public hearing, please email cyfd.policy@cyfd.nm.gov. CYFD requests at least 10 days advance notice to provide requested alternative formats and special accommodations.

CHILDREN, YOUTH AND FAMILIES DEPARTMENT

NOTICE OF PUBLIC RULEMAKING HEARING

The Children, Youth and Families Department will hold a public hearing on Tuesday, December 22 from 3:00 p.m. to 5:00 p.m. in Apodaca Hall on the second floor of the PERA Building located at 1120 Paseo de Peralta, Santa Fe, New Mexico 87501, to receive public comments regarding repealing NMAC 8.10.5 Comprehensive Addition and Recovery Act (CARA) Guidelines. Interested persons may testify at the hearing or submit written comments no later than 5 p.m. Monday, December 21. Written comments will be given the same consideration as verbal comments given at the hearing. Written comments should be emailed to cyfd.policy@cyfd.nm.gov.

If you require special accommodations to participate in the public hearing, please email cyfd.policy@cyfd.nm.gov. CYFD requests at least 10 days' advance notice to provide special accommodations.

CULTURAL AFFAIRS, DEPARTMENT OF
HISTORIC PRESERVATION

CULTURAL PROPERTIES REVIEW COMMITTEE PUBLIC RULE HEARING

NOTICE IS HEREBY GIVEN that the Cultural Properties Review Committee (CPRC) will convene a hybrid public hearing on Friday, December 18, 2026, at 12:00 pm. Interested parties may attend in person at the Department of Cultural Affairs, New Mexico Historic Preservation Division (HPD) conference room in the Bataan Memorial Building, 407 Galisteo Street, Suite 236, Santa Fe, New Mexico 87501, or virtually by way of the following link: https://nm-gov.zoom.us/j/82624818353?pwd=wJ2onLys4E5sMfHUo9cZ15g7zm7qiw.1.

The purpose of the hearing is to consider repealing and replacing rule 4.10.6 NMAC, Selection and Preparation of Text for Official Scenic Historic Markers. The CPRC proposes to repeal and replace the rule in order to better facilitate the effective administration of the New Mexico Official Scenic Historic Marker Program. The CPRC voted at its meeting of October 9, 2026, to initiate the rulemaking process. Following the public hearing to be held on December 18, 2026, the CPRC, taking into consideration any public comments, will vote to adopt the new rule at its regularly scheduled meeting the same day.

The statutory authority for the proposed changes to 4.10.6 NMAC is the Cultural Properties Act, NMSA 1978 Section 18-6-5.M(2), which authorizes the CPRC to encourage and promote public appreciation of New Mexico's historical and cultural heritage by reviewing the accuracy and adequacy of proposed marking of cultural properties. The CPRC is considering the adoption of a new rule 4.10.6 NMAC in order to implement an appeals process for denied proposals; to outline the selection and approval process; to clarify the roles of the CPRC, HPD, and the New Mexico Department of Transportation in the selection and approval process; and to delineate clear criteria for the selection of markers.

The proposed rule is available at the HPD website, https://nmhistoricpreservation.org, and at the HPD office located in the Bataan Memorial Building, 407 Galisteo Street, Suite 236, Santa Fe, New Mexico 87501. To request that a copy of the proposed rule be mailed to you, submit your request in writing by mail to New Mexico Historic Preservation Division, 407 Galisteo Street, Suite 236, Santa Fe, New Mexico 87501 or by email to nm.shpo@dca.nm.gov.

The CPRC is currently accepting public comments on the proposed rule. Additionally, any person may attend the hearing to submit their comments. Written comments may be submitted by mail to New Mexico Historic Preservation Division, 407 Galisteo Street, Suite 236, Santa Fe, New Mexico 87501, or by email to nm.shpo@dca.nm.gov. Written comments should be submitted for the CPRC's consideration no later than 10:00 am on December 18, 2026. Written comments will be posted on HPD's website.

Individuals in need of a reader, amplifier, qualified sign language interpreter or any other form of auxiliary aid or service to attend or participate in the hearing should contact HPD at 505-827-6320 or nm.shpo@dca.nm.gov at least ten business days prior to the hearing.

FINANCE AND ADMINISTRATION, DEPARTMENT OF

NOTICE OF RULEMAKING

The Department of Finance and Administration, Local Government Division, has scheduled a public hearing for the proposed amendment of New Mexico Administrative Code (NMAC) rule 2.2.3, *Budget Certification of Local Public Bodies.* The hearing will take public comment on the proposed amendment to 2.2.3 NMAC. 2.2.3 NMAC is issued by the Department of Finance and Administration, Local Government Division, under Sections 6-6-1 through 6-6-19 NMSA 1978, and has not been amended since 2008.

Substantively, the Department proposes to amend the current rule to update the statutory authority and objective; add and revise definitions; codify due dates for budgets, periodic financial reports, and budget adjustment requests; establish minimum cash balance reserves for county and municipal funds; add standards for compliance with grants administered by the local government division; and establish conditional budget certification, corrective action, and noncompliance procedures that apply when a local public body fails to submit required budgets or periodic financial reports, is in financial distress, or does not comply with a grant. Sections 2.2.3.3, 2.2.3.6, 2.2.3.7, 2.2.3.8, 2.2.3.9, 2.2.3.10, 2.2.3.11, 2.2.3.12, 2.2.3.13, 2.2.3.14, and 2.2.3.15 NMAC are being substantively amended, which includes renumbering and amending the former Section 2.2.3.9 NMAC as Section 2.2.3.14 NMAC.

Notice Date: 11/17/2026
Hearing Date: 12/18/2026
Adoption Date: Proposed as December 18, 2026
Effective Date: Proposed as January 13, 2027

Technical Citations: 2.2.3 NMAC

The Department is proposing the following substantive amendments to 2.2.3 NMAC as follows:

2.2.3.3 STATUTORY AUTHORITY: Sections 6-6-1 through 6-6-19 NMSA 1978, Section 7-1-6.15 NMSA 1978, Subsection E of [~~and~~]Section 9-6-5 NMSA 1978, Section 9-6-5.2 NMSA 1978, and Subsection D of Section 12-6-3 NMSA 1978.

2.2.3.6 OBJECTIVE: 2.2.3 NMAC codifies required budgetary and financial reporting by local public bodies to the local government division supported by timely audits as of the previous [~~fiscal~~] reporting year submitted to the state auditor's office and the local government division. The intended result is to promote submission of budgets and reports to the local government division by local public bodies with documentation that provides assurance that the financial statements and position of the local public body have been audited in accordance with requirements of the New Mexico state auditor found in 2.2.2.1 through 2.2.2.14 NMAC, the requirements for contracting and conducting audits of agencies, ("the audit rule"). The purpose of coordinating the submission of audits timely from the previous [~~fiscal~~] reporting year with the budget certification process is two-fold: 1) to allow for corroboration of items in the previous [~~fiscal~~] reporting year audit with the budget and financial reports submitted to the local government division, and 2) to require correspondence and other documentation that can be maintained in a record for reference by government officials and the public. 2.2.3 NMAC also establishes due dates for budgets, periodic financial reports and budget adjustment requests, minimum cash balance reserves, standards for compliance with grants administered by the local government division, and the conditional budget certification and corrective action that apply when a local public body fails to submit required budgets or periodic financial reports, when it is in financial distress, or when it does not comply with a grant administered by the local government division.

2.2.3.7 DEFINITIONS:

A. "**Account**" means a double entry bookkeeping of assets, liabilities, income and expenses with debit and credit entries on ledger pages or other media which are posted to record a change(s) in value.

B. "**Anchor quarter**" means the periodic financial report for the last quarter of the local public body's prior reporting year.

C. "**Catch-up package**" means the anchor quarter report, every periodic financial report for the current reporting year that is due as of the date of the local government division's notice under 2.2.3.9 NMAC, and the current reporting year budget if it has not been submitted.

[~~B~~] D. "**Conditional budget certification**" means the certification of the budget of a local public body but with specified conditions requiring compliance by the local public body in order to receive budget certification and means that the local public body is operating without final budget certification, as defined by Subsection [~~F~~] I of 2.2.3.7 NMAC.

E. "**Corrective action plan**" means a written plan, approved by the governing body of the local public body, that states the actions the local public body will take, the deadlines for those actions and the reports it will submit to the local government division.

[~~C~~] F. "**Deficit**" means any fund where its budget or financial reports reflect more expenditures than revenues and cash balances available to legally pay for them.

[~~D~~] G. "**Emergency**" means a

natural or man made event that poses an immediate danger or threat to public health, welfare and safety.

[~~E~~] H. "**Extenuating circumstances**" means documented situations, conditions or events that hinder or delay a local public body from complying with the local government division's requirements and timelines for submitting budgets, financial reports and audits.

[~~F~~] I. "**Final budget certification**" means budget approval by a local government division official in accordance with Section 6-6-2 NMSA 1978.

J. "**Financial distress**" means any of the following, as shown in a periodic financial report, budget, audit or other information available to the local government division: (1) a deficit; (2) a negative cash balance in any fund; (3) cash in a county general fund, county road fund or municipal general fund below the reserve required by 2.2.3.11 NMAC; (4) a going-concern opinion in the most recent audit; (5) overexpenditure; (6) a required annual audit that has not been submitted to the state auditor by its due date; or (7) a missed quarterly report that has not been submitted. The local government division may also find financial distress based on a sustained revenue shortfall, a declining cash position, recurring interfund borrowing or general fund subsidies to enterprise funds, considering the local public body's specific circumstances. The factors in the preceding sentence are considerations and do not establish fixed numerical thresholds.

[~~G~~] K. "**Fund**" means a group of related accounts that are self-balancing within their group as defined by the government accounting standards board (GASB). A fund is not an account.

L. "**Governing body**" means the board, council, commission or other body that controls the local public body.

[~~H~~] M. "**Local government division**" is the division of the state of New Mexico department of finance and administration with budgetary and fiscal oversight responsibilities and authority over local public bodies.

[~~I~~] N. "**Local government division official**" means any employee or public officer of the local government division of the New Mexico department of finance and administration.

[~~J~~] O. "**Local public body**" means every political subdivision of the state which expends public money from whatever source derived, including but not limited to any county, incorporated municipality, or special district, land grants registered with the New Mexico secretary of state's office. Also under the definition are mutual domestic water associations, soil and water conservation districts, water and sanitation districts, watersheds, draws, medical clinics, hospitals, hospital districts, regional transportation districts, flood control authorities, natural gas associations, public improvement districts, and regional housing authority districts if required by the audit rule.

P. "**Missed quarterly report**" means a periodic financial report required by Subsection F of Section 6-6-2 NMSA 1978 that is not submitted to the local government division by its due date. A report covered by an extension granted under 2.2.3.15 NMAC is not a missed quarterly report until the extension expires.

Q. "**Overexpenditure**" means fund-level expenditures in a periodic financial report that exceed the budget authority certified by the local government division, including approved budget adjustments.

R. "**Reporting year**" means the fiscal year of a local public body, which begins July 1 and ends June 30. A local public body that reports on a calendar-year basis for fiscal year 2027 shall begin reporting on the fiscal year with fiscal year 2028, which begins July 1, 2027.

2.2.3.8 UNTIMELY ANNUAL AUDITS AND BUDGET CERTIFICATION:

A. Pursuant to Section 6-6-2 NMSA 1978, budgets shall be submitted by the local public body to the local government division. Receipt of the most current audit(s) that were required to be conducted and submitted for review per the New Mexico state auditor's required report due dates for the previous reporting year(s) shall be confirmed by the local government division. The local government division, by letter to the local public body, shall inform the governing body of the local public body and other state public officers, elected and appointed, of the need for corrective action, in accordance with Subsection E of 2.2.3.8 NMAC by the local public body when previous reporting year audit(s) have not been submitted. During the corrective action process, the local government division may grant conditional budget certification to the local public body.

B. The local government division shall identify and report to state public officers a list of local public bodies that have failed to contract with an independent public auditor for its annual audit. The identification shall include reasons why the local public body has failed to obtain an audit contract. The identification shall also report on whether or not a line item of the amount in the preliminary and final executed budgets has been included for the cost of the annual audit of the local public body.

C. When the cause of the delay is due to the independent public auditor's inability to complete the audit, the local public body will communicate this in writing to the local government division and to the state auditor.

D. When the cause of the delay is due to the inability of the local public body to make progress payments on the contract between the local public body and the independent public auditor, the local public body shall communicate this by letter to the local government division and to the state auditor. The local public body shall explain why progress payments have not been made, when they will be made and whether a shortage of funds exists.

E. Any necessary corrective action shall begin with a meeting and continue with follow-up meetings if

needed, between officials of the local public body and representatives of the local government division to consider any extenuating circumstances. The meeting(s) shall address the extenuating circumstances, including but not limited to, the documented reason(s) why the required annual audit has not been conducted or completed. [~~A plan for corrective actions shall be developed and agreed to in writing by officials of the local public body, the local government division and the state auditor's office, and signed by all the parties. The local public body will report monthly to the local government division and to the state auditor's office on the progress of the corrective action plan, until the required annual audit is completed and the local public body receives budget certification or conditional budget certification if there are other issues or deficits in the budget which may necessitate conditional budget certification~~.] A corrective action plan shall be developed by the local public body and the local government division. The governing body of the local public body shall approve the corrective action plan by vote at a public meeting within thirty days after the local government division's written notice requiring the plan, unless extended under 2.2.3.15 NMAC. The local government division shall inform the state auditor, each funding entity of the local public body, the members of the legislature whose districts include the area served by the local public body, and the governing body of the local public body when the governing body approves a corrective action plan under this section and when the plan is released. Notice to the state auditor is provided in accordance with Subsection D of Section 12-6-3 NMSA 1978. The local public body will report monthly to the local government division on the progress of the corrective action plan, until the required annual audit is completed and the local public body receives budget certification or conditional budget certification if there are other issues or deficits in the budget which may necessitate conditional budget certification.

F. The local public body shall communicate in writing to the local government division and to the state auditor when it has completed its required audit(s) and the local government division shall certify the local public body's interim and final budgets upon confirming, through the state auditor's online audit reporting system or written confirmation from the state auditor's office, that the required audit has been submitted to the state auditor's office for review and publication, unless there are other issues or deficits in the budget which may necessitate conditional budget certification.

G. If the local public body does not bring its annual audit(s) into compliance with the audit rule as it pertains to timeliness of submission, the local public body may only receive conditional budget certification, and final budget certification shall be withheld until the corrective action plan process set forth in Subsection E of this section has been completed to the satisfaction of the local government division, unless there are other issues which may necessitate conditional budget certification.

2.2.3.9 MISSED BUDGETS AND PERIODIC FINANCIAL REPORTS:

A. A local public body that does not submit its proposed or final budget by the due date in 2.2.3.10 NMAC may receive only conditional budget certification for that reporting year.

B. When a local public body has two consecutive missed quarterly reports, the local government division shall notify the governing body in writing, identify the missed reports and the catch-up package required, and inform the state auditor in accordance with Subsection D of Section 12-6-3 NMSA 1978.

C. The local public body shall submit the catch-up package within sixty days of the notice, unless extended under 2.2.3.15 NMAC. Until the catch-up package is submitted and reconciled under Subsection D of this section, the local government division may grant only conditional budget certification. A local public body that is also subject to 2.2.3.8 NMAC may submit its catch-up package while its audit is pending.

D. Within thirty days after the state auditor releases the audit for the reporting year of the anchor quarter, the local government division shall compare the anchor quarter's ending cash for each fund with the fund's final cash position derived from the audited balance sheet. For a local public body that submits a tier certification or agreed-upon procedures report instead of a full audit, the comparison shall be to the cash balances in the agreed-upon procedures report or, if none, to bank statements as of the last day of the local public body's reporting year. A difference no greater than the lesser of one percent of the fund's final cash position or five thousand dollars ($5,000), after documented adjustments, is reconciled.

E. If a difference exceeds the amount in Subsection D of this section, the local public body shall explain the difference in writing and submit amended reports within thirty days, unless extended under 2.2.3.15 NMAC. The local government division shall grant final budget certification when the difference is reconciled.

F. Missed quarterly reports for periods before the anchor quarter are recorded as not filed and are reported to the state auditor as not filed. Acceptance of a catch-up package does not waive the requirement to submit periodic financial reports. For purposes of Subsection D of Section 9-6-5.2 NMSA 1978, the local government division may treat timely submission of a complete catch-up package as satisfactory progress toward compliance with the law.

G. A local public body may use the catch-up procedure in this section once in any three-year period. A subsequent failure within that period shall be addressed through a corrective action plan under 2.2.3.13 NMAC.

2.2.3.10 DUE DATES:

A. A local public body shall submit to the local government division:

(1) each periodic financial report no later than one month after the close of the quarter it covers;

(2) its proposed budget no later than the first day of the month in which its reporting year ends;

(3) its final budget no later than one month after its reporting year ends; and

(4) any budget adjustment request for a reporting year no later than twenty days after the last day of that reporting year.

B. Extensions may be granted under 2.2.3.15 NMAC.

C. The local government division shall not process a budget adjustment request for a reporting year until the local public body's budget for that year has received conditional budget certification or final budget certification. A local public body may remain under conditional budget certification for all or part of a reporting year, depending on when it meets the conditions for final budget certification. While under conditional budget certification, a local public body shall not make expenditures in excess of its conditionally certified budget, as amended by any approved budget adjustment, consistent with Sections 6-6-6 and 6-6-11 NMSA 1978.

2.2.3.11 REQUIRED CASH RESERVES:

A. Each budget submitted for certification shall include a cash balance reserve, calculated as a fraction of the fund's expenditures as reported in that budget, of at least:

(1) county general fund: two-twelfths (2/12) or three-twelfths (3/12), as determined under Subsection B of this section;

(2) county road fund: one-twelfth (1/12); and

(3) municipal general fund: one-twelfth (1/12).

B. Each year the local government division shall calculate each county's general fund reserve need based on the county's mix of gross receipts tax and property tax revenue. Based on the calculation:

(1) a county whose calculated need is two-twelfths (2/12) or less shall maintain a reserve of two-twelfths (2/12), unless the county is in financial distress;

(2) a county whose calculated need is more than two-twelfths (2/12) shall maintain a reserve of three-twelfths (3/12); and

(3) a county in financial distress shall maintain a reserve of three-twelfths (3/12), regardless of its calculated need.

2.2.3.12 GRANT COMPLIANCE:

A. This section applies to grants administered by the local government division, including capital outlay grants. This section does not apply to a grant recipient that is not required to obtain budget approval from the local government division; that recipient remains subject to the terms of its grant agreement. Remedies for grant noncompliance under this rule apply only as provided in the grant agreement and the applicable grant program rule.

B. A local public body is in grant noncompliance if it violates a provision of its grant agreement, including but not limited to when it:

(1) for a capital outlay grant, has not obligated at least five percent of the grant amount within six months after the grant agreement is signed;

(2) has not expended at least eighty-five percent of the grant amount by six months before the grant's reversion date;

(3) does not submit a request for reimbursement within thirty days after paying the vendor or contractor for the expenditure; or

(4) does not submit a required quarterly grant report in CAPS, the grant reporting system designated by the local government division, by its due date.

2.2.3.13 CORRECTIVE ACTION FOR FINANCIAL DISTRESS OR GRANT NONCOMPLIANCE:

A. When the local government division finds financial distress, when a local public body is in grant noncompliance under 2.2.3.12 NMAC, or when Subsection G of 2.2.3.9 NMAC applies, the local government division shall notify the governing body of the local public body in writing and shall require a corrective action plan. The local public body shall report monthly to the local government division on the progress of the plan.

B. While a corrective action plan under this section is open, the local public body's next budget may receive only conditional budget certification.

C. A corrective action plan under this section closes only when each of the following that applies has occurred: (1) the next two consecutive periodic financial reports due after the plan is approved have been submitted by their due dates and show no financial distress; (2) for a plan that includes grant noncompliance under 2.2.3.12 NMAC, each grant noncompliance condition that led to the plan has been corrected; and (3) the local government division determines in writing that all actions required by the plan have been completed.

D. The governing body of the local public body shall approve the corrective action plan by vote at a public meeting within thirty days after the local government division's written notice requiring the plan, unless extended under 2.2.3.15 NMAC. The local government division shall inform the state auditor, each funding entity of the local public body, the members of the legislature whose districts include the area served by the local public body, and the governing body of the local public body when the governing body approves a corrective action plan under this section and when the plan is released. Notice to the state auditor is provided in accordance with Subsection D of Section 12-6-3 NMSA 1978.

2.2.3.14 NONCOMPLIANCE BY LOCAL

PUBLIC BODIES:

A. A local public body subject to 2.2.3.8, 2.2.3.9 or 2.2.3.13 NMAC is in noncompliance under this section if the local government division has sent written notice identifying one of the following conditions and, within thirty days after the notice, unless extended under 2.2.3.15 NMAC, the local public body has neither corrected the condition nor submitted a written response that states how and when the condition will be corrected and that the local government division determines shows satisfactory progress toward correcting it:

(1) its governing body does not approve a required corrective action plan by vote at a public meeting as required by Subsection E of 2.2.3.8 NMAC or Subsection D of 2.2.3.13 NMAC;

(2) it misses a corrective action plan milestone or monthly progress report;

(3) it misses a periodic financial report due date while under conditional budget certification; or

(4) it fails to resolve a reconciliation difference within the time allowed by Subsection E of 2.2.3.9 NMAC.

B. For a local public body in noncompliance, the local government division may:

(1) for a grant administered by the local government division, impose special grant conditions, including a fiscal agent where the grant agreement or the applicable grant program rule allows, withhold reimbursement payments, suspend the grant, or recommend reversion of the grant; and

(2) decline to award new grants administered by the local government division, and notify other granting agencies, until the noncompliance is resolved.

C. For a county or municipality in noncompliance that has not submitted a required audit report or has missed two consecutive periodic financial reports, the local government division may also request that the secretary of finance and administration direct the taxation and revenue department to temporarily withhold state distributions under Section 9-6-5.2 and Section 7-1-6.15 NMSA 1978.

D. For a local public body that is not a county or municipality, the remedies in Subsection B of this section apply.

E. When the local public body resolves the noncompliance, the local government division shall lift the remedies imposed under this section. Withheld state distributions are released as provided in Section 9-6-5.2 NMSA 1978.

F. The local government division will take measures to ensure that enforcement of this rule does not hinder the delivery of financial resources in emergency situations, conditions or events.

2.2.3.15 EXCEPTIONS:

A. The director of the local government division, upon a written finding of an emergency, extenuating circumstances or good cause, may grant an exception to any requirement of this rule that is not required by statute.

B. For purposes of this section, "good cause" means a circumstance, other than an emergency or extenuating circumstances, in which applying the requirement would not serve the objective of this rule stated in 2.2.3.6 NMAC, such as when strict application would interrupt essential public services or would place a burden on the local public body out of proportion to the purpose of the requirement.

C. An exception shall be limited to the relief necessary to address the emergency, extenuating circumstances or good cause, and shall state the period for which it applies. An exception shall not extend beyond the end of the reporting year in which it is granted unless renewed by a new written finding.

D. Each written finding shall state the requirement affected, the facts supporting the exception, the relief granted and its duration.

E. The local government division shall keep a record of each exception granted, and the director shall report the exceptions granted to the secretary of finance and administration annually.

These proposed amendments will be contained in 2.2.3 NMAC. The register and the proposed rule are available on the DFA website at https://www.nmdfa.state.nm.us/. If you do not have internet access, a copy of the proposed register and rule may be requested by contacting DFA's General Counsel's office at dfalegal@dfa.nm.gov.

The DFA plans to adopt this rule on December 18, 2026.

A public hearing to receive testimony on this proposed rule will be held on 12/18/2026, at 9:30am.

A hearing will be held at the New Mexico Department of Finance and Administration, Bataan Memorial Building, 407 Galisteo St., Santa Fe, NM 87501, State Budget Conference Room, and via Microsoft Teams.

Join Microsoft Teams Meeting
Link: https://teams.microsoft.com/meet/2442892566953572?p=IfWwSBvbFgY1z4BvlI
Meeting ID: 244 289 256 695 357 2
Passcode: nQ9uq9Ez

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact our staff to discuss your accessibility needs at least one week prior, or as soon as possible, by emailing the Department of Finance and Administration, General Counsel Office at: dfalegal@dfa.nm.gov or 505-827-3985.

DFA will make copies of all comments available upon request, either by providing copies directly to a requestor or by making them available on the DFA website or at a location within the requestor's county.

Interested persons may address written comments to:
Department of Finance and Administration, Local Government Division

ATTN: 2.2.3 NMAC Public Comments
407 Galisteo St.
Bataan Memorial Building
Santa Fe, NM 87501

Recorded comments may be left at (505) 827-3985. Interested persons may also address comments via electronic mail to: dfalegal@dfa.nm.gov. Written mail, electronic mail, and recorded comments must be received no later than 5:00 p.m. MT on 12/17/2026. Written and recorded comments will be given the same consideration as oral testimony made at the public hearing. All written comments received will be posted as they are received on the DFA website at https://www.nmdfa.state.nm.us/ along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter.

FINANCE AND ADMINISTRATION, DEPARTMENT OF

NOTICE OF RULEMAKING

The Department of Finance and Administration has scheduled a public hearing for the proposed repeal and replacement of New Mexico Administrative Code (NMAC) rule 2.20.3, *Voucher Approval - Authority to Make Expenditures.* The purpose of the hearing is to take public comment regarding the proposed repeal and replacement of 2.20.3 NMAC. Per Subsection C of 1.24.11.9 NMAC, any amendment of 2.20.3 NMAC requires a repeal and replacement with a new rule. The current, active version of that rule is in a WORD 97-2003 version.

Substantively, the Department proposes to delete Section 2.20.3.9 NMAC, *Voucher Approval - Exceptions From Vouchering Through the Department*. Only Section 2.20.3.9 is being substantively changed; it is being deleted in its entirety and will not be carried forward into the replacement rule. All other sections of 2.20.3 NMAC are repealed and replaced without substantive change.

Notice Date: November 17, 2026
Hearing Date: December 18, 2026 at 1:00 p.m.
Adoption Date: Proposed as December 18, 2026
Effective Date: Proposed as January 13, 2027
Technical Citations: 2.20.3 NMAC

The Department is proposing the following substantive amendment to 2.20.3 NMAC as follows:

Section 2.20.3.9 is deleted in its entirety:

[~~2.20.3.9 VOUCHER APPROVAL-EXCEPTIONS FROM VOUCHERING THROUGH THE DEPARTMENT~~
~~A. The secretary of finance and administration finds that efficiency and economy require that the following state agencies be excepted from submitting vouchers through the department for approval: (1) the state highway and transportation department; (2) the inter-tribal Indian ceremonial; (3) the human services department for: (a) child support payments; (b) project forward; (c) care and support; (d) financial assistance to clients for dependent children; (e) medical payments to providers of care; (4) the state department of labor; and (5) taxation and revenue department for refunds on tax returns.~~
~~B. The following state agencies are excepted by law from submitting vouchers through the department for approval: (1) the state fair pursuant to Section 16-6-8 NMSA 1978; (2) the livestock board pursuant to Section 77-2-10 NMSA 1978; (3) the peanut commission pursuant to Section 76-17-8 NMSA 1978; (4) the New Mexico mortgage finance authority pursuant to Section 58-18-20 NMSA 1978; and (5) the New Mexico public school insurance authority pursuant to Section 22-2-6.8 NMSA 1978.~~
~~C. State agencies excepted from submitting vouchers through the department for approval shall adhere to all applicable statutes, rules, and regulations.~~]

These proposed repeal and replacement will be contained in 2.20.3 NMAC. The register and the proposed rule are available on the DFA website at https://www.nmdfa.state.nm.us/. If you do not have internet access, a copy of the proposed register and rule may be requested by contacting DFA's General Counsel's office at dfalegal@dfa.nm.gov.

The DFA plans to adopt this rule on December 18, 2026.

A public hearing to receive testimony on this proposed rule will be held on December 18, 2026, at 1:00 p.m.
A hearing will be held at the New Mexico Department of Finance and Administration, Bataan Memorial Building, 407 Galisteo St., Santa Fe, NM 87501, State Budget Conference Room, and via Microsoft Teams.

Join Microsoft Teams Meeting
Link: https://teams.microsoft.com/meet/2666834701042931?p=e5e9FVAsMZXE7mf1Td
Meeting ID: 266 683 470 104 293 1
Passcode: GU9yR9s2

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact our staff to discuss your accessibility needs at least one week prior, or as soon as possible, by emailing the Department of Finance and Administration, General Counsel Office at: dfalegal@dfa.nm.gov or 505-827-3985.

DFA will make copies of all comments available upon request, either by providing copies directly to a requestor or by making them available on the DFA website or at a location within the requestor's county.

Interested persons may address written comments to:
Department of Finance and

Administration, Financial Control Division
ATTN: 2.20.3 NMAC Public Comments
407 Galisteo St.
Bataan Memorial Building
Santa Fe, NM 87501

Recorded comments may be left at (505) 827-3985. Interested persons may also address comments via electronic mail to: dfalegal@dfa.nm.gov. Written mail, electronic mail, and recorded comments must be received no later than 5:00 p.m. MT on December 17, 2026. Written and recorded comments will be given the same consideration as oral testimony made at the public hearing. All written comments received will be posted as they are received on the DFA website at https://www.nmdfa.state.nm.us/ along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter.

FINANCE AND ADMINISTRATION, DEPARTMENT OF

NOTICE OF RULEMAKING

The Department of Finance and Administration has scheduled a public hearing for the proposed repeal of New Mexico Administrative Code (NMAC) rule 2.40.2, *Governing the Approval of Contracts for the Purchase of Professional Services.* The purpose of the hearing is to take public comment regarding the proposed repeal of 2.40.2 NMAC in its entirety.

Laws 2019, Chapter 153 (originating as Senate Bill 88) enacted the transition of the Contracts Review Bureau (CRB) from the Department of Finance and Administration (DFA) to the General Services Department (GSD). After that transition, the regulatory framework governing professional services contracts, formerly codified at 2.40.2 NMAC under the Department of Finance and Administration, was renumbered to 1.4.10 NMAC within the General Services Department chapter of the New Mexico Administrative Code. Because the Contracts Review Bureau and its authority to review and approve state agency professional services contracts now reside in the General Services Department under 1.4.10 NMAC, Title 1, Chapter 4, Part 10, *Governing the Approval of Contracts for the Purchase of Professional Services*, the Department of Finance and Administration no longer administers this subject matter, and 2.40.2 NMAC is obsolete. The Department therefore proposes to repeal 2.40.2 NMAC in its entirety. This is a repeal only; the professional services contract review requirements remain in effect under 1.4.10 NMAC as administered by the General Services Department, and this action changes no substantive requirement.

Notice Date: November 17, 2026
Hearing Date: December 18, 2026 at 11:00 a.m.
Adoption Date: Proposed as December 18, 2026
Effective Date: Proposed as January 13, 2027
Technical Citations: 2.40.2 NMAC

The Department is proposing the following rulemaking action as follows:

2.40.2 NMAC, *Governing the Approval of Contracts for the Purchase of Professional Services*, issued by the Department of Finance and Administration under Title 2, Chapter 40, Part 2 of the New Mexico Administrative Code, is proposed to be repealed in its entirety. Sections 2.40.2.1 through 2.40.2.16 NMAC will be repealed. The subject matter of the repealed part is now codified at 1.4.10 NMAC and administered by the General Services Department.

This proposed repeal will be contained in 2.40.2 NMAC. The register and the proposed repeal are available on the DFA website at https://www.nmdfa.state.nm.us/. If you do not have internet access, you may request a copy of the proposed register and repeal by contacting DFA's General Counsel's office at dfalegal@dfa.nm.gov.

The DFA plans to adopt this repeal on December 18, 2026.

A public hearing to receive testimony on this proposed repeal will be held on December 18, 2026, at 11:00 a.m. A hearing will be held at the New Mexico Department of Finance and Administration, Bataan Memorial Building, 407 Galisteo St., Santa Fe, NM 87501, State Budget Conference Room, and via Microsoft Teams.

Join Microsoft Teams Meeting Link: https://teams.microsoft.com/meet/2990108523708792?p=F65bM0GUra1zUY4MDY
Meeting ID: 299 010 852 370 879 2
Passcode: rM34X7Ls

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact our staff to discuss your accessibility needs at least one week prior, or as soon as possible, by emailing the Department of Finance and Administration, General Counsel Office at: dfalegal@dfa.nm.gov or 505-827-3985.

DFA will make copies of all comments available upon request, either by providing copies directly to a requestor or by making them available on the DFA website or at a location within the requestor's county.

Interested persons may address written comments to:
Department of Finance and Administration, Office of General Counsel
ATTN: 2.40.2 NMAC Public Comments
407 Galisteo St.
Bataan Memorial Building
Santa Fe, NM 87501

Recorded comments may be left at (505) 827-3985. Interested persons may also address comments via

electronic mail to: dfalegal@dfa.nm.gov. Written mail, electronic mail, and recorded comments must be received no later than 5:00 p.m. MT on December 17, 2026. Written and recorded comments will be given the same consideration as oral testimony made at the public hearing. All written comments received will be posted as they are received on the DFA website at https://www.nmdfa.state.nm.us/ along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter.

FINANCE AND ADMINISTRATION, DEPARTMENT OF

NOTICE OF RULEMAKING

The Department of Finance and Administration has scheduled a public hearing for the proposed New Mexico Administrative Code (NMAC) rule 2.91.4, *Anti-Donation Compliance Requirements.* The proposed rule seeks to: Establish statewide standards to ensure that capital outlay appropriations comply with the Anti-Donation Clause of the New Mexico Constitution

Notice Date: 11/17/2026
Hearing Date: 12/18/2026
Adoption Date: Proposed as December 18, 2026
Technical Citations: 2.91.4 NMAC

The Department proposes the new rule as follows:
The proposed rule establishes anti-donation compliance requirements for all entities receiving or administering capital outlay or special purpose appropriations that involve non-governmental entities acquiring, constructing, using, leasing, or operating public assets. The rule sets requirements for fair market value compensation, procurement compliance, private-use restrictions, lease and operating agreements, documentation, DFA approval, and the consequences of noncompliance.

These proposed rules will be contained in 2.91.4 NMAC. The register and the proposed rule are available on the DFA website at https://www.nmdfa.state.nm.us/. If you do not have internet access, a copy of the proposed register and rule may be requested by contacting DFA's General Counsel's office at dfalegal@dfa.nm.gov.

The DFA plans to adopt this rule on December 18, 2026.

A public hearing to receive testimony on this proposed rule will be held on 12/18/2026, at 3:00pm. The hearing will be held at Mabry Hall in the Jerry Apodaca Education Building, 300 Don Gaspar Avenue, Santa Fe, New Mexico 875011, and via Microsoft Teams.

Join Microsoft Teams Meeting
Link: https://teams.microsoft.com/meet/2342685798275674?p=8kpfXCEGCNsF2Wh4qf
Meeting ID: 234 268 579 827 567 4
Passcode: A8UU9V8Z

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact our staff to discuss your accessibility needs at least one week prior, or as soon as possible, by emailing the Department of Finance and Administration, General Counsel Office at: dfalegal@dfa.nm.gov or 505-827-3985.

DFA will make copies of all comments available upon request, either by providing copies directly to a requestor or by making them available on the DFA website or at a location within the requestor's county.

Interested persons may address written comments to:
Department of Finance and Administration, Office of General Counsel
ATTN: 2.91.15 NMAC Public Comments
407 Galisteo St.
Bataan Memorial Building
Santa Fe, NM 87501

Recorded comments may be left at *(505) 827-3985*. Interested persons may also address comments via electronic mail to: dfalegal@dfa.nm.gov. Written mail, electronic mail, and recorded comments must be received no later than 5:00 p.m. MT on 12/17/2026. Written and recorded comments will be given the same consideration as oral testimony made at the public hearing. All written comments received will be posted as they are received on the DFA website at https://www.nmdfa.state.nm.us/ along with the applicable register and rule. The public posting will include the name and any contact information provided by the commenter.

End of Notices of Rulemaking and Proposed Rules

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Adopted Rules

Effective Date and Validity of Rule Filings

Rules published in this issue of the New Mexico Register are effective on the publication date of this issue unless otherwise specified. No rule shall be valid or enforceable until it is filed with the records center and published in the New Mexico Register as provided in the State Rules Act. Unless a later date is otherwise provided by law, the effective date of the rule shall be the date of publication in the New Mexico Register. Section 14-4-5 NMSA 1978.

FAMILY REPRESENTATION AND ADVOCACY, OFFICE OF

TITLE 8 SOCIAL SERVICES
CHAPTER 7 OFFICE OF FAMILY REPRESENTATION AND ADVOCACY
PART 2 RULEMAKING

8.7.2.1 ISSUING AGENCY: Office of Family Representation and Advocacy (OFRA) Commission.
[8.7.2.1 NMAC - N, 11/17/2026]

8.7.2.2 SCOPE: This rule applies to all rulemaking actions undertaken by the commission, including drafting, noticing, hearing, adopting, filing, and publishing rules governing OFRA's operations.
[8.7.2.2 NMAC - N, 11/17/2026]

8.7.2.3 STATUTORY AUTHORITY: Authority for this rule is provided by the State Rules Act, Section 14-4-1 et seq. NMSA 1978, and OFRA's enabling statute, Section 32A-27-1 et seq. NMSA 1978.
[8.7.2.3 NMAC - N, 11/17/2026]

8.7.2.4 DURATION: Permanent.
[8.7.2.4 NMAC - N, 11/17/2026]

8.7.2.5 EFFECTIVE DATE: November 17, 2026, unless a later date is cited at the end of a section.
[8.7.2.5 NMAC - N, 11/17/2026]

8.7.2.6 OBJECTIVE: The objective of this rule is to implement a clear, transparent, and efficient process for rulemaking, consistent with the State Rules Act, 1.24.10 NMAC formatting requirements, and guidance issued by the Administrative Law Division (ALD).
[8.7.2.6 NMAC - N, 11/17/2026]

8.7.2.7 DEFINITIONS:

A. "Commission" means the OFRA commission.

B. "Proposed rule" means the compilation of documents required under the State Rules Act, including comments, hearing records, drafts, and adoption documents.
[8.7.2.7 NMAC - N, 11/17/2026]

8.7.2.8 INITIATION OF RULEMAKING:

A. The commission or the OFRA executive director may initiate rulemaking to carry out the duties of OFRA.

B. Prior to drafting, OFRA will determine the appropriate Title and Chapter for NMAC placement and, if necessary, submit a request for a new chapter/part numbers to the ALD.
[8.7.2.8 NMAC - N, 11/17/2026]

8.7.2.9 DRAFTING OF PROPOSED RULES:

A. OFRA will draft proposed rules determined to be appropriate by either the OFRA executive director or the commission and submit them to the commission for consideration.

B. The commission will review and consult with the OFRA executive director about any questions, concerns, or suggestions it has regarding the proposed rule.

C. Once OFRA and the commission agree to draft language, OFRA will proceed with public notice.
[8.7.2.9 NMAC - N, 11/17/2026]

8.7.2.10 PUBLIC NOTICE:

A. OFRA will, at a minimum, publish the proposed rule and information about making public comment in the New Mexico register, on its website and to its interested parties list.

B. All notices must comply with 1.24.15 NMAC requirements regarding content, formatting and mandatory dissemination.
[8.7.2.10 NMAC - N, 11/17/2026]

8.7.2.11 PUBLIC COMMENT PERIOD AND HEARING:

A. OFRA will accept written comments for at least 30 days following publication.

B. OFRA will hold a public hearing for oral comment.

C. The public hearing will be attended by two or more members of the commission.

D. Written comments shall be maintained in the rulemaking record; the content of oral comments shall be noted in a written record of the public hearing or shall be recorded and maintained in the rulemaking record.
[8.7.2.11 NMAC - N, 11/17/2026]

8.7.2.12 POST COMMENT REVIEW:

A. Within 30 days of the close of public comment, OFRA will document the nature of each comment, recommend whether to adopt changes based on the public comment, and explain the recommended change(s) or the reasons why no change(s) are needed.

B. The summary and revised text shall be provided to the commission.
[8.7.2.12 NMAC - N, 11/17/2026]

8.7.2.13 RULE ADOPTION:

A. At the next regularly scheduled commission meeting, or at a special meeting called by the commission chairperson if expedience is needed, the commission will vote on whether to adopt the proposed rule with any changes recommended after public comment.

B. The OFRA executive director and/or members of the executive committee who attended the public comment meeting will be available to answer questions from commission members about the proposed rule.

[8.7.2.13 NMAC - N, 11/17/2026]

8.7.2.14 FILING AND PUBLICATION:

A. OFRA shall submit the final rule to the ALD with all required documents.

B. The rule becomes effective upon publication in the New Mexico Register.

[8.7.2.14 NMAC - N, 11/17/2026]

8.7.2.15 EMERGENCY RULES:

A. The commission may issue an emergency rule if immediate action is required to prevent imminent peril or legal noncompliance.

B. OFRA must provide a written justification to the commission before seeking an emergency rule.

C. The commission must issue a written justification before filing an emergency rule.

D. Emergency rules remain effective only for the statutory period unless replaced earlier.

[8.7.2.15 NMAC - N, 11/17/2026]

8.7.2.16 RULEMAKING RECORD:

A. OFRA shall maintain a complete rulemaking record. The rulemaking record shall contain:

(1) a copy of all publications in the New Mexico register relating to the proposed rule;

(2) a copy of any technical information that was relied upon in formulating the final rule;

(3) any official transcript of a public rule hearing or, if not transcribed, any audio recording or verbatim transcript of the hearing, and any memoranda summarizing the contents of the hearing prepared by the hearing officer or agency official who presided over the hearing;

(4) a copy of all comments and other material received by the agency during the public comment period and at the public hearing;

(5) a copy of the full text of the initial proposed rule and the full text of the final adopted rule and the concise explanatory statement filed with the state records administrator or the administrator's designee; and

(6) any corrections made by the state records administrator pursuant to Section 14-4-3 NMSA 1978.

B. No later than 30 days after the rulemaking process has closed, the record and materials incorporated by reference in the proposed rule shall be readily available for public inspection in the central office of the agency and available for public display on the state sunshine portal.

[8.7.2.16 NMAC - N, 11/17/2026]

HISTORY OF 8.7.2 NMAC: [RESERVED]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.4 NMAC, Section 16 effective 11/17/2026.

16.19.4.16 RESPONSIBILITIES OF PHARMACIST AND PHARMACIST INTERN:

A. The following responsibilities require the use of professional judgment and therefore shall be performed only by a pharmacist or pharmacist intern:

(1) receipt of all new verbal prescription orders and reduction to writing;

(2) initial identification, evaluation and interpretation of the prescription order and any necessary clinical clarification prior to dispensing;

(3) professional consultation with a patient or his agent regarding a prescription;

(4) evaluation of available clinical data in patient medication record system;

(5) oral communication with the patient or patient's agent of information, as defined in this section under patient counseling, in order to improve therapy by ensuring proper use of drugs and devices;

(6) professional consultation with the prescriber, the prescriber's agent, or any other health care professional or authorized agent regarding a patient and any medical information pertaining to the prescription;

(7) drug regimen review, as defined in Section 61-11-2L NMSA 1978;

(8) professional consultation, without dispensing, will require that the patient be provided with the identification of the pharmacist or pharmacy intern providing the service.

B. Only a pharmacist shall perform the following duties:

(1) final check on all aspects of the completed prescription including sterile products and cytotoxic preparations, and assumption of the responsibility for the filled prescription, including, but not limited to, appropriateness of dose, accuracy of drug, strength, labeling, verification of ingredients and proper container; except that the pharmacist's final check need not include physically opening the container to re-confirm the drug, strength, and dosage form where those attributes have been confirmed either (i) by a certified pharmacy technician through technology-

assisted product verification under 16.19.22.8 NMAC, or (ii) by an automated filling system for which the pharmacist verification requirements are deemed satisfied under Subsection D of 16.19.6.28 NMAC; in either case the pharmacist remains responsible for the final check and for the filled prescription;

(2) evaluation of pharmaceuticals for formulary selection within the facility;

(3) supervision of all supportive personnel activities including preparation, mixing, assembling, packaging, labeling and storage of medications;

(4) ensure that supportive personnel have been properly trained for the duties they may perform;

(5) any verbal communication with a patient or patient's representative regarding a change in drug therapy or performing therapeutic interchanges (i.e. drugs with similar effects in specific therapeutic categories); this does not apply to substitution of generic equivalents;

(6) any other duty required of a pharmacist by any federal or state law.

C. Patient records.

(1) A reasonable effort must be made to obtain, record and maintain at least the following information:

(a) name, address, telephone number, date of birth (or age) and gender of the patient;

(b) individual medical history, if significant, including disease state or states, known allergies and drug reactions and a comprehensive list of medications and relevant devices; and

(c) pharmacist's comments relevant to the individuals drug therapy.

(2) Such information contained in the patient record should be considered by the pharmacist or pharmacist intern in the exercise of their professional judgment concerning both the offer to counsel and the content of counseling.

D. Prospective drug regimen review.

(1) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

(a) clinical abuse/misuse;

(b) therapeutic duplication;

(c) drug-disease contraindications;

(d) drug-drug interactions;

(e) incorrect drug dosage;

(f) incorrect duration of drug treatment;

(g) drug-allergy interactions;

(h) appropriate medication indication.

(2) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing a controlled substance prescription monitoring report or another states' reports if applicable and available, and consulting with the prescriber and counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

E. Prescription monitoring program (PMP) report for opioid prescriptions. When presented with an opioid prescription for a patient, obtaining and reviewing a PMP report for that patient can be an important tool that assists the pharmacist in identifying issues or problems that put his or her patient at risk of prescription drug abuse, overdose, or diversion. A pharmacist shall use professional judgment based on prevailing standards of practice in determining whether to obtain and review a PMP report before dispensing an opioid prescription to that patient, and shall document his or her action regarding such reports.

(1) A pharmacist shall request and review a PMP report covering at least a one year time period and another states' report, where applicable and available if;

(a) a pharmacist becomes aware of a person currently exhibiting potential abuse or misuse of opioids (i.e. over-utilization, early refills, multiple prescribers, appears sedated or intoxicated upon presenting a prescription for an opioid or an unfamiliar patient requesting an opioid by specific name, street name, color, or identifying marks, or paying cash when the patient has prescription insurance);

(b) a pharmacist receives an opioid prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area);

(c) a pharmacist receives an opioid prescription for an unfamiliar patient who resides outside the usual pharmacy geographic patient population area;

(d) a pharmacist receives an initial prescription for any long-acting opioid formulations, including oral and transdermal dosage forms (e.g fentanyl or methadone);

(e) a pharmacist becomes aware of a patient receiving an opioid concurrently with a benzodiazepine or carisoprodol;

(2) The pharmacist shall document the review of these PMP reports.

(3) Upon recognizing any of the above conditions described in Paragraph (1) of Subsection E of 16.19.4.16 NMAC, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include consulting with the prescriber and counseling the patient. The pharmacist shall document steps taken to resolve the potential problem.

(4) After obtaining an initial PMP report on a patient, a pharmacist shall use

professional judgment based on prevailing standards of practice, in deciding the frequency of requesting and reviewing further prescription monitoring reports and other states' reports for that patient. Except that PMP reports shall be reviewed a minimum of once every three months during the continuous use of opioids for each established patient. The pharmacist shall document the review of these reports.

(5) In the event a report is not immediately available, the pharmacist shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving a report.

(6) A prescription for an opioid written for a patient in a long term care facility (LTCF) or for a patient with a medical diagnosis documenting a terminal illness is exempt from Subsection E of 16.19.4.16 NMAC. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist shall contact the practitioner. The pharmacist shall document whether the patient is "terminally ill" or an "LTCF patient".

F. Counseling.

(1) Upon receipt of a new prescription drug order and following a review of the patient's record, a pharmacist or pharmacist intern shall personally offer to counsel on matters which will enhance or optimize drug therapy with each patient or the patient's agent. Upon receipt of a refill prescription drug order a pharmacy technician may query the patient or patient's agent regarding counseling by the pharmacist or pharmacist intern concerning drug therapy. Such counseling shall be in person, whenever practicable, or by telephone, and shall include appropriate elements of patient counseling which may include, in their professional judgment, one or more of the following:

(a) the name and description of the drug;

(b) the dosage form, dosage, route of administration, and duration of drug therapy;

(c) intended use of the drug and expected action;

(d) special directions and precautions for preparation, administration and use by the patient;

(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur;

(f) techniques for self-monitoring drug therapy;

(g) proper storage;

(h) prescription's refill information;

(i) action to be taken in the event of a missed dose;

(j) the need to check with the pharmacist or practitioner before taking other medication; and

(k) pharmacist comments relevant to the individual's drug therapy, including any other information peculiar to the specific patient or drug.

(2) [**REPEALED**]

(3) Alternative forms of patient information may be used to supplement patient counseling when appropriate. Examples include, but not limited to, written information leaflets, pictogram labels and video programs.

(4) Patient counseling, as described above and defined in this regulation shall not be required for in-patients of a hospital or institution where other licensed health care professionals are authorized to administer the drug(s).

(5) A pharmacist shall in no way attempt to circumvent or willfully discourage a patient or patient's agent from receiving counseling. However, a pharmacist shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses such consultation.

(6) When the patient or agent is not present when the prescription is dispensed including, but not limited to, a prescription that was shipped by the mail, the pharmacist shall ensure that the patient receives written notice of available counseling. Such notice shall include days and hours of availability, and: (a) of his or her right to request counseling; and (b) a toll-free telephone number in which the patient or patient's agent may obtain oral counseling from a pharmacist who has ready access to the patient's record. For pharmacies delivering more than fifty percent of their prescriptions by mail or other common carrier, the hours of availability shall be a minimum of 60 hours per week and not less than six days per week. The facility must have sufficient toll-free phone lines and personnel to provide counseling within 15 minutes.

(7) In every pharmacy there shall be prominently posted in a place conspicuous to and readable by prescription drug consumers a notice concerning available counseling.

G. [**REPEALED**]

H. Regulatory assessment. Profiles, either electronic or hard copy, shall be available for inspection, and shall provide the capability of storing the described historical information. The profiles must demonstrate that an effort is being made to fulfill the requirements by the completion of the detail required. A patient record shall be maintained for a period of not less than three years from the date of the last entry in the profile record.

[8/27/1990; 16.19.4.16 NMAC - Rn, 16 NMAC 19.4.16, 3/30/2002; 16.19.4.16 NMAC - Rn, 16.19.4.17 NMAC, 12/15/2002; A, 2/1/2004; A, 11/30/2004; A, 1/15/2005; A, 1/31/2007; A, 8/31/2012; A, 10/25/2012; A, 10/19/2019; A, 9/13/2022; A, 05/07/2024; A, 11/17/2026]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.11 NMAC, Section 1, 3, 8, and adding new section 9 effective 11/17/2026.

16.19.11.1 ISSUING AGENCY:[~~Regulation and Licensing Department~~] Board of Pharmacy [~~, Albuquerque, NM, (505) 841-9102.~~]
[16.19.11.1 NMAC - Rp 16 NMAC 19.11.1, 12-15-02; A, 11/17/2026]

16.19.11.3 STATUTORY AUTHORITY: Paragraph (6) of Subsection A of Section 61-11-6 [~~A(6)~~] NMSA 1978 authorizes the board of pharmacy to license nursing home drug facilities and all places where dangerous drugs are dispensed or administered and to provide for the inspection of their facilities and activities. Paragraph (9) of Subsection B of Section 61-11-14 [~~B(9)~~] NMSA 1978 directs the board to issue drug custodial licenses for licensed nursing homes and to adopt regulations that define and limit those licenses. Section 61-11-31 NMSA 1978 allows custodial care facilities authorized to provide withdrawal management to acquire and possess dangerous drugs and controlled substances in accordance with board rules.
[16.19.11.3 NMAC - Rp 16 NMAC 19.11.3, 12-15-02; A, 11/17/2026]

16.19.11.8 MINIMUM STANDARDS:

A. Minimum standards for the distribution, storage, handling and record keeping of drugs:

(1) The pharmaceutical service shall be organized and maintained primarily for the benefit and safety of the patient.

(2) All medications administered to patients shall be by direct order of a physician, or other licensed practitioner, as defined in the Pharmacy Act, Subsection P of Section 61-11-2 [~~P~~] NMSA 1978.

(3) The pharmaceutical service shall be under the direction of a registered pharmacist, who may be on a part-time or consultant basis.

(4) [~~Policies relating to the control, distribution and administration of medications shall be developed by the pharmacist. Preparation of a written procedures manual shall be the responsibility of the pharmacist.~~] The pharmacist is responsible for developing policies for medication control, distribution and administration and preparing a written procedures manual.

(5) An automatic stop-order policy shall be adopted to provide guidance in these instances where medications ordered are not specifically limited as to time or number of doses.

(6) Adequate facilities to be provided for storage of medications. Proper labeling is required on each patient's medication container.

(7) Complete records - In addition to those records specifically required by federal and state laws, records shall be maintained of the receipt, use, or disposition of medications. The receipt and destruction journal shall show:

(a) date;

(b) patient's name;

(c) pharmacy's name;

(d) name of drug;

(e) strength and dosage form;

(f) prescription number;

(g) quantity;

(h) initials of person accepting delivery; and

(i) inventory of drugs to be destroyed.

(8) Appropriate current drug reference sources shall be provided at the facility, in printed or electronic form.

(9) [~~In licensed nursing homes an emergency drug supply shall be maintained to be used in a medical emergency situation, contents and quantity to be determined by a physician, nursing director and the pharmacist of each institution. In licensed custodial care facilities an emergency drug supply may be used. This emergency drug supply shall be accessed only when licensed personnel are on duty. In licensed custodial care facilities without a 24-hour/365 day per year on-site nurse, the emergency drug tray shall not contain any controlled substances. Licensed custodial care facilities, with a 24-hour/365 day per year on-site nurse may use an emergency drug tray containing controlled substances. A list of the contents of the emergency drug supply shall be attached to the outside of the tray.~~] In licensed nursing homes, an emergency drug supply must be maintained for medical emergencies, with its contents and quantity determined by a physician, nursing director, and the pharmacist of each institution. In licensed custodial care facilities, the emergency drug supply can be used only when licensed personnel are on duty. Facilities without a 24/7 on-site nurse cannot include controlled substances in the emergency drug supply, while those with a 24/7 nurse can. A list of the emergency drug supply's contents must be attached to the tray.

(10) Medication errors and adverse drug reactions [~~should~~] will be documented and a method of reporting shall be addressed in the pharmacy procedure manual.

B. Policy and procedures manual:

(1) The pharmacist shall be responsible for the preparation of a written procedures manual, the aim of which shall be:

(a) To improve communications with the facility;

(b) to improve patient care;

(c) to aid in personnel training;

(d) to increase legal protection;

(e) to aid in evaluating performance;

(f) to promote consistency and continuity.

(2) [~~There shall be a copy of the policy and procedure manual at each facility location. This copy must be read and initialed by all personnel responsible for the procurement, administration or control of the patient's medication.~~] Each facility must have a copy of the policy and procedure manual, which must be read and initialed by all personnel responsible for procuring, administering, or controlling patient medication. The manual may be maintained in paper or electronic form.

(3) [~~The consultant pharmacist shall make an annual review of the procedures manual. Findings of which shall be reported to the facility administration.~~] The consultant pharmacist must annually review the procedures manual and report findings to the facility administration.

(4) Guidelines for developing a pharmaceutical procedures manual;

(a)
Drug policy: A written policy [~~concerning~~] detailing the methods and procedures for [~~the~~] pharmaceutical services, [~~stating the appropriate methods and procedures for~~] including obtaining, dispensing and administering drugs and biologicals.

(b)
Prescription drug orders: The designated agent of the licensed facility may transcribe prescription drug orders from a licensed practitioner and transmit those orders via telephone or facsimile to the pharmacy.

(c)
Licensed practitioners will identify the designated agents of a facility by written authorization according to the facility's policy and procedures manual.

(d)
The facility shall have a medication administration record (MAR) documenting medications administered to residents, including over-the-counter medications. This documentation shall include:

(i)
Name of resident;

(ii)
date given;

(iii)
drug product name;

(iv)
dosage and form;

(v)
strength of drug;

(vi)
route of administration;

(vii)
how often medication is to be taken;

(viii)
time taken and staff initials;

(ix)
dates when the medication is discontinued or changed;

(x)
the name and initials of all staff administering medications.

(e)
Any medications removed from the pharmacy container or blister pack must be given immediately and documented by the person assisting.

(f)
All PRN medications shall have complete detailed instructions regarding the administering of the medication. This shall include:

(i)
Symptoms that indicate the use of the medication;

(ii)
exact dosage to be used;

(iii)
the exact amount to be used in a 24 hour period.

(g)
Describe medication storage, procedures, and function at the nursing stations.

(h)
Describe the medication administration system used with means of verifying accuracy of delivered dosage. Describe the procedure for recording missed or refused doses and the procedure followed for missed or refused doses.

(i)
State that medications prescribed for one patient shall not be administered to any other patient.

(j)
Describe policy concerning self-administration of medications by patients. A physician's order shall be required before any resident is allowed to self-administer medications.

(k)
State procedures for documenting medication errors and adverse drug reactions:

(i)
Should a staff member of the facility notice an error, possible overdose, or any discrepancy in any of the prescriptions filled by the pharmacy, they will immediately contact the pharmacy. If necessary, the pharmacy will contact the physician.

(ii)
In the event of an adverse drug reaction the facility will immediately contact the physician.

(l)
List labeling and storage requirements of medications in conformity with the official compendium (USP/NF).

(5) O**ther information:**

(a)
Emergency drug tray - use, inventory control, replacement of drugs, security when licensed staff is not on duty.

(b)
Location of emergency drug tray.

(c)
24-hour emergency pharmaceutical services.

(d)
Part-time or consultant pharmacist hours on premises.

(e)
In-service training.

(f)
Drug information service.

(g)
Automatic stop orders.

(h)
Controlled substances - inventory, security and control.

(i)
Renewal of physician's orders.

(j)
A policy concerning "PASS" medications.

(k)
Discontinued medication.

(l)
Records and standards of storage of over-the-counter drugs.

(m)
Drug receipt and disposition records.

(6) Drug distribution:

(a)
All dangerous drugs shall be obtained from a properly licensed facility. Stock dangerous drugs acquired, maintained and administered by or at the nursing home shall be listed in the nursing home policy and procedure manual. The stock dangerous drugs shall be used when a licensed nurse (LPN or RN) is on duty. The following is the approved list of stock dangerous drugs:

(i)
Sterile normal saline and water - injectable;

(ii)
sterile normal saline and water - irrigation;

(iii)
tuberculin testing solution;

(iv)
vaccines [~~as recommended by the centers for disease control (CDC) and prevention's advisory committee on immunization practices and~~] appropriate for the facility population served;

(v)
any additional nursing home stock dangerous drugs must be defined and listed in the policy and procedure manual and must be approved by the board of pharmacy or board's agent prior to obtaining or using.

(b)
No drugs will be compounded by other than a pharmacist unless done in accordance with that exemption in the State Pharmacy Act - Section 61-11-22 NMSA 1978.

(c)
The pharmacist shall be responsible for the proper removal and destruction of unused, discontinued, outdated or recalled drugs. The pharmacist shall be responsible for proper transfer and documentation of eligible drugs donated in accordance with 16.19.34 NMAC.

(d)
The pharmacist shall require the person receiving a patient's drugs from the pharmacist or his agent to sign a drug receipt record listing those prescriptions received from the pharmacy.

(e)
The pharmacist shall provide the staff with a receipt listing those prescriptions removed from the facility.

(f)
Medications will be released to patients on discharge from the facility only upon the authorization of the physician.

(7) Drug control:

(a)
All state and federal laws relating to storage, administration and disposal of controlled substances and dangerous drugs shall be complied with.

(b)
Separate sheets shall be maintained for controlled substances records indicating the following information for each type and strength of controlled substances: date, time administered, name of patient, dose, physician's name, signature of person administering dose, and balance of controlled substance in the container.

(c)
All drugs shall be stored in locked cabinets, locked drug rooms, or state of the art locked medication carts.

(d)
Medication requiring refrigeration shall be kept in a secure locked area of the refrigerator or in the locked drug room.

(e)
All refrigerated medications will be kept in separate refrigerator or compartment from food items.

(f)
Medications for each patient shall be kept and stored in their originally received containers, and stored in separate compartments. Transfer between containers is forbidden, waiver shall be allowed for oversize containers and controlled substances at the discretion of the drug inspector.

(g)
Prescription medications for external use shall be kept in a locked cabinet separate from other medications.

(h)
No drug samples shall be stocked in the licensed facility.

(i)
All drugs shall be properly labeled with the following information:

(i)
Patient's full name;

(ii)
physician's name;

(iii)
name, address and phone number of pharmacy;

(iv)
prescription number;

(v)
name of the drug and quantity;

(vi)
strength of drug and quantity;

(vii)
directions for use, route of administration;

(viii)
date of prescription (date of refill in case of a prescription renewal);

(ix)
expiration date where applicable: The dispenser shall place on the label a suitable beyond-use date to limit the patient's use of the medication. Such beyond-use date shall be not later than (a) the expiration date on the manufacturer's container, or (b) one year from the date the drug is dispensed, whichever is earlier;

(x)
auxiliary labels where applicable;

(xi)
the manufacturer's name;

(xii)
state of the art drug delivery systems using unit of use packaging require items i and ii above, provided that any additional information is readily available at the nursing station.

[~~(j) Customized Patient Medication Packages: In lieu of dispensing one, two, or more prescribed drug products in separate containers or standard vial containers, a pharmacist may, with the consent of the patient, the~~

~~patient's caregiver, the prescriber, or the institution caring for the patient, provide a customized patient medication package. The pharmacist preparing a patient medication package must abide by the guidelines as set forth in the current edition of the U. S. Pharmacopoeia for labeling, packaging and record keeping.~~

~~(k) Repackaging of Patient Medication Packages: In the event a drug is added to or discontinued from a patient's drug regimen, when a container within the patient medication package has more than one drug within it, the pharmacist may repackage the patient's patient medication package and either add to or remove from the patient medication packaged as ordered by the physician. The same drugs returned by the patient for repackaging must be reused by the pharmacist in the design of the new patient medication package for the new regimen, and any drug removed must either be destroyed, returned to the DEA or returned to the patient properly labeled. Under no circumstances may a drug within a container of a patient medication package which contains more than one drug be returned to the pharmacy stock.~~

~~(l) Return of Patient Medication Package Drugs: Patient medication packages with more than one drug within a container may not under any circumstances be returned to a pharmacy stock.~~

~~(m) Patient Medication Packages with only one drug within a container:~~

~~(i) Non-Institutional: A patient medication package stored in a non-institutional setting where there is no assurance of storage standards may not be returned to pharmacy stock;~~

~~(ii) Institutional: A patient medication package stored in an institutional setting where the storage and handling of the drugs are assured and are consistent with the compendia standards may be returned to the pharmacy stock provided the following guidelines are followed: (1) the drug is to be kept within the patient medication package and is to remain sealed and labeled until dispensed; (2) the expiration date of drug shall become 50% of the time left of the expiration for the drug; (3) no Schedule II drugs may be returned to inventory; and (4) proper record keeping for the addition of other scheduled drugs into inventory must be done.~~]

(8) Drug information:

(a) The pharmacist shall be accessible for providing drug information.

(b) A current drug reference [~~books~~] shall be located in each nursing station, and may be in paper or electronic form.

(c) Each nursing station shall have poison control information and phone number and a conversion chart for pharmaceutical weights and measures, and as a part of the drug procedures manual.

(9) Emergency drug supply

(a) There shall be an accountability record indicating the following:

(i) Name of drug, strength, and amount of medication used;

(ii) date used;

(iii) time;

(iv) patient's name;

(v) physician's name;

(vi) nurse administering drug;

(vii) nature of emergency.

(b) Pharmacist shall make notation of date and time medication replacement is made on the line following that line containing withdrawal information and sign his name, unless the pharmacy chooses to change out the complete emergency box each time it is used. The pharmacy shall keep a record of each time the box is changed and a list of all drugs that were replaced in the box.

(10) Destruction of dispensed drugs for patients in health care facilities or institutions:

(a) The drugs are inventoried and such inventory is verified by the consultant pharmacist. The following information shall be included on this inventory:

(i) name and address of the facility or institution;

(ii) name and pharmacist license number of the consultant pharmacist;

(iii) date of drug destruction;

(iv) date the prescription was dispensed;

(v) unique identification number assigned to the prescription by the pharmacy;

(vi) name of dispensing pharmacy;

(vii) name, strength, and quantity of drug;

(viii) signature of consultant pharmacist destroying drugs;

(ix) signature of witness(es); and

(x) method of destruction.

(b) The drugs are destroyed in a manner to render the drugs unfit for human consumption and disposed of in compliance with all applicable state and federal requirements.

(c) The actual destruction of the drug is witnessed by the consultant pharmacist and one of the following:

(i) An agent of the New Mexico board of pharmacy;

(ii) facility administrator;

(iii) the director of nursing.

(11) A consultant pharmacist may utilize a waste disposal service or reverse distributor to destroy dangerous drugs and controlled substances in health

care facilities, boarding homes or institutions provided the following conditions are met:

(a) The inventory of drugs is verified by the consultant pharmacist. The following information must be included on this inventory:

(i) Name and address of the facility or institution;

(ii) name and pharmacist license number of the consultant pharmacist;

(iii) date of packaging and sealing of the container;

(iv) date the prescription was dispensed;

(v) unique identification number assigned to the prescription by the pharmacy;

(vi) name of dispensing pharmacy;

(vii) name, strength and quantity of drug;

(viii) signature of consultant pharmacist packaging and sealing container; and

(ix) signature of the witness.

(b) The consultant pharmacist seals the container or drugs in the presence of the facility administrator, the director of nurses or an agent of the board of pharmacy.

(c) The sealed container is maintained in a secure area at the facility or pharmacy until transferred to the waste disposal service or the reverse distributor by the consultant pharmacist, facility administrator, director of nursing or agent of the board of pharmacy.

(d) A record of the transfer to the waste disposal service or reverse distributor is maintained and attached to the inventory of drugs. Such records shall contain the following information:

(i) Date of the transfer;

(ii) signature of the person who transferred the drugs to the waste disposal service or reverse distributor;

(iii) name and address of the waste disposal service or reverse distributor;

(iv) signature of the employee of the waste disposal service or the reverse distributor who receives the container; and

(v) the waste disposal service or reverse distributor shall provide the facility with proof of destruction of the sealed container.

(12) Record retention: All records required above shall be maintained by the consultant pharmacist and the health care facility or institution for three years from the date of destruction.

[16.19.11.8 NMAC - Rp 16.19.11.8, 12/15/2002; A, 10/24/2014; A, 12/13/2015; A, 11/17/2026]

16.19.11.9 CUSTODIAL CARE FACILITY – WITHDRAWAL MANAGEMENT:

A. A licensed custodial care facility that is authorized to provide medically monitored withdrawal management that is under the supervision of a consultant pharmacist and has nursing staff on-site 24 hours per day, 365 days per year, may acquire, stock, maintain and have in the facility's possession dangerous drugs, including controlled substances only in Schedules III–V as limited in Paragraph (4) of Subsection D of this section, for administration for withdrawal management purposes, in accordance with board rules.

B. Definitions as used in this section:

(1) "**administer**" means the direct application of a drug to the body of a patient or research subject by injection, inhalation, ingestion or any other means as a result of an order of a licensed practitioner.

(2) "**authorized personnel**" means licensed healthcare professionals acting within their scope of practice who:

(a) are specifically authorized by facility policy to access, handle, or administer dangerous drugs or controlled substances;

(b) are listed on the current authorized access roster with date granted and terminated; and

(c) have documented completion of initial training required by Paragraph (2) of Subsection H of this section prior to being granted access or administration authority.

(3) "**downtime**" means any period during which the primary electronic access or record system is unavailable.

(4) "**emergency override**" means any access to controlled substances outside normal access controls as permitted by facility policy during downtime or urgent care.

(5) "**facility stock**" means dangerous drugs, including controlled substances, maintained by the facility under its board and DEA registrations for administration to facility patients and not dispensed to a specific patient.

(6) "**MAR reconciliation**" means the documented comparison of MAR entries to the perpetual inventory, wastage, and access logs to confirm agreement.

(7) "**medically monitored withdrawal management**" means withdrawal management services provided under medical supervision, including the use of dangerous drugs authorized under this section, consistent with patient assessment, monitoring, documentation, and staffing requirements in Subsections G and H of this section and other applicable state and federal regulations.

(8) "**perpetual inventory**" means a continuously maintained record that reflects the on-hand quantity after each receipt, administration, wastage, transfer, or destruction entry, with running balance.

(9) "**significant loss**" has the meaning provided in 16.19.20 NMAC and applicable DEA regulations.

(10) "**variance**" means any difference between the physically counted quantity and the documented perpetual inventory balance; "variance greater than zero" means any non-zero difference, positive or negative.

(11) "**wastage**" means the irreversible disposal of a remaining portion of a dose not administered to a patient.

C. Licensure: Before acquiring or possessing stock dangerous drugs, including controlled substances, the facility must:

(1) be licensed by the board to operate as a custodial facility providing withdrawal management;

(2) be licensed by the board to operate as a limited drug clinic as described in Paragraph (3) of Subsection A of 16.19.10.11 NMAC, or successor provision; and

(3) hold current board and DEA controlled substance registrations issued for, and listing, the facility's physical street address.

D. Minimum Standards:

(1) Custodial care withdrawal management facilities shall comply with 16.19.11.8 NMAC of this part and 16.19.10 NMAC, as applicable. For facility stock this section governs and controls over conflicting provisions in 16.19.11.8 NMAC of this part and 16.19.10 NMAC. The requirements in Paragraphs (10) through (12) of Subsection B of 16.19.11.8 NMAC of this part apply only to dispensed, patient-specific drugs; destruction or reverse distribution of facility stock controlled substances shall comply with 16.19.20.38 NMAC and 21 CFR Part 1317. Nothing in this section alters labeling and MAR documentation requirements applicable to patient-specific medications under 16.19.11.8 NMAC of this part.

(2) Consultant pharmacist: All custodial care withdrawal management facilities shall engage the services of a pharmacist whose duties and responsibilities are described in 16.19.4.11 NMAC, pertaining to custodial facilities and clinics. The pharmacist shall review one hundred percent of active patient charts at least quarterly and shall perform a drug regimen review for each newly admitted patient within 72 hours of admission or by the next business day if the 72-hour period includes a state or federal holiday. The pharmacist shall reconcile all controlled substances and gabapentin (and any additional dangerous drugs designated by facility policy) at each quarterly visit, review all required perpetual inventories, reconciliation records, emergency par levels, and analyze variances and wastage for issues or patterns. As part of reconciliation, the pharmacist shall obtain, from the contracted pharmacy, all records of facility stock procured during the quarterly reconciliation period. Discrepancies identified during quarterly reconciliation must be documented and addressed under Subsection I of this section. The pharmacist quarterly report shall document completion of required activities and a quarterly reconciliation report summarizing counts, variances, wastage analysis, access log review, procurement vs. usage reconciliation, discrepancies identified, investigations initiated under Subsection I of this section, and corrective actions.

(3) Medical director: The facility shall be under the supervision of a medical director responsible for prescribing for facility patients. Controlled substances may be prescribed only by an appropriately registered individual practitioner acting in the usual course of professional practice for a legitimate medical purpose.

(4) Stock eligibility: Facility stock controlled substances are limited to Schedules III–V and may be administered for clinically appropriate withdrawal management or directly related supportive care indications documented in the medical record. If the controlled substance is an opioid, it must be FDA-approved for maintenance or detoxification and used consistent with state and federal law. Schedule II controlled substances may not be maintained, stocked, or administered as facility stock under this Section.

(5) No separate emergency drug supply. A facility operating under this Section shall not acquire, stock, or maintain a separate emergency drug supply, emergency drug tray, or emergency kit of facility-stock controlled substances under Paragraph (9) of Subsection B of 16.19.11.8 NMAC of this part. Surge and emergency access needs shall be met through facility stock maintained within the perpetual inventory, including the emergency par level authorized under Subsection F of this section. Nothing in this paragraph limits a patient-specific medication order or the administration of facility stock for withdrawal management or directly related supportive care under Paragraph (4) of this subsection.

E. Patient-specific medications: Self-administration requires a prescriber order and must conform to facility policy and applicable law. The facility shall not take possession of patient-specific controlled substances unless possession and custody are authorized by applicable state and federal law. When authorized, patient-specific dangerous drugs and controlled substances shall be:

(1) logged upon receipt with patient name, drug, strength, quantity, and source;

(2) stored separately from facility stock in a securely locked manner preventing contamination and diversion;

(3) administered only pursuant to a valid order and documented on the MAR;

(4) tracked on separate controlled substance count sheets or electronic equivalent capturing all elements in Subparagraph (b) of Paragraph (7) of Subsection B of 16.19.11.8 NMAC of this part or successor provision. Patient-specific controlled substances in facility custody shall be included

in the shift-change joint physical count and reconciliation required by Paragraph (5) of Subsection G of this section; and

(5) returned, transferred, or destroyed in accordance with applicable law when therapy is discontinued or upon discharge.

F. Contracted pharmacy; unit-dose stock: Facilities may obtain manufacturer or pharmacy-prepared unit dose stock dangerous drugs and controlled substances from a contracted pharmacy. Solid oral dosage forms must be in unit-dose packaging; bulk bottles are not allowed. Quantities procured and maintained shall not exceed the documented average 30-day utilization by drug and strength, calculated using at least the prior three months (or all available months if fewer than three) of facility administration data, plus an emergency par level. Initial quantities obtained upon facility licensure shall be documented in a written utilization projection prepared by the facility and approved by the consultant pharmacist, including anticipated census, acuity, and formulary rationale. For new formulary items, the facility shall prepare a written utilization projection approved by the consultant pharmacist. The policy and procedure manual shall designate a primary and one back-up contracted pharmacy. Changes in the primary or back-up contracted pharmacy shall be reported to the board within 15 days in the manner prescribed by the board. For purposes of this Section, 'emergency par level' means an additional on-hand quantity not to exceed twenty-five percent of the calculated 30-day average. The consultant pharmacist may approve higher temporary par levels with written justification based on census volatility, acuity, or formulary changes; such approvals shall be documented and reviewed at least quarterly. Emergency par levels must be documented and approved by the pharmacist at least quarterly.

G. Storage; access; records; reconciliation; retention; security:

(1) Facilities must comply with all applicable state and federal regulations regarding the handling and storage of dangerous drugs including controlled substances. Access to the drug storage area will be limited to authorized personnel. Patients may not enter the drug storage area under any circumstance. The Inspector will evaluate for adequate security of facility and controls as part of prelicensing.

(2) Controlled substances shall be stored in a securely locked, substantially constructed cabinet or safe meeting applicable state and federal physical security requirements, with access limited to authorized personnel. Access shall be controlled by documented key or code management with a current authorized access list; if physical keys are used, they shall be maintained under the control of authorized personnel and never left unattended. Any spare key shall be maintained sealed with a numbered, tamper-evident seal with seal number logged and verified at each shift change when the duty key is passed to the incoming authorized personnel. Upon discovery of an unexplained broken or mismatched spare key seal, the outgoing and incoming authorized personnel shall immediately secure the spare key with a new numbered, tamper-evident seal, document the new seal number before completing handoff, initiate an internal discrepancy review under Subsection I of this section, and notify the consultant pharmacist and medical director within 24 hours. Electronic access systems shall maintain an auditable access log. Facilities utilizing electronic access systems shall implement a secondary contingency access protocol that maintains auditable controls during downtime. Emergency override access shall require dual authorization whenever two authorized personnel are on duty, regardless of system functionality; where only one authorized person is on duty, real-time supervisory notification and post-event supervisory attestation are required. Downtime and override access events shall be contemporaneously logged, including the reason for the override and the identity of the authorizing supervisory personnel, and retained with the perpetual inventory records, with corresponding perpetual inventory entries cross-referencing the downtime or override access. The authorized access list shall be reviewed at least quarterly and updated immediately upon any personnel change affecting access. Temporary or agency staff may be authorized only if listed on the current access list. Temporary or agency staff shall not be granted access until license verification is completed and initial training under Paragraph (2) of Subsection H of this section is documented. Non-licensed personnel shall not be granted access.

(3) Records: Facilities shall maintain accurate, contemporaneous records of all dangerous drugs and controlled substances received, administered, transferred, wasted, or destroyed, consistent with the Drug, Device and Cosmetic Act, the Controlled Substances Act, 16.19.20 NMAC, and federal regulations. All transactions affecting on-hand quantities shall be reflected in the perpetual inventory. Late entries or corrections shall be dated, timed, and signed or electronically authenticated by the individual making the entry, shall not obliterate the original entry, and shall state the reason for the correction. Backdating, overwriting, or alteration of original balances is prohibited; corrections shall be made as additive, attributed entries with cross-reference to the original entry. Electronic records shall maintain unique user identification and an immutable audit log of entries, corrections, and access. All records required by this section, including access logs, downtime/override logs, perpetual inventory, MAR reconciliation logs, wastage documentation, and quarterly reconciliation reports, shall be maintained in a centralized, indexed record system (electronic or paper) and be readily available for inspection.

(4) Administration records: The perpetual inventory record of facility stock administered shall be updated at the time of administration and include the name of patient; date and time administered; name of drug; strength of drug; amount administered; balance remaining; name of prescribing practitioner and name of person administering the drug. For controlled substances, any partial dose wastage must be co-witnessed and co-signed by a second authorized personnel as defined in Paragraph (2) of Subsection G of this section, present at the time of wastage, who positively identifies the drug to be destroyed, and the running balance updated immediately. If only one authorized person is on duty, secure temporary sequestration must use a single-use, tamper-evident container placed within the controlled substance cabinet or safe; the seal number shall be documented on the perpetual inventory and MAR, and the co-witness wastage shall occur at the next shift change. Facilities may adopt the co-witness standard for gabapentin by policy. Administration shall also be documented on the MAR consistent with Paragraph (4) of Subsection B of 16.19.11.8 NMAC of this part. Each shift shall verify completion of MAR entries for doses administered during that shift; any omissions shall be corrected with attributed late entries consistent with Paragraph (3) of Subsection G of this section. Facilities shall reconcile, at least weekly, all controlled substances and gabapentin by comparing MAR entries, perpetual inventory entries, documented wastage, and downtime/override logs; discrepancies shall be treated as internal discrepancies under Subsection I of this section. Reconciliation shall be documented.

(5) Inventory and reconciliation: A perpetual inventory system shall be maintained for facility stock controlled substances and gabapentin (and any additional dangerous drugs designated by facility policy) and updated at the time of receipt, administration, wastage or destruction. At each shift change, outgoing and incoming licensed personnel shall jointly perform a physical count of all controlled substances, including any patient-specific controlled substances, and reconcile to the perpetual inventory or controlled substance count sheet at handoff. The facility may adopt the same shift change standard for gabapentin; regardless, weekly reconciliation under Paragraph (4) of Subsection G of this section remains required. Any variance greater than zero identified at shift handoff shall be jointly reviewed contemporaneously; if not resolved by corrective documentation before the end of the handoff process, it shall be treated as an internal discrepancy under Subsection I of this section. External reporting to the board and DEA shall follow the 'theft or significant loss' standards in Paragraph (1) of Subsection I of this section.

(6) Diversion controls: The facility shall provide effective controls and procedures to guard against theft and diversion of dangerous drugs and controlled substances.

(7) Restricted area room requirements. Facility stock, including controlled substances, shall be stored in a restricted area that is a dedicated, enclosed room of adequate size to permit orderly storage, accurate counting, and reconciliation of all drugs maintained. The restricted area shall be: (a) of substantial construction, with walls, ceiling, floor, and door sufficient to resist unauthorized entry; (b) secured by controlled-access locking consistent with Paragraph (2) of Subsection G of this section, with access limited to authorized personnel and with patients prohibited from entry under any circumstance, consistent with Paragraph (1) of Subsection G of this section; (c) equipped with climate control adequate to maintain drugs within the storage conditions required by Paragraph (8) of this subsection; and (d) evaluated by the inspector for adequate size, construction, and security as part of prelicensing and inspection under Paragraph (1) of Subsection G of this section.

(8) Temperature monitoring. The facility shall monitor and maintain the temperature (and, where applicable, humidity) of each drug storage area, including any refrigerated storage, within the manufacturer's recommended range and applicable United States Pharmacopeia standards. Monitoring shall be documented on a contemporaneous log, excursions shall be recorded and acted upon under facility policy, and monitoring records shall be maintained and available for inspection consistent with Paragraph (3) of Subsection G of this section.

(9) Video surveillance. The facility shall maintain a functioning video camera providing continuous coverage of the restricted area. Recorded footage shall not be altered, edited, or deleted by facility staff, shall be secured against tampering, and shall be retained for at least ninety (90) days and made available to the board or its agent upon request.

H. Administration authority; training:

(1) Only authorized personnel may administer dangerous drugs, including controlled substances.

(2) All personnel involved in handling, storage, reconciliation, administration, or documentation of controlled substances must complete initial and at least annual refresher training (in person or virtual) on applicable state and federal regulations and facility policies, including designated agent identification and order transmission consistent with Subparagraphs (b) and (c) of Paragraph (4) of Subsection B of 16.19.11.8 NMAC of this part, storage and access controls (Paragraph (2) of Subsection G of this section), recordkeeping and perpetual inventory (Paragraph (3) of Subsection G of this section), wastage (Paragraph (4) of Subsection G of this section), reconciliation (Paragraph (5) of Subsection G of this section), and requirements under Subsection

I of this section. Initial training shall occur prior to independent access or administration authority. Training documentation shall be maintained in personnel files or a centralized record and be readily available for inspection.

I. Reporting discrepancies, theft, or loss; written policy:

(1) Any theft or significant loss of controlled substances must be reported to the board in accordance with 16.19.20 NMAC and to DEA in accordance with federal requirements, within required time frames. The facility shall contemporaneously document the assessment of significance, including quantity lost, specific controlled substance involved, pattern or aggregate loss over time, and potential diversion risk, and whether the loss can be associated with known, documented cause, and reporting determinations. Internal investigation timelines do not delay external reporting.

(2) For this section, 'discrepancy' includes unresolved count variances, suspected diversion, or unexplained losses identified during reconciliation. Facilities must maintain a written policy establishing:

(i) internal reporting shall occur no later than the end of the shift in which a discrepancy is discovered, notice shall also be provided to the consultant pharmacist and medical director in writing within 24 hours;

(ii) an investigation shall be initiated within 24 hours and, absent extenuating circumstances documented in the file, completed within five business days, with interim controls implemented as indicated (e.g. enhanced counts, restricted access); and

(iii) corrective actions and reconciliation updates shall be documented within 24 hours of final determination of root cause, and the perpetual inventory updated to reflect final resolution.

(3) All investigation and corrective action records shall be retained for three years from the date of final determination and be readily available for inspection.

J. Procurement, ordering authority, and transport of facility stock:

(1) Designated ordering authority. The facility's policy and procedure manual shall name one designated licensed person, approved by the consultant pharmacist, as the sole individual authorized to order facility-stock dangerous drugs, including controlled substances, from the contracted pharmacy. The facility shall name a designated back-up only as provided in the policy and procedure manual and approved by the consultant pharmacist.

(2) Notice to pharmacies. The consultant pharmacist shall notify the primary contracted pharmacy and the one back-up contracted pharmacy designated under Subsection F of this section of the identity of the authorized designated licensed person, and shall notify both pharmacies of any change without delay.

(3) Authorized pickup roster. The facility shall perpetually maintain a current list of its licensed staff and shall provide that list, and any update to it, to each contracted pharmacy. Only an individual appearing on the current list, and only while on duty, may pick up medication from a contracted pharmacy.

(4) Direct transit. Transport of medication shall proceed directly from the facility to the contracted pharmacy and directly back to the facility, with no intervening stops.

(5) Transit log. The facility shall maintain a log of all medication transits sufficient to permit reconciliation, recording at minimum the time of departure, the time of return, the identity of the individual transporting the medication, and receipt information adequate to reconcile the drugs received against the perpetual inventory under Paragraph (5) of Subsection G of this section.

K. Temporary closure: If a facility temporarily closes, all dangerous drugs including controlled substances shall be removed from the facility no later than the time of closure and properly dispositioned by the consultant pharmacist in accordance with applicable state and federal law. Disposition shall be documented, and the perpetual inventory reconciled to zero on-hand for facility stock as of closure.

L. Emergency relocation: A facility may not resume acquiring, stocking, or maintaining facility-stock dangerous drugs or controlled substances at a relocated site until the facility has notified the board of the relocation, the relocated site has been inspected, and the board has approved drug storage operations at the new location. Board and DEA controlled-substance registrations must list the facility's current physical street address consistent with Paragraph (3) of Subsection C of this section before facility stock is maintained at the new site.

[16.19.11.9 NMAC – N, 11/17/2026]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.20 NMAC, Section 65, 66, 67, and 68 effective 11/17/2026.

16.19.20.65 SCHEDULE I:

A. Section 30-31-6 NMSA 1978, schedule I shall consist of the following drugs and other substances, by whatever name, common or usual name, chemical name or brand name designated, listed in this section; **Opioids**, unless specifically exempt or unless listed in another schedule, any of the following opioids, including its isomers, esters, ethers, salts and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation.

(1) Acetylmethadol;

(2) Allylprodine;

(3) Alphacetylmethadol;

(4) Alphameprodine;

(5) Alphamethadol;

(6) Alpha-methyl fentanyl;

(7) Benzethidine;

(8) Betacetylmethadol;

(9) Betameprodine;

(10) Betamethadol;

(11) Betaprodine;

[~~**(12)** Clonitazene;~~]

[~~**(13)**~~] **(12)** Desmethyltramadol;

[~~**(14)**~~] **(13)** Dextromoramide;

[~~**(15)**~~] **(14)** Diampromide;

[~~**(16)**~~] **(15)** Diethylthiambutene;

[~~[**(17)**] Dimethylthiambutene;~~]

[~~**(18)**~~] **(16)** Difenoxin;

[~~**(19)**~~] **(17)** Dimenoxadol;

[~~**(20)**~~] **(18)** Dimepheptanol;

[~~**(21)**~~] **(19)** Dimethylthiambutene;

[~~**(22)**~~] **(20)** Dioxaphetyl Butyrate;

[~~**(23)**~~] **(21)** Dipipanone;

[~~**(24)**~~] **(22)** Ethylmethylthiambutene;

[~~**(25)** Etonitazene;~~]

[~~**(26)**~~] **(23)** Etoxeridine;

[~~**(27)**~~] **(24)** Furethidine;

[~~**(28)**~~] **(25)** Hydroxypethidine;

[~~**(29)** Isotonitazene;~~]

[~~**(30)**~~] **(26)** Ketobemidone;

[~~**(31)**~~] **(27)** Levomoramide;

[~~**(32)**~~] **(28)** Levophenacylmorphan;

[~~**(33)**~~] **(29)** Morpheridine;

[~~**(34)**~~] **(30)** Noracymethadol;

[~~**(35)**~~] **(31)** Norlevorphanol;

[~~**(36)**~~] **(32)** Normethadone;

[~~**(37)**~~] **(33)** Norpipanone;

[~~**(38)**~~] **(34)** Phenadoxone;

[~~**(39)**~~] **(35)** Phenampromide;

[~~**(40)**~~] **(36)** Phenomorphan;

[~~**(41)**~~] **(37)** Phenoperidine;

[~~**(42)**~~] **(38)** Piritramide;

[~~**(43)**~~] **(39)** Proheptazine;

[~~**(44)**~~] **(40)** Properidine;

[~~**(45)**~~] **(41)** Propiram;

[~~**(46)**~~] **(42)** Racemoramide;

[~~**(47)**~~] **(43)** Tilidine;

[~~**(48)**~~] **(44)** Trimeperidine

[~~**(49)**~~] **(45)** U-48800; (2-(2,4-dichlorophenyl)-N-((1S,2S)-2-(dimethylamino) cyclohexyl)-N-methylacetamide, monohydrochloride;

[~~**(50)**~~] **(46)** U-49900; (trans-3,4-dichloro-N-[2-(diethylamino)cyclohexyl]-N-methyl-benzamide;

[~~**(51)**~~] **(47)** Beta-Hydroxy-3-Methylfentanyl;

[~~**(52)**~~] **(48)** 3-Methylthiofentanyl;

[~~**(53)**~~] **(49)** Acetyl-Alpha-Methyl fentanyl ;

[~~**(54)**~~] **(50)** Alpha-Methylthiofentanyl ;

[~~**(55)**~~] **(51)** Beta-hydroxyfentanyl ;

[~~**(56)**~~] **(52)** Para-Fluoro[-]fentanyl;

[~~**(57)**~~] **(53)** Thiofentanyl;

[~~**(58)**~~] **(54)** Acetyl fentanyl;

[~~**(59)**~~] **(55)** Butyryl fentanyl;

[~~**(60)**~~] **(56)** Betahydroxythiofentanyl;

[~~**(61)**~~] **(57)** Furanyl fentanyl;

[~~**(62)**~~] **(58)** AH-7921; (3,4-dichloro-N-[(1-dimethylamino)cyclohexylmethyl] benzamide);

[~~**(63)**~~] **(59)** U47700; (trans-3,4-dichloro-N-(2-(dimethylamino)cyclohexyl)-N-methylbenzamide);

[~~**(64)**~~] **(60)** MT-45; (1-cyclohexyl-4-(1,2-diphenylethyl)piperazine) [~~(4-Nitrophenylethyl)piperidylidene-2-(4-chlorophenyl)sulfonamide)~~];

[~~**(65)**~~] **(61)** W-15; (4-chloro-N-[1-(2-phenylethyl)-2-piperidinylidene]-benzenesulfonamide);

[~~**(66)**~~] **(62)** W-18; (1-(4-Nitrophenylethyl) piperidylidene-2-(4-chlorophenyl) sulfonamide);

[~~**(67)**~~] **(63)** U-50488; (2-(3,4-dichlorophenyl)-N-methyl-N-[(1R,2R)-2-pyrrolidin-1-ylcyclohexyl]acetamide);

[~~**(68)**~~] **(64)** U50488H; ((-)(trans)-3,4-dichloro-N-methyl-N-[2-(1-pyrrolidiny)cyclo-hexyl]benzeneacetamide).

[~~**(69)**~~] **(65)** Fentanyl-related substances, their isomers, esters, ethers, salts, and salts of isomers, esters and ethers. Fentanyl-related substance means any substance, unless specifically exempted or unless listed in another schedule, that is structurally related to fentanyl by one or more of the following modifications:

(a) replacement of the phenyl portion of the phenethyl group by any monocycle, whether or not further substituted in or on the monocycle;

(b) substitution in or on the phenethyl group with alkyl, alkenyl, alkoxyl, hydroxyl, halo, haloalkyl, amino or nitro groups;

(c)
substitution in or on the piperidine ring with alkyl, alkenyl, alkoxyl, ester, ether, hydroxyl, halo, haloalkyl, amino or nitro groups;

(d)
replacement of the aniline ring with any aromatic monocycle whether or not further substituted in or on the aromatic monocycle; or

(e)
replacement of the N-propionyl group by another acyl group; or

(f)
any combination of the above substances include, but are not limited to, the following substances:
(reserved)

[~~**(70)**~~] **(66)**
Acryl Fentanyl;
[~~**(71)** 4F-butyrfentanyl;~~]
[~~**(72)** 4-methoxybutyrfentanyl;~~]
[~~**(73)** Fluorobutyrfentanyl;~~]

[~~**(74)**~~] **(67)**
Fluorofentanyl;

[~~**(75)**~~] **(68)**
FIBF; (Para Fluoro[-]Isobutyryl Fentanyl);

[~~**(76)**~~] **(69)**
Cyclopropyl fentanyl;

[~~**(77)**~~] **(70)**
Thiofuranyl fentanyl (Thiophene fentanyl);

[~~**(78)**~~] **(71)**
3-methylfentanyl (N-3-methyl-1-(2-phenyl-ethyl)-4-Piperidinyl)-N-phenylpropanamide, its optical and geometric isomers, salts and salts of isomers;

[~~**(79)**~~] **(72)**
crotonyl fentanyl ((E)-N-(1-phenethylpiperidin-4-yl)-N-phenylbut-2- enamide);

[~~**(80)**~~] **(73)**
valeryl fentanyl (N-(1-phenethylpiperidin-4-yl)-N-phenylpentanamide);

[~~**(81)**~~] **(74)**
N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2′-fluoro ortho-fluorofentanyl; 2′-fluoro 2-fluorofentanyl);

[~~**(82)**~~] **(75)**
N-(1-(4-methylphenethyl)piperidin-4-yl)-N-phenylacetamide (4′-methyl acetyl fentanyl);

[~~**(83)**~~] **(76)**
beta-phenyl fentanyl or N-(1-phenethylpiperidin-4-yl)-N,3-diphenylpropanamide (β′-phenyl fentanyl; beta′-Phenyl fentanyl; 3-phenylpropanoyl fentanyl);

[~~**(84)**~~] **(77)**
beta-methyl fentanyl or N-phenyl-N-(1-(2-phenylpropyl)piperidin-4-yl) propionamide (β-methyl fentanyl);

(78)
beta-Methylacetyl fentanyl (N-phenyl-N-(1-(2- phenylpropyl) piperidin-4-yl)acetamid

[~~**(85)**~~] **(79)**
N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide (ortho-fluorobutyryl fentanyl; 2-fluorobutyryl fentanyl);

[~~**(86)**~~] **(80)**
(N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl acetylfentanyl; 2-methyl acetylfentanyl);

[~~**(87)**~~] **(81)**
2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide (ortho-methyl methoxyacetylfentanyl; 2-methyl methoxyacetyl fentanyl);

[~~**(88)**~~] **(82)**
N-(4-methylphenyl)-N-(1-phenethylpiperidin-4-yl) propionamide (para-methylfentanyl; 4-methylfentanyl);

[~~**(89)**~~] **(83)**
N-(1-phenethylpiperidin-4-yl)-N-phenylbenzamide (phenyl fentanyl; benzoyl fentanyl);

[~~**(90)**~~] **(84)**
N-(1-phenethylpiperidin-4-yl)-N-phenylthiophene-2-carboxamide (thiofuranyl fentanyl; 2-thiofuranyl fentanyl; thiophene fentanyl);

[~~**(91)**~~] **(85)**
Ethyl (1-phenethylpiperidin-4- yl) (phenyl)carbamate (fentanyl carbamate);

[~~**(92)**~~] **(86)**
N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)acrylamide (ortho-fluoroacryl fentanyl);

[~~**(93)**~~] **(87)**
N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl) isobutyramide (ortho-fluoroisobutyryl fentanyl);

[~~**(94)**~~] **(88)**
N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide (para-fluoro furanyl fentanyl);

[~~**(95)**~~] **(89)**
Cyclopentyl fentanyl;

[~~**(96)**~~] **(90)**
Isobutyryl fentanyl;

[~~**(97)**~~] **(91)**
Para-chloroisobutyryl fentanyl;

[~~**(98)**~~] **(92)**
Para-methoxybutyryl fentanyl or 4-MeO-BF; N-(4-Methoxyphenyl)-N-(1-phenethylpiperidin-4-yl) butyramide;

[~~**(99)**~~] **(93)**
Para-fluorobutyryl fentanyl or 4-FBF; N-(4-Fluorophenyl)-N-(1-phenethylpiperidin-4-yl)butyramide;

[~~**(100)**~~] **(94)**
Ocfentanil;

[~~**(101)**~~] **(95)**
Ortho-Fluorofentanyl;

[~~**(102)**~~] **(96)**
Tetrahydrofuranyl Fentanyl;

[~~**(103)**~~] **(97)**
Methoxyacetyl Fentanyl; 2-Methoxy-N-(1-phenethylpiperidin-4-yl)-N-phenylacetamide;

[~~**(104)**~~] **(98)**
4-Fluoroisobutyryl Fentanyl;
[~~**(105)** Para-Fluorofentany;l~~
~~**(106)** Butonitazene (2-(2-(4-butoxybenzyl)-5-nitro-1Hbenzimidazol-1-yl)-N,N-diethylethan-1- amine);~~
~~**(107)** Etodesnitazene; etazene (2-(2-(4-ethoxybenzyl)-1Hbenzimidazol-1-yl)-N,N-diethylethan-1- amine);~~
~~**(108)** Metonitazene (N, N -diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1 H -benzimidazol-1-yl)ethan-1-amine);~~
~~**(109)** Flunitazene (N, N -diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1 H -benzimidazol-1-yl)ethan-1-amine);~~
~~**(110)** Metodesnitazene (N,6 N -diethyl-2-(2-(4-methoxybenzyl)-1 H -benzimidazol-1-yl)ethan-1-amine);~~
~~**(111)** Protonitazene (N, N -diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1 H -benzimidazol-1-yl)ethan-1-amine);~~
~~**(112)**~~] **(99)**

Brorphine (1-(1-(1-(4-bromophenyl) ethyl)piperidin-4-yl)-1,3-dihydro-2 H-benzo[*d*]imidazol-2-one);

[~~(113)~~] **(100)** Zipeprol (1-methoxy-3-[4-(2-methoxy-2- phenylethyl)piperazin-1-yl]-1- phenylpropan-2-ol).

(101) 2',5'-Dimethoxyfentanyl (N-(1-(2,5-dimethoxyphenethyl)piperidin-4-yl)-Nphenylpropionamide);

(102) 3-Furanyl Fentanyl; (N-(1-phenethylpiperidin-4-yl)-N-phenylfuran-3-carboxamide);

(103) Alpha-Methyl Butyryl Fentanyl;

(104) Isovaleryl Fentanyl; (3-methyl-N-(1-phenethylpiperidin-4-yl)-N-phenylbutanamide);

(105) Meta-Fluorofentanyl;

(106) Meta-Fluorofuranyl Fentanyl;

(107) Meta-Fluroisobutyryl Fentanyl;

(108) Ortho-Fluoro Furanyl Fentanyl; (N-(2-fluorophenyl)-N-(1-phenethylpiperidin-4-yl)furan-2-carboxamide);

(109) Para-Methoxyfuranyl Fentanyl;

(110) Para-Methylcyclopropyl Fentanyl;

(111) 2-Methyl AP-237: (1-(2-methyl-4-(3-phenylprop-2-en-1- yl)piperazin-1-yl) butan-1-one);

(112) Dihydromorphine; Paramorphan;

(113) Ortho-Chlorofentanyl; (N-(2-chlorophenyl)-N-(1-phenethylpiperidin-4-yl) propionamide);

(114) Ortho-Methylcyclopropylfentanyl; (N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl) cyclopropanecarboxamide);

(115) Para-Chlorofentanyl (N-(4-chlorophenyl)-N-(1-phenethylpiperidin-4-yl) propionamide);

(116) Para-Fluoro valeryl fentanyl; (N-(4-fluorophenyl)-N-(1-phenethylpiperidin-4-yl) pentanamide);

(117) Tetrahydrothiophene fentanyl: (N-(1-phenethylpiperidin-4-yl)-N-phenyltetrahydrothiophene-2-carboxamide);

(118) Benzimidazole opioids; Nitazenes;

(a) 5-Methyl etodesnitazene[PD42.1]; 2-(2-(4-Ethoxybenzyl)-5-methyl-1H-benzimidazol-1-yl)- N,N-diethylethan-1-amine;

(b) Butonitazene (2-(2-(4-butoxybenzyl)-5-nitro-1Hbenzimidazol-1-yl)-N,N-diethylethan-1- amine);

(c) Clonitazene;

(d) Ethyleneoxynitazene; 2-(2-((2,3-Dihydrobenzofuran-5-yl) methyl)-5-nitro-1H-benzimidazol-1-yl)-N,N-diethylethan-1-amine;

(e) Etodesnitazene; etazene (2-(2-(4-ethoxybenzyl)-1Hbenzimidazol-1-yl)-N,N-diethylethan-1- amine);

(f) Etonitazene;

(g) Flunitazene (N, N -diethyl-2-(2-(4-fluorobenzyl)-5-nitro-1 H -benzimidazol-1-yl)ethan-1-amine);

(h) Isotonitazene;

(i) Methylenedioxynitazene; 3′,4′¬Methylenedioxynitazene; 2-(2-(Benzodioxol-5-ylmethyl)-5-nitro-1H-benzimidazol- 1-yl)-N,N-diethylethan-1-amine;

(j) Metodesnitazene (N,6 N -diethyl-2-(2-(4-methoxybenzyl)-1 H -benzimidazol-1-yl)ethan-1-amine);

(k) Metonitazene (N, N -diethyl-2-(2-(4-methoxybenzyl)-5-nitro-1 H -benzimidazol-1-yl)ethan-1-amine);

(l) Metonitazepyne; 2-(4-Methoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole (N-pyrrolidino metonitazene);

(m) N-Desethyl etonitazene; 2-(2-(4-Ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)-Nethylethan-1-amine;

(n) N-Desethyl isotonitazene (N-ethyl-2-(2-(4-isopropoxylbenzyl)-5-nitro-1H-benzimidazol-1-yl)ethan-1-amin);

(o) N-Desethyl protonitazene: N-Ethyl-2-(5-nitro-2-(4-propoxybenzyl)-1Hbenzimidazol-1-yl)ethan-1-amine;

(p) N,N-Dimethylamino etonitazene; 2-(2-(4-Ethoxybenzyl)-5-nitro-1H-benzimidazol-1-yl)- N,N-dimethylethan-1-amine;

(q) N-Pyrrolidino Etonitazene; Etonitazepyne;

(r) N-Piperidinyl Etonitazene; Etonitazepipne;

(s) N-Pyrrolidino isotonitazene; Isotonitazepyne; 2-(4-Isopropoxybenzyl)-5-nitro-1-(2-(pyrrolidin-1- yl)ethyl)-1H-benzimidazole;

(t) Protonitazene (N, N -diethyl-2-(5-nitro-2-(4-propoxybenzyl)-1 H -benzimidazol-1-yl)ethan-1-amine);

(u) Protonitazepyne; 5-Nitro-2-(4-propoxybenzyl)-1-(2-(pyrrolidin-1-yl)ethyl)-1H-benzimidazole (N-pyrrolidino protonitazene);

B. Opium derivatives: Unless specifically exempt or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

(1) Acetorphine;

(2) Acetyl dihydrocodeine; Acetylcodone;

(3) Benzyl morphine;

(4) Codeine methylbromide;

(5) Codeine-N-Oxide;

(6) Cyprenorphine;

(7) Desomorphine;

(8) Dehydro morphine; Pseudomorphine;

(9) Etorphine;

(10) Heroin; Diacetylmorphine, diamorphine;

(11) Hydromorphinol;

(12) Methyldesorphine;

(13) Methyldihydromorphine;

(14) Morphine methylbromide;

(15) Morphine methylsulfonate;

(16) Morphine-N-Oxide;

(17) Myrophine;

(18) Nicocodeine;

(19) Nicomorphine;

(20) Normorphine;

(21) Pholcodine;

(22) Thebacon;

(23) Drotebanol;

(24) 6AM; (6-acetylmorphine).

C. Stimulants: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers.

(1) Fenethylline;

(2) NEA; N-ethylamphetamine;

(3) cis-4-methylaminorex; U4Euh;

(4) N, N-dimethylamphetamine;

(5) (BZP), 1-benzylpiperazine; N-benzylpiperazine;

(6) (DCPP); 2,3-dichlorophenylpiperazine;

(7) (DBZP); dibenzylpiperazine;

(8) (MBZP); methylbenzylpiperazine;

(9) (mCPP); meta-chlorophenylpiperazine;

(10) (MDBZP); methylenedioxybenzylpiperazine;

(11) (meOPP); para-methoxyphenylpiperazine;

(12) (pCPP); para-chlorophenylpiperazine;

(13) (pFPP); para-fluorophenylpiperazine;

(14) (2-DPMP), desoxypipradrol; 2-diphenylmethylpiperidine;

(15) D2PM, diphenylprolinol; diphenyl-2-pyrrolidinemethanol;

(16) HDMP-28; methylnaphthidate;

(17) Nocaine, (+)-CPCA; 3α-carbomethoxy-4β-(4-chlorophenyl)-N-methylpiperidine;

(18) BTQ or butyltolylquinuclidine; (2-Butyl-3-(p-tolyl)quinuclidine;

(19) Methiopropamine; (N-methyl-1-(thiophen-2-yl)propan-2-amine);

(20) Mesocarb; (N-phenyl-N′ -(3-(1-phenylpropan-2-yl)-1,2,3- oxadiazol-3-ium-5-yl) carbamimidate);

(21) Amineptine (7- [(10,11-dihydro-5H-dibenzo[a,d]cyclohepten-5- yl)amino] heptanoic acid);

(22) 4,4′-Dimethylaminorex (4,4′-DMAR; 4,5-dihydro-4- methyl-5-(4-methylphenyl)-2-oxazolamine; 4-methyl-5- (4-methylphenyl)-4,5-dihydro-1,3-oxazol-2-amine).

(23) 4-CMC; 4-Chloromethcathinone;

(24) Ethylphenidate; (ethyl 2-phenyl-2-(piperidin-2-yl)acetate);

(25) 4-Fluoroamphetamine; 1-(4-fluorophenyl)propan-2-amine; para -fluoroamphetamine;

D. Depressants: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

(1) Mecloqualone;

(2) Methaqualone; Quaalude;

(3) Benzodiazepines;

(a) Bromazepam;

(b) Camazepam;

(c) Cloxazolam;

(d) Delorazepam;

(e) Ethylloflazepate;

(f) Fludiazepam;

(g) Flunitrazepam; Rohypnol;

(h) Haloxazolam;

(i) Ketazolam;

(j) Loprazolam;

(k) Lormetazepam;

(l) Medazepam;

(m) Nimetazepam;

(n) Nitrazepam;

(o) Nordiazepam;

(p) Oxazolam;

(q) Phenazepam

(r) Pinazepam;

(s) Tetrazepam;

(t) Flubromazepam;

(u) Diclazepam;

(v) Etizolam;

(w) Flualprazolam;

(x) Clonazolam;

(y) Flubromazolam;

(z) Bromazolam

(4) Gamma hydroxybutyric acid and any chemical compound that is metabolically converted to GHB;

(5) Gamma butyrolactone and any chemical compound that is metabolically converted to GHB;

(6) 1-4 butane diol and any chemical compound that is metabolically converted to GHB

(7) GHV or 4-methyl-GHB; γ-hydroxyvaleric acid;

(8) GVL; γ-valerolactone;

(9) MMQ; methylmethaqualone;

(10) MBQ; mebroqualone.

(11) 2-FDCK; 2-Fluorodeschloroketamine;

E. Hallucinogenic substances: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation (for purpose of this sub-section only, the term "isomers" includes the optical, positional, and geometric isomers).

(1) MDA; 3,4[-]-methylenedioxy[-]amphetamine;

(2) MMDA; 5[]-[-]methoxy[-]- 3,4-methylenedioxy[-]amphetamine;

(3) TMA; 3,4,5[-]-trimethoxy[-]amphetamine;

(4) Bufotenine;

(5) DET; (Diethyltryptamine);

(6) DMT; (Dimethyltryptamine);

(7) DOM or STP; (4-methyl-2,5-dimethoxy amphetamine);

[~~**(8)** Lysergic acid amide;~~]

[~~**(9)**~~] **(8)** Lysergic acid diethylamide;

[~~**(10)**~~] **(9)** Mescaline;

[~~**(11)**~~] **(10)** Peyote;

[~~**(12)**~~] **(11)** N-ethyl-3-piperidyl benzilate; JB 318;

[~~**(13)**~~] **(12)** N-methyl-3-piperidyl benzilate; JB-336;

[~~**(14)**~~] **(13)** Psilocybin;

[~~**(15)**~~] **(14)** Psilocyn;

[~~**(16)**~~] **(15)** Parahexyl (synthetic analog of delta-9-tetrahydrocannabinol);

[~~**(17)**~~] **(16)** 2, 5 -dimethoxyamphetamine; 2, 5-DMA;

[~~**(18)**~~] **(17)** 4-bromo-2, 5-dimethoxy-amphetamine; 2, 5-DMA;

[~~**(19)**~~] **(18)** PMA; 4-methoxyamphetamine;

[~~**(20)**~~] **(19)** PCE; (Eticyclidine[~~ Ethylamine~~] N-ethyl-1-phenylcyclohexylamine);

[~~**(21)**~~] **(20)** Pyrrolidine 1-(1-phenylcyclohexyl)-pyrrolidine (PCPy), (PHP) analog of the drug phencyclidine;

[~~**(22)**~~] **(21)** Thiophene [(]analogs of phencyclidine[)] (TCP,[~~ or~~] T[P]CPy or BTCP);

[~~**(23)**~~] **(22)** Alpha-ethyltryptamine;

[~~**(24)**~~] **(23)** 2,[-]5-dimethoxy-4-ethylamphet[-]amine; DOET;

[~~**(25)**~~] **(24)** Ibogaine;

[~~**(26)**~~] **(25)** 2C-T-7; (2,5-dimethoxy-4-(n)-propylthiophenethylamine);

[~~**(27)**~~] **(26)** AMT; (Alpha-methyltryptamine);

[~~**(28)**~~] **(27)** 5-MeO-DIPT; (5-methoxy-N,N-diisopropyltryptamine);

[~~**(29)**~~] **(28)** 25B-NBOMe; (2-(4-bromo-2.5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine);

[~~**(30)**~~] **(29)** 25C-NBOMe; (2-(4-chloro-2.5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine);

[~~**(31)**~~] **(30)** 25I-NBOMe; (2-(4-iodo-2.5-dimethoxyphenyl)-N-(2-methoxybenzyl)ethanamine).

[~~**(32)**~~] **(31)** Synthetic cannabinoids: Unless specifically exempted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following synthetic cannabinoids which demonstrates binding activity to the cannabinoid receptor or analogs or homologs with binding activity. Substances include but are not limited to:

(a) CP 55,244 ((hydroxymethyl)-4-[2-hydroxy-4-(2-methyloctan-2-yl) phenyl] 1,2,3,4,4a,5,6,7,8,8a-decahydronaphthalen-2-ol);

(b) CP 55,940 (5-hydroxy-2-(3-hydroxypropyl) cyclohexyl]-5-(2-methyloctan-2-yl)phenol);

(c) JWH-081 (1-pentyl-3-[1-(4-methoxynaphthoy)]indole);

(d) JWH-122 (1-pentyl-3-(4-methyl-1-naphthoyl)indole);

(e) JWH-133 3-(1,1-dimethylbutyl)-6a,7,10,10a-tetrahydro -6,6,9-trimethyl-6H dibenzo[b,d] pyran;

(f) JWH 203 1-pentyl-3-(2-chlorophenylacetyl)indole);

(g) JWH 210 4-ethylnaphthalen-1-yl-(1-pentylindol-3-yl)methanone;

(h) AM-694 (1-(5-fluoropentyl)-3-(2-iodobenzoyl)indole);

(i) AM-1221 (1-(N-methylpiperdin-2-yl) methyl-2-methyl-3-(1-naphthoyl)-6-nitroindole;

(j)
AM-2201 (1-(5-fluoropentyl)-3-(1-naphthoyl)indole);

(k)
RCS-4 or SR-19 (1-pentyl-3-[(4-methoxy)-benzoyl]indole);

(l)
RCS-8 or SR-18 (1-cyclohexylethyl-3-(2-methoxyphenylacetyl)indole);

(m)
JWH-018[~~210~~] (1-pentyl-3-(4-ethylnaphthoyl)indole);

(n)
WIN-49,098 (Pravadoline) (4-methoxyphenyl)-[2-methyl-1-(2-morpholin-4-ylethyl)indol-3-yl] methanone;

(o)
WIN-55,212-2 (2,3-dihydro-5-methyl-3-(4-morpholinylmethyl) pyrrolo-1,4-benzooxazin6- yl)-1-naphthalenylmethanone);

(p)
any of the following synthetic cannabinoids, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation;

(i)
naphthoylindoles: any compound containing a 3-(1- naphthoyl) indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-015, JWH-018, JWH-019, JWH-073, JWH-081, JWH-122, JWH-200, JWH-210, JWH-398 and AM-2201;

(ii)
naphthylmethylindoles: any compound containing a1Hindol-3-yl-(1-naphthyl) methane structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-175, JWH-184, and JWH-199;

(iii)
naphthoylpyrroles: any compound containing a 3-(1- naphthoyl) pyrrole structure with substitution at the nitrogen atom of the pyrrole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the pyrrole ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-307;

(iv)
naphthylmethylindenes: any compound containing a naphthylideneindene structure with substitution at the 3-position of the indene ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indene ring to any extent and whether or not substituted in the naphthyl ring to any extent including, but not limited to, JWH-176;

(v)
phenylacetylindoles: any compound containing a 3- phenylacetylindole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent including, but not limited to, JWH-203, JWH-250, JWH-251, and RCS-8;

(vi)
cyclohexylphenols: any compound containing a 2-(3- hydroxycyclohexyl) phenol structure with substitution at the 5- position of the phenolic ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not substituted in the cyclohexyl ring to any extent including, but not limited to, Cannabicyclohexanol (CP 47,497 C8 homologue), CP 47,497 and CP 55,490;

(vii)
benzoylindoles: any compound containing a 3-(benzoyl) [5] OTS-3833.4 indole structure with substitution at the nitrogen atom of the indole ring by an alkyl, haloalkyl, alkenyl, cycloalkylmethyl, cycloalkylethyl, 1-(N-methyl-2-piperidinyl) methyl, or 2-(4-morpholinyl) ethyl group, whether or not further substituted in the indole ring to any extent and whether or not substituted in the phenyl ring to any extent including, but not limited to, AM-694, Pravadoline (WIN 48,098), RCS-4, and AM-1241;

(q)
UR-144 1-(pentyl-1H-indol-3-yl) (2,2,3,3-tetramethylcyclopropyl) methanone;

(r)
XLR11 1-(5-fluoro-pentyl)-1H-indol-3-yl(2,2,3,3-tetramethylcyclopropyl) methanone;

(s)
APINACA or AKB48 N-(1-adamantyl)-1-pentyl-1H-indazole-3-carboxamide;

(t)
QUPIC or PB-22; Quinolin-8-yl 1-pentyl-1H-indole-3-carboxylate;

(u)
5-fluoro-PB22; 5F-PB22; Quinolin-8-yl 1-(5-fluropentyl-1H-indole-3-carboxylate;

(v)
AB-FUBINACA; N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(4-flurobenzyl)-1H-indazole-3-carboxamide;

(w)
ADB-PINACA; N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide;

(x)
AB-CHMINACA; N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide;

(y)
AB-PINACA; N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-pentyl-1H-indazole-3-carboxamide;

(z)
THJ-2201; [1-(5-fluropentyl)-1H-indazol-3-yl](naphthalen-1-yl) methanone;

(aa)
FDU-PB-22[~~IUPAC~~]: 1-Naphthyl 1-(4-fluorobenzyl)-1H-indole-3 carboxylate;

(bb)
5-fluoro ABICA: N-(1-amino-3-methyl-1-oxobutan-2-yl)-1-(5-fluoropentyl)-1H-indole-3-carboxamide;

(cc)
FUB-144 or FUB-UR-144; [1-(4-fluorobenzyl)-1H-indol-3-yl] (2,2,3,3-tetramethylcyclopropyl) methanone;

(dd)
MN-18; N-(1-Naphthyl)-1-pentyl-1H-indazole-3-carboxamide;

(ee)
FUB-PB-22 or QUFUBIC; Quinolin-8-yl 1-(4-fluorobenzyl)-1H-indole-3-carboxylate;

~~[(ff) ADB-CHMINACA (N-[1-(aminocarbonyl)-2,2-dimethylpropyl]-1-(cyclohexylmethyl)-1H-indazole-3-carboxamide);]~~

[~~(gg)~~] **(ff)**
AMB-FUBINACA or FUB-AMB or MMB-FUBINACA (methyl(1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)-L-valinate);

[~~(hh)~~] **(gg)**
5-fluoro-AMB or 5F-AMB; (methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3-methylbutanoate) [~~(N-[[1-(5-fluoropentyl)-1H-indazol-3-yl]carbonyl]-L-valine, methyl ester)~~];

~~[(ii) 5-fluoro-ADB (N-[[1-(5-fluoropentyl)-1H-indazol-3-yl] carbonyl]-3-methyl-D-valine, methyl ester);]~~

[~~(jj)~~] **(hh)**
Bk-DMBDB or dibutylone; 1-(Benzo[d][1,3]dioxol-5-yl)-2-(dimethylamino)butan-1-one;

~~[(kk) MMB-FUBINACA; methyl (1-(4-fluorobenzyl)-1H-indazole-3-carbonyl)-L-valinate;]~~

[~~(ll)~~] **(ii)**
MDMB-CHMICA or MMB-CHMINACA; methyl (S)-2-(1-(cyclohexylmethyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate;

[~~(mm)~~] **(jj)**
NM2201; Naphthalen-1-yl 1-(5-fluoropentyl)-1H-indole-3-carboxylate;

[~~(nn)~~] **(kk)**
5-Fluoro-AKB48 or 5F-APINACA; N-((3s,5s,7s)-adamanta-1-yl)-1-(5-fluoropentyl)-1H-indazole-3-carboxamide;

[~~(oo)~~] **(ll)**
5-Fluoro-ADB or 5F-ADB or 5F-MDMB-PINACA; Methyl(S)-2-[1-(5-fluoropentyl)-1H-indazole-3-carboxamido]-3,3-dimethylbutanoate;

~~[(pp) 5-Fluoro-AMB; N-[[1-(5-fluoropentyl)-1H-indazol-3-yl] carbonyl]-L-valine,methyl ester;]~~

[~~(qq)~~] **(mm)**
MAB-CHMINACA or ADB-CHMINACA; N-[1-(aminocarbonyl)-2,2-dimethylpropyl]-1-(cycohexylmethyl)-1H-indazole-3-carboxamide;

[~~(rr)~~] **(nn)**
SDB-006; N-benzyl-1-pentyl-1H-indole-3-carboxamide;

[~~(ss)~~] **(oo)**
Cumyl-PINACA or SGT-24; 1-pentyl-N-(2-phenylpropan-2-yl)-1H-indazole-3-carboxamide;

[~~(tt)~~] **(pp)**
Cumyl-PICA or SGT-56; 1-pentyl-N-(2-phenylpropan-2-yl)-1H-indole-3-carboxamide**;**

[~~(uu)~~] **(qq)**
5F-CUMYL-PINACA; SGT-25; 1-(5-Fluoropentyl)-N-(2-phenylpropan-2- yl)-1H-indazole-3-carboxamide;

[~~(vv)~~] **(rr)**
5F-EDMB-PINACA; Ethyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)- 3,3-dimethylbutanoate;

~~[(ww) methyl 2-(1-(5-fluoropentyl)-1H-indazole-3-carboxamido)-3,3-dimethylbutanoate [5F-ADB; 5F-MDMB-PINACA];]~~

[~~(xx)~~] **(ss)**
N -(Adamantan-1-yl)-1-(4-fluorobenzyl)-1 *H* -indazole-3-carboxamide (FUB-AKB48; FUB-APINACA; AKB48 *N* -(4-fluorobenzyl));

[~~(yy)~~] **(tt)**
1-(4-cyanobutyl)-N-(2-phenylpropan-2-yl)-1 H-indazole-3-carboxamide (4-CN-CUMYL-BUTINACA, 4-cyano-CUMYL-BUTINACA; 4-CN-CUMYL BINACA, CUMYL-4CN-BINACA, or SGT-78);

[~~(zz)~~] **(uu)**
methyl 2-(1-(cyclohexylmethyl)-1 H-indole-3-carboxamido)-3-methylbutanoate (MMB-CHMICA or AMB-CHMICA);

[~~(aaa)~~] **(vv)**
1-(5-fluoropentyl)-N-(2-phenylpropan-2-yl)-1 H-pyrrolo[2,3-b]pyridine-3-carboxamide (5F-CUMYL-P7AICA)

(ww)
4F-MDMB-BUTICA; (methyl 2-[[1-(4-fluorobutyl) indole-3-carbonyl] amino]-3,3-dimethyl-butanoate);

(xx)
5F-EDMB-PICA; (ethyl 2-[[1-5-fluoropentyl) indole-3-carbonyl] amino-3,3-dimethyl-butanoate;

(yy)
5F-MDMB-PICA; Methyl 2-(1-(5-fluoropentyl)-1H-indole-3-carboxamido)-3,3-dimethylbutanoate;

(zz)
ADB-4EN-PINACA; (N-(1-amino-3,3-dimethyl-1-oxobutan-2-yl)-1-(pent-4-en-1-yl)-1H-indazole-3-carboxamide;

(aaa)
CUMYL-PEGACLONE; SGT-151 (5-pentyl-2-(2-phenylpropan-2- yl) pyrido[4,3-B] indole-1-one;

(bbb)
MDMB-4EN-PINACA; (methyl 3,3-dimethyl-2-(1-(pent-4- en-1-yl)-1H-indazole-3-carboxamido) butanoate);

(ccc)
MMB-FUBICA; (methyl 2-(1-(4-fluorobenzyl)-1H-indole-3-carboxamido)-3-methyl butanoate;

(ddd)
ADB-BUTINACA; (N-(1-amino-3,3-dimethyl-1-oxobutan-2- yl)-1-butyl-1H-indazole-3-carboxamide);

(eee)
4F-MDMB-BINACA; 4F-MDMB-BUTINACA or methyl 2-(1-(4-fluorobutyl)-1H-indazole-3-carboxamido)-3,3¬dimethylbutanoate);

(fff)
5F-AB-PINACA; (N-(1-amino-3-methyl-1-oxobutan-2- yl)-1-(5-fluoropentyl)-1 H-indazole-3-carboxamide);

(ggg)
ADB-FUBINACA; (N-(1-amino-3,3-dimethyl-1- oxobutan-2-yl)-1-(4-fluorobenzyl)-1H-indazole-3-carboxamide);

(hhh)
MDMB–FUBINACA; (methyl 2-(1-(4-fluorobenzyl)-1Hindazole-3-carboxamido)-3,3-dimethylbutanoate);

[~~(33)~~] **(32)**
Substances determined by the board to have the pharmacological effect of the substance, the risk to the public health by abuse of the substance and the potential of the substance to produce psychic or physiological dependence liability is similar to the substances described in Paragraph (1) or (2) of 30-31-23C NMSA 1978. Substances include but are not limited to:

(a)
Salvia divinorum;

(b)
Salvinorin A (methyl (2S,4aR,6aR,7R,9S,10aS,10bR)-9-(acetyloxy)-2-(furan-3-yl)-6a,10b-dimethyl-4,10-dioxododecahydro-2*H*-benzo[f]isochromene-7-carboxylate);

[~~(34)~~] **(33)**
(4-MEC); 4-methyl-ethylcathinone;

[~~(35)~~] **(34)**
(4-EMC); 4-ethyl-methcathinone;

[~~(36)~~] **(35)**
Ethcathinone; 2-ethylamino-1-phenyl-propan-1-one;

[~~(37)~~] **(36)**
Ethylone; 3',4'-methylenedioxy-N-ethylcathinone;

[~~(38)~~] **(37)**
Bk-MBDB, butylone; beta-keto-N-methyl-3,4-benzodioxyolybutanamine;

[~~(39)~~] **(38)**
(NRG-1), naphyrone; naphthylpyrovalerone;

[~~(40)~~] **(39)**
Metamfepramone; N,N-dimethylcathinone;

[~~(41)~~] **(40)**
Alpha-PPP; alpha-pyrrolidinopropiophenone;

[~~(42)~~] **(41)**
(α-PBP); alpha-pyrrolidinobutiophenone;

[~~(43)~~] **(42)**
(MOPPP); 4'-methoxy-alpha-pyrrolidinopropiophenone;

[~~(44)~~] **(43)**
(MαPPP); 4'-methyl-α-pyrrolidinopropiophenone;

[~~(45)~~] **(44)**
(MDPPP); 3',4'-methylenedioxy-alpha-pyrrolidinopropiophenone;

[~~(46)~~] **(45)**
(MDPBP); 3',4'-methylenedioxy-alpha-pyrrolidinobutiophenone;

[~~(47)~~] **(46)**
(MPBP); 4'-methyl-α-pyrrolidinobutiophenone;

[~~(48)~~] **(47)**
Alpha-PVP; alpha-pyrrolidinovalerophenone;

[~~(49)~~] **(48)**
(MDAI); 5,6-methylenedioxy-2-aminoindane;

[~~(50)~~] **(49)**
Buphedrone; alpha-methylamino-butyrophenone;

[~~(51)~~] **(50)**
Eutylone; beta-keto-ethylbenzodioxolylbutanamine;

[~~(52)~~] **(51)**
beta-keto-ethylbenzodioxolylpentanamine; (N-Ethylpentylone or Ephylone);

[~~(53)~~] **(52)**
beta-keto-methylbenzodioxolylpentanamine (pentylone);

[~~(54)~~] **(53)**
4-Bromo-2,5-dimethoxyphenethylamine (2c-B, Nexus);

[~~(55)~~] **(54)**
N-hydroxy-3,4-methylenedioxyamphetamine (also known as N-hydroxy-alphamethyl-3,4(methylenedioxy)-phenethylamine, and N-hydroxy MDA;

[~~(56)~~] **(55)**
5-methoxy-N,N-dimethyltryptamine (5-methoxy-3-[2-(dimethylamino) ethyl]indole; 5-MeO-DMT;

[~~(57)~~] **(56)**
Mephedrone or 4-MMC; 4-methylmethcathinone;

[~~(58)~~] **(57)**
(MDPV); 3,4-methylenedioxypyrovalerone;

[~~(59)~~] **(58)**
(2C-E) or aquarust; 2-(2,5-Dimethoxy-4-ethylphenyl) ethanamine;

[~~(60)~~] **(59)**
(2C-D); 2-(2,5-Dimethoxy-4-methylphenyl)ethanamine;

[~~(61)~~] **(60)**
(2C-T-2); 2-[4-(Ethylthio)-2,5-dimethoxyphenyl]ethanamine;

[~~(62)~~] **(61)**
(2C-T4); 2-[4-(Isopropylthio)-2,5-dimethoxyphenyl]ethanamine;

[~~(63)~~] **(62)**
(2C-H); 2-(2,5-Dimethoxyphenyl) ethanamine;

[~~(64)~~] **(63)**
(2C-N); 2-(2,5-Dimethoxy-4-nitro-phenyl)ethanamine;

[~~(65)~~] **(64)**
(2C-P); 2-(2,5-Dimethoxy-4-(n)-propylphenyl)ethanamine;

[~~(66)~~] **(65)**
Methylone; 3,4-Methylenedioxy-N-methylcathinone;

[~~(67)~~] **(66)**
Aminorex (2-amino-5-phenyl-2-oxazoline);

[~~(68)~~] **(67)**
Pentedrone;

[~~(69)~~] **(68)**
4-FMC or flephedrone; 4-fluro-N-methylcathinone;

[~~(70)~~] **(69)**
(3-FMC); 3-fluro-N-methylcathinone;

[~~(71)~~] **(70)**
(3-MMC); 3-methylmethcathinone;

[~~(72)~~] **(71)**
(3,4 DMMC); 3,4-Dimethylmethcathinone;

[~~(73)~~] **(72)**
(3-MEC); 3-Methyl-N-ethylcathinone;

[~~(74)~~] **(73)**
4-methylbuphedrone or 4-MeBP; 2-methylamino-1-(4-methylphenyl) butan-1-one

[~~(75)~~] **(74)**
(4 MTA); 4-methylthioamphetamine;

[~~(76)~~] **(75)**
(5-Me MDA); 5-methyl-3,4-methylenedioxyamphetamine;

[~~(77)~~] **(76)**
(6-APB); 6-benzofuran;

~~[(78) (PMA); 4-methoxyamphetamine;~~

~~(79) (2C-B); 2,5-dimethoxy-4-~~

~~bromophenethylamine;~~]

[~~(80)~~] **(77)** (2C-C); 2,5-dimethoxy-4-chlorophenethylamine;

[~~(81) (2C-D); 4-methyl-2,5-dimethoxyphenethylamine;~~

~~(82) (2C-E, aquarust, cindy); 2,5-dimethoxy-4-ethylphenethylamine;~~]

[~~(83)~~] **(78)** (2C-G); 3,4-dimethyl-2,5-dimethoxyphenethylamine;

[~~(84)~~] **(79)** (2C-I); 2,5-dimethoxy-4-iodophenethylamine;

[~~(85)~~] **(80)** (2C-T21); 2-[2,5-dimethoxy-4-(2-fluoroethylthio)phenyl]ethanamine;

[~~(86)~~] **(81)** (2C-B-FLY); 2-(8-bromo-2,3,6,7-tetrahydrofuro [2,3-f][1]benzofuran-4-yl)ethanamine;

[~~(87)~~] **(82)** Bromo-DragonFLY or 3C-Bromo-Dragonfly or DOB-Dragonfly; 1-(4-Bromofuro[2,3-f][1]benzofuran-8-yl)propan-2-amine;

[~~(88)~~] **(83)** (DOB); 2,5-Dimethoxy-4-bromoamphetamine;

[~~(89)~~] **(84)** (DOC); 2,5-Dimethoxy-4-chloroamphetamine;

[~~(90) (DOM); 2,5-Dimethoxy-4-methylamphetamine;~~]

[~~(91)~~] **(85)** (TMA2); 2,4,5-trimethoxyamphetamine;

[~~(92)~~] **(86)** (TMA6); 2,4,6-trimethoxyamphetamine;

[~~(93)~~] **(87)** (MDAT); 6,7-methylenedioxy-2-aminotetralin;

[~~(94)~~] **(88)** (4-acetoxy DiPT, ipracetin); 4-acetoxy-N,N-diisopropyltryptamine;

[~~(95)~~] **(89)** (4-acetoxy DMT, psilacetin;) O-Acetylpsilocin;

[~~(96)~~] **(90)** 4-HO MET, metocin; 4-hydroxy-N-methyl-N-ethyltryptamine;

[~~(97)~~] **(91)** 4-HO MiPT, hats; 4-hydroxy-N-methyl-N-isopropyltryptamine;

[~~(98)~~] **(92)** 5-MeO-aMT, Alpha-O; 5-methoxy-α-methyltryptamine;

[~~(99)~~] **(93)** (5-MeO-MiPT); N-[2-(5-methoxy-1H-indol-3-yl)ethyl]-N-methylpropan-2-amine;

[~~(100)~~] **(94)** (DiPT); N,N-diisopropyltryptamine;

[~~(101)~~] **(95)** (DPT); dipropyltryptamine;

[~~(102)~~] **(96)** (5-MeO-DALT); N,N-diallyl-5-methoxytryptamine;

[~~(103)~~] **(97)** (3-MeO PCP); 3-methoxyphencyclidine;

[~~(104)~~] **(98)** (4-MeO PCP); 4-methoxyphencyclidine;

[~~(105)~~] **(99)** (MK-801); dizocilpine;

[~~(106) (PCE, perchloroethylene, perchloroethene), Perc; tetrachloroethylene;~~

~~(107) (PCE, perchloroethylene, perchloroethene), Perc; tetrachloroethylene;~~]

[~~(108)~~] **(100)** (PCPr); phencyclamine, N-(1-phenylcyclohexyl)propanamine;

[~~(109)~~] **(101)** [~~(~~] Tenocyclidine or TCP [~~)~~]; 1-(1-(2-thienyl)cyclohexyl)piperidine

[~~(110)~~] **(102)** (3-MeO PCE); 3-methoxyeticyclidine, N-ethyl-1-(3-methoxyphenyl) cyclohexanamine;

[~~(111)~~] **(103)** (ETH-LAD); 6-ethyl-6-nor-lysergic acid diethylamide;

[~~(112~~] **(104)** (AL-LAD); 6-allyl-6-nor-LSD;

[~~(113)~~] **(105)** (PRO-LAD); 10-didehydroergoline-8-carboxamide;

[~~(114) ((1-(1,3-benzodioxol-5-yl)-2-(ethylamino)pentan-1-one, N-ethylpentylone);~~]

[~~(115)~~] **(106)** (MPHP), 4´-methyl-alpha-pyrrolidinohexiophenone;

[~~(116)~~] **(107)** 4'-chloro-alpha-pyrrolidinovalerophenone (4-chloro-α-PVP; 4'-chloro-α-pyrrolidinopentiophenone);

[~~(117)~~] **(108)** 4-methyl-alpha-ethylaminopentiophenone (4-MEAP; 2-(ethylamino)-1-(4-methylphenyl) pentan-1-one);

[~~(118)~~] **(109)** Alpha-pyrrolidinoheptaphenone (PV8; 1-phenyl-2-(pyrrolidin-1-yl) heptan-1-one);

[~~(119)~~] **(110)** Alpha-pyrrolidinohexanophenone (α-PHP; α-pyrrolidinohexanophenone; 1-phenyl-2-(pyrrolidin-1-yl)hexan-1-one);

[~~(120)~~] **(111)** N-ethylhexedrone (α-ethylaminohexanophenone; 2-(ethylamino)-1- phenylhexan-1-one);

[~~(121)~~] **(112)** Methoxetamine; 2-(ethylamino)-2-(3-methoxyphenyl)cyclohexan-1-one; 2-(3-methoxyphenyl)-2-(N-ethylamino)cyclohexanone; MXE).

(113) 1-[1-(2-Thienyl)cyclohexyl] pyrrolidine; TCPy;

(114) Alpha-Pyrrolidinoisohexanophenone or α-PHiP or A-PiHP; (4-methyl-1-phenyl-2-(pyrrolidin-1- YL) pentan-1 one);

(115) MDEA; 3,4-Methylenedioxy-N-ethylamphetamine;

(116) MePPP; 4-methyl-α-pyrrolidinopropiophenone; 1-(4-methylphenyl)-2-(pyrrolidin-1-yl)-propan-1-one;

(117) Dipentylone; 1-(1,3-benzodioxol-5-yl)-2-(dimethylamino)pentan-1-one;

F. Any material, compound, mixture or preparation which contains any quantity of the following substances.

(1) 3, 4-methylenedioxymethamphetamine (MDMA), its optical, positional and geometric isomers, salts and salts of isomers;

(2) (MPPP); 1-methyl-4-phenyl-4-proprionoxypiperidine its optical isomers, salts, and salts of isomers;

(3) 1-(-2-phenylethyl)-4-phenyl-4-

acetoxy piperidine (PEPAP), its optical isomers, salts and salts of isomers;

(4) Cathinone;

(5) Methcathinone;

(6) Tianeptine;

(7) Para-Methoxymethamphetamine (PMMA)

[16.19.20.65 NMAC - Rp 16.19.20.65 NMAC, 6/26/2018; A, 12/17/2019; A, 9/14/2021; A, 6/13/2023; A, 11/17/2026]

16.19.20.66 SCHEDULE II:

A. Opioids: Unless specifically excepted or unless in another schedule any of the following opioids, including its isomers, esters, ethers, salts and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation except dextro and levopropoxyphene.

(1) Alphaprodine;

(2) Anileridine;

(3) Bezitramide;

(4) Diphenoxylate;

(5) Dihydrocodeine;

(6) Dextropropoxyphene (bulk) non-dosage form;

(7) Fentanyl;

(8) Isomethadone;

(9) Levomethorphan;

(10) Levorphanol;

(11) Metazocine;

(12) Methadone;

(13) Methadone intermediate; 4-cyano-2-dimethylamino-4, 4-diphenylbutane;

(14) Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid;

(15) Pethidine; or Meperidine or Demerol;

(16) Pethidine intermediate A; 4-cyano-1-methyl-4-phenylpiperidine;

(17) Pethidine intermediate B or Norpethidine; ethyl-4-phenyl-piperdine-4-carboxylate;

(18) Pethidine intermediate C or Pethidinic acid; 1-methyl-4-phenylpiperidine-4-carboxylic acid;

(19) Phenazocine;

(20) Piminodine;

(21) Racemethorphan;

(22) Racemorphan;

(23) Sufentanil;

(24) Carfentanil;

(25) (LAAM); Levo-alphacetylmethadol;

(26) Tapentadol;

(27) Thiafentanil;

(28) Norfentanyl;

(29) Oliceridine.

(30) ANPP; despropionyl fentanyl;

(31) Noroxymorphone;

B. Shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name or brand name designated, listed in this section. Substance, vegetable origin or chemical synthesis. Unless specifically exempt or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis.

(1) Opium and opiate, and any salts, compound, derivative, or preparation of opium or opiate excluding naloxone, dextrorphan, nalbuphine, naltrexone and apomorphine but including the following:

(a) Raw opium;

(b) Opium extracts;

(c) Opium fluid extracts;

(d) Powdered opium;

(e) Granulated opium;

(f) Tincture of opium;

(g) Codeine;

(h) Ethylmorphine;

(i) Etorphine hydrochloride;

(j) Hydrocodone;

(k) Hydromorphone;

(l) Metopon;

(m) Morphine;

(n) Oxycodone;

(o) Oxymorphone;

(p) Thebaine;

(q) Alfentanil;

(r) Oripavine.

(2) Any salt, compound derivative, or preparation thereof, which is chemically equivalent or identical with any of the substances referred to in Paragraph (1) of Subsection A of 16.19.20.66 NMAC, except that these substances shall not include the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative or preparation of coca leaves and any salt, compound, derivative or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include de-cocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine or ecgonine.

C. Stimulants: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system. (See 16.19.21 NMAC- Drug Precursors)

(1) Amphetamine, its salts, optical isomers and salts of its optical isomers.

(2) Methamphetamine, its salts, isomers and salts of isomers.

(3) Phenmetrazine and its salts.

(4) Methylphenidate.

(5) Lisdexamfetamine.

D. Depressants: Unless specifically exempt or unless listed in another schedule any material, compound mixture or preparation which contains any quantity of the substance having a depressant effect on the central nervous system, including its salts, isomers and salts of isomers is possible within the specific chemical designation.

(1) Amobarbital;

(2) Secobarbital;

(3) Pentobarbital;

(4) Phencyclidine;

(5) Glutethimide;

(6) 1-phenylcyclohexylamine;

(7) 1-piperidinocyclohexanecarbonitrile;

(8) Dronabinol in an oral solution in a drug product approved for marketing by the U.S. Food and Drug Administration.

E. Hallucinogenic substances: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purpose of this paragraph only, the term "isomers" includes the optical, positional, and geometric isomers):

(1) Nabilone;

(2) Phenylacetone (P2P, benzyl methyl ketone; methyl benzyl ketone).

F. Miscellaneous:

(1) Dihydroetorphine;

(2) Bulk dextropropoxyphene;

(3) Remifentanil.

[16.19.20.66 NMAC - Rp 16.19.20.66 NMAC, 6/26/2018; A, 12/17/2019; A, 6/13/2023; A, 11/17/2026]

16.19.20.67 SCHEDULE III: Shall consist of drugs and other substances, by whatever official name, common or usual name designated listed in this section.

A. Narcotic drugs: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation containing limited quantities of the following narcotic drugs, or any salts thereof.

(1) Not more than one and eight-tenths grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

(2) Not more than one and eight-tenths grams of codeine per 100 milliliters or not more than 90 milligrams per dosage units, with one or more active nonnarcotic ingredients in recognized therapeutic amounts.

(3) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.

(4) Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than one and eight-tenths grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

B. Stimulants: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system.

(1) Those compounds, mixtures or preparations in dosage unit form containing any stimulant, amphetamine, phenmetrazine or methamphetamine previously exempt, for which the exemption was revoked by FDA Regulation Title 21, Part 308.13, and any other drug of the quantitative composition shown in that regulation for those drugs or which is the same except that it contains a lesser quantity of controlled substances.

(2) Benzphetamine;

(3) Phendimetrazine;

(4) Chlorphentermine;

(5) Clortermine.

C. Depressants: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system.

(1) Any compound, mixture or preparation containing:

(a) Amobarbital;

(b) Secobarbital;

(c) Pentobarbital;

(d) Butalbital; or any salt thereof and one or more active medicinal ingredients which are not listed in any schedule.

(2) Any suppository dosage form containing:

(a) Amobarbital;

(b) Secobarbital;

(c) Pentobarbital; or any salt of any of these drugs approved by the FDA for marketing only as a suppository.

(3) Any substance which contains any quantity of a derivative of barbituric acid or any salt of a derivative of barbituric acid.

(4) Chlorhexadol;

(5) Lysergic Acid;

(6) Lysergic Acid Amide;

(7) Methyprylon;

(8) Sulfondiethylmethane;

(9) Sulfonethylmethane;

(10) Sulfonmethane;

(11) Telazol; Tiletamine/zolazepam;

(12) Ketamine Hydrochloride.

(13) Any drug product containing gamma hydroxybutyric acid, including its salts, isomers, and salts of isomers, for which an application is approved under Section 505 of the Federal Food, Drug and Cosmetic Act.

(14) Embutramide;

(15) Dronabinol (synthetic) in sesame oil and encapsulated in soft gelatin capsules in a drug product approved by the U.S. food and drug administration.

(16) Perampanel.

D. Miscellaneous:

(1) Nalorphine (a narcotic drug);

(2) Buprenorphine;

(3) Clenbuterol.

E. Anabolic steroids: The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, [~~and~~] corticosteroids, and dehydroepiandrosterone) [~~that promotes muscle growth~~] includes (but is not limited to) the substances listed below

The drug or substance has been created or manufactured with the intent of producing a drug or other substance that either;

(1) Promotes muscle growth; or

(2) Otherwise causes a pharmacological effect similar to that of testosterone; or

(3) The drug or substance has been, or is intended to be, marketed or otherwise promoted in any manner suggesting that consuming it will promote muscle growth or any other pharmacological effect similar to that of testosterone. Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity including its salts, esters and ethers of the following substances listed in this section:

(1) Androstanedione; 5α-Androstan-3,17-dione;

(2) Kneller's Trione; 5α-Androstan-3,6,17-trione;

(3) 1-Androstenediol (3β,17β-dihydroxy-5α-androst-1-ene);

(4) 1-Androstenediol (3α,17β-dihydroxy-5α-androst-1-ene);

(5) 4-Androstenediol (3β,17β-dihydroxy-androst-4-ene);

(6) 5-Androstenediol (3β,17β-dihydroxy-androst-5-ene);

(7) 1-Androstenedione (5α-androst-1-en-3,17-dione);

(8) 4-Androstenedione (androst-4-en-3,17-dione);

(9) 5-Androstenedione (androst-5-en-3,17-dione);

(10) Bolasterone; (7α,17α-dimethyl-17β-hydroxyandrost-4-en-3-one);

[~~**(1)**~~] **(11)** Boldenone; (17β-hydroxyandrost-1,4-diene-3-one);

(12) Boldione; (androsta-1,4-diene-3,17-dione);

(13) 6-Bromo-androsta-1,4-diene-3,17-dione;

(14) 6-Bromo-androstan-3,17-dione;

[~~**(2)**~~] **(15)** [~~Chloro testosterone;~~] Calusterone; (7β,17α-dimethyl-17β-hydroxyandrost-4-en-3-one);

(16) 4-Chloro-17α-methyl-androsta-1,4-diene-3,17β-diol;

(17) Chloromethylandrostenediol; 4-Chloro-17α-methyl-androst-4-ene-3β,17β-diol;

(18) 4-chloro-17α-methyl-17β-hydroxy-androst-4-en-3-one;

(19) 4-chloro-17α-methyl-17β-hydroxy-androst-4-ene-3,11-dione;

[~~**(3)**~~] **(20)** Clostebol or 4-Chlorotestosterone; [PD140.1](4-chloro-17β-hydroxyandrost-4-en-3-one);

[~~**(4)**~~] **(21)** Dehydrochlormethyltestosterone

or Oral Turinabol; (4-chloro-17β-hydroxy-17α-methyl-androst-1,4-dien-3-one);

(22) Desoxymethyltestosterone or Madol; (17α-methyl-5α-androst-2-en-17β-ol);

[~~(5)~~] **(23)** [~~Dihydrotestosterone~~] 4-dihydrotestosterone; (17β-hydroxy-androstan-3-one);

(24) Δ1-dihydrotestosterone or 1-testosterone; (17β-hydroxy-5α-androst-1-en-3-one);

(25) 3β,17β-dihydroxy-5α-androstane;

(26) 3α,17β-dihydroxy-5α-androstane;

(27) 2α,17α-dimethyl-17β-hydroxy-5β-androstan-3-one;

[~~(6)~~] **(28)** Drostanolone; (17β-hydroxy-2α-methyl-5α-androstan-3-one);

(29) Methylepitiostanol; 2α,3α-epithio-17α-methyl-5α-androstan-17β-ol;

(30) Trendione; estra-4,9,11-triene-3,17-dione;

(31) 13β-ethyl-17β-hydroxygon-4-en-3-one;

[~~(7)~~] **(32)** Ethylestrenol; (17α-ethyl-17β-hydroxyestr-4-ene);

[~~(8)~~] **(33)** Fluoxymesterone; (9-fluoro-17α-methyl-11β,17β-dihydroxyandrost-4-en-3-one;

[~~(9)~~] **(34)** Formebolone; (2-formyl-17α-methyl-11α,17β-dihydroxyandrost-1,4-dien-3-one);

(35) Furazabol; (17α-methyl-17β-hydroxyandrostano[2,3-c]furazan);

(36) [3,2-c] furazan-5α-androstan-17β-ol;

(37) 18a-homo-3-hydroxy-estra-2,5(10)-dien-17-one;

(38) 4-hydroxy-19-nortestosterone (4,17β-dihydroxy-estr-4-en-3-one);

(39) 4-hydroxy-androst-4-ene-3,17-dione;

(40) 17β-hydroxy-androstano[2,3-d] isoxazole;

(41) 17β-hydroxy-androstano[3,2-c] isoxazole;

(42) 3β-hydroxy-estra-4,9,11-trien-17-one;

(43) 4-hydroxytestosterone (4,17β-dihydroxy-androst-4-en-3-one);

[~~(10)~~] **(44)** Mestanolone; (17α-methyl-17β-hydroxy-5α-androstan-3-one);

[~~(11)~~] **(45)** Mesterolone; (17α-methyl-17β-hydroxy-5α-androstan-3-one);

[~~(12)~~] **(46)** Methandienone or Methandrostenolone; (17α-methyl-17β-hydroxyandrost-1,4-dien-3-one);

[~~(13) Methandranone;~~]

[~~(14)~~] **(47)** Methandriol (17α-methyl-3β,17β-dihydroxyandrost-5-ene);

[~~(15) Methandrostenolone;~~]

(48) Methasterone; (2α,17α-dimethyl-5α-androstan-17β-ol-3-one or 2α,17α-dimethyl-17β-hydroxy-5α-androstan-3-one);

[~~(16)~~] **(49)** Methenolone; (1-methyl-17β-hydroxy-5α-androst-1-en-3-one);

(50) 17α-methyl-androsta-1,4-diene-3,17β-diol;

(51) 17α-methyl-5α-androstan-17β-ol;

(52) 17α-methyl-androstan-3-hydroxyimine-17β-ol;

(53) 6α-methyl-androst-4-ene-3,17-dione;

(54) 17α-methyl-androst-2-ene-3,17β-diol;

(55) 17α-methyl-3β,17β-dihydroxy-5α-androstane;

(56) 17α-methyl-3α,17β-dihydroxy-5α-androstane;

(57) 17α-methyl-3β,17β-dihydroxyandrost-4-ene;

(58) 17α-methyl-4-hydroxynandrolone (17α-methyl-4-hydroxy-17β-hydroxyestr-4-en-3-one);

(59) Methyldienolone; (17α-methyl-17β-hydroxyestra-4,9(10)-dien-3-one);

(60) 17α-methyl-Δ1-dihydrotestosterone (17β-hydroxy-17α-methyl-5α-androst-1-en-3-one) (a.k.a. "17-α-methyl-1-testosterone");

[~~(17)~~] **(61)** Methyltrienolone; (17α-methyl-17β-hydroxyestra-4,9,11-trien-3-one);

[~~(18)~~] **(62)** Methyltestosterone; (17α-methyl-17β-hydroxyandrost-4-en-3-one);

[~~(19)~~] **(63)** Mibolerone; (7α,17α-dimethyl-17β-hydroxyestr-4-en-3-one);

[~~(20)~~] **(64)** Nandrolone; (17β-hydroxyestr-4-en-3-one);

(65) 19-nor-4-androstenediol (3β,17β-dihydroxyestr-4-ene);

(66) 19-nor-4-androstenediol (3α,17β-dihydroxyestr-4-ene);

(67) 19-nor-5-androstenediol (3β,17β-dihydroxyestr-5-ene);

(68) 19-nor-5-androstenediol (3α,17β-dihydroxyestr-5-ene);

(69) 19-nor-4,9(10)-androstadienedione (estra-4,9(10)-diene-3,17-dione);

(70) 19-nor-4-androstenedione (estr-4-en-3,17-dione);

(71) 19-nor-5-androstenedione (estr-5-en-3,17-dione);

[~~(21)~~] **(72)** Norbolethone; (13β,17α-diethyl-17β-hydroxygon-4-en-3-one);

(73) Norclostebol; (4-chloro-17β-hydroxyestr-4-en-3-one);

[~~(22)~~] **(74)** Norethandrolone; (17α-ethyl-17β-hydroxyestr-4-en-3-one);

(75) Normethandrolone; (17α-methyl-17β-hydroxyestr-4-en-3-one);

[~~(23)~~] **(76)** Oxandrolone; (17α-methyl-17β-hydroxy-2-oxa-5α-androstan-3-one);

[~~(24)~~] **(77)** Oxymesterone; (17α-methyl-4,17β-dihydroxyandrost-4-en-3-one);

[~~(25)~~] **(78)** Oxymetholone; (17α-methyl-2-hydroxymethylene-17β-hydroxy-5α-androstan-3-one);

(79) Prostanozol; (17β-hydroxy-5α-androstano[3,2-c]pyrazole or [3,2-c] pyrazole-5α-androstan-17β-ol);

(80) [3,2-c] pyrazole-androst-4-en-17β-ol;

[~~(26)~~] **(81)** Stanolone or Dihydrotestosterone; 5α-androstan-17β-ol-3-one;

[~~(27)~~] **(82)** Stanozolol; (17α-methyl-17β-hydroxy-5α-androst-2-eno[3,2-c]-pyrazole);

(83) Stenbolone (17β-hydroxy-2-methyl-5α-androst-1-en-3-one);

[~~(28)~~] **(84)** Testolactone(13-hydroxy-3-oxo-13,17-secoandrosta-1,4-dien-17-oic acid lactone);

[~~(29)~~] **(85)** Testosterone; (17β-hydroxyandrost-4-en-3-one);Tetrahydrogestrinone; (13β,17α-diethyl-17β-hydroxygon-4,9,11-trien-3-one);

[~~(30)~~] **(86)** Trenbolone(17β-hydroxyestr-4,9,11-trien-3-one);[~~and~~]

[~~(31)~~] **(87)** and any salt, ester, or isomer of a drug or substance described or listed in this paragraph, if that salt, ester, or isomer promotes muscle growth.

F. Exempt anabolic steroids: Compounds, mixtures, or preparations that contain an anabolic steroid that have been exempted by the board from Subsection E of 16.19.20.67 NMAC, schedule III to the same extent that the substance has been exempted from the application of the Federal Controlled Substance Act, if the substance is listed as an exempt anabolic steroid product under 21 C.F.R. Section 1308.34 and its subsequent amendments.

[16.19.20.67 NMAC - Rp 16.19.20.67 NMAC, 6/26/2018; A, 11/17/2026]

16.19.20.68 SCHEDULE IV: Shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section.

A. Depressants: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

(1) Alfaxalone;

(2) Alprazolam;

(3) Barbital;

(4) Chloral Betaine;

(5) Chloral Hydrate;

(6) Chlordiazepoxide;

(7) Clobazam;

(8) Clonazepam;

(9) Clorazepate;

(10) Clotiazepam

(11) Diazepam;

(12) Estazolam;

(13) Ethchlorvynol;

(14) Ethinamate;

(15) Flurazepam;

(16) Fospropofol;

(17) Halazepam;

(18) Lorazepam;

(19) Mebutamate;

(20) Meprobamate;

(21) Methohexital;

(22) Methylphenobarbital;

(23) Midazolam;

(24) Oxazepam;

(25) Paraldehyde;

(26) Petrichloral;

(27) Phenobarbital;

(28) Prazepam;

(29) Quazepam;

(30) Remimazolam;

(31) Suvorexant;

(32) Temazepam;

(33) Triazolam;

(34) Brexanolone.

B. Lorcaserin: Any material, compound, mixture or preparation which contains any quantity of the following substance, including its salts, isomers (whether optical, positional, or geometric) and its salts, or such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible: Lorcaserin.

C. Stimulants: Unless specifically exempt or unless listed in another schedule any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, positional, or geometric) and salts of such isomers whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

(1) Diethylpropion;

(2) Phentermine;

(3) Pemoline (including organometallic complexes and chelates thereon);

(4) Pipradrol;

(5) SPA ((-)-1-dimethyl amino-1,2-diphenylmethane);

(6) Mazindol;

(7) Cathine;

(8) Fencamfamin;

(9) Fenproporex;

(10) Mefenorex;

(11) Modafinil;

(12) Sibutramine;

(13) Solriamfetol;

(14) Serdexmethylphenidate.

D. Other substances: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts:

(1) Dextropropoxyphene(Alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxybutane);

(2) Pentazocine;

(3) Carisoprodol;

(4) Nalbuphine Hydrochloride;

(5) Butorphanol Tartrate;

(6) Dezocine;

(7) Dichloralphenazone;

(8) Zaleplon;

(9) Zolpidem;

(10) Eszopiclone;

(11) Tramadol;

(12) Eluxadoline (5-[[[(2S)-2-amino-3-[4-aminocarbonyl)-2,6-dimethylphenyl]-1-oxopropyl][(1S)-1-(4-phenyl-1H-imidazol-2-yl)ethyl]amino]methyl]-2-methoxybenzoic acid) (including its optical isomers) and its salts, isomers, and salts of isomers

(13) Lemborexant;

(14) Daridorexant

(15) Zuranolone;

E. Narcotic drug: Unless specifically exempt or unless listed in another schedule, any material, compound, mixture or preparation containing limited quantities of any of the following narcotic drugs or any salts thereof: Not more than one milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

F. Exemption of chloral: When packaged in a sealed, oxygen-free environment, under nitrogen pressure, safeguarded against exposure to the air. Chloral when existing under the above conditions is a substance which is not intended for general administration to a human being or another animal, and contains no narcotic controlled substances and is packaged in such a form that the package quantity does not present any significant potential for abuse. All persons who engage in industrial activities with respect to such chloral are subject to registration; but shall be exempt from Section 30-31-16 through 19 of the New Mexico Controlled Substances Act and 16.19.20.19 NMAC through 16.19.20.52 NMAC of the board of pharmacy regulations.

G. Exempt compounds: Librax and Menrium are preparations which contain chlordiazepoxide, a depressant listed in schedule IV, Paragraph (6) of Subsection A of 16.19.20.68 NMAC and other ingredients in such combinations, quantity, preparation or concentration as to vitiate the potential for abuse of chlordiazepoxide, and are hereby exempt preparations.

(1) Librax;

(2) Menrium, 5-2;

(3) Menrium, 4-5;

(4) Menrium, 10-4.

[16.19.20.68 NMAC - Rp 16.19.20.68 NMAC, 6/26/2018; A, 9/14/2021; A, 6/13/2023; A, 11/17/2026]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.22 NMAC, Sections 7, 8, and 11 effective 11/17/2026.

16.19.22.7 DEFINITIONS:

A. "Direct supervision" means that the pharmacist onsite shall observe and direct to a degree sufficient to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.

B. "Electronic verification system" means bar code verification, radio frequency identification (RFID), QR code scanning, or a similar electronic process that accurately verifies that a medication has been correctly selected.

[~~B.~~] **C. "Indirect supervision"** means that the pharmacist offsite shall observe via live surveillance cameras and direct pharmacy activity remotely via remote tele-pharmacy communication technology to a degree sufficient to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.

[~~C.~~] **D. "Pharmacy technician"** means a person who, under the supervision of a licensed pharmacist, performs repetitive tasks not requiring the professional judgment of a pharmacist. This includes assisting in various technical activities associated with the preparation and distribution of medications.

(1) "Certified pharmacy technician" means a pharmacy technician who has completed the training and certification outlined in 16.19.22.9 NMAC, completed a board approved certification exam, is registered by the board of pharmacy and maintains current board approved certification.

(2) "Non-certified pharmacy technician" means a pharmacy technician who is in the process of completing the training and education outlined in 16.19.22.9 NMAC and is registered by the board of pharmacy.

(3) "Remote pharmacy technician" means a certified pharmacy technician who meets the special requirements for indirect supervision at a remote dispensing site as specified in the board of pharmacy tele-pharmacy regulations.

[~~D.~~] **E. "Prescription drug"** means and human drug required by federal or state law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to Section 503(b) of the Federal Food, Drug and Cosmetic Act.

[~~E.~~] **F. "Professional judgment"** means a cognitive process, by a licensed professional, that takes education, experience, current primary literature and current standards of practice into consideration when drawing conclusions and reaching decisions.

[~~F.~~] **G. "Stocking"** means placing prescription drugs on pharmacy shelf, in bin or dispensing technology system.

[~~G.~~] **H. "Supervision"** means that the pharmacist shall observe and direct to a sufficient degree to assure the accurate completion of the activities of the pharmacy technicians and must provide a final check of all aspects of the prepared product and document the final check before dispensing.

[~~H.~~] **I. "Support personnel"** means pharmacy personnel other than pharmacy technicians, which may include clerks, secretary's and delivery personnel, who under the supervision of a pharmacist, may perform duties associated with the practice of pharmacy, excluding the direct processing and filling of prescriptions, stocking prescription drugs, in sites that do not utilize a barcode verification, electronic verification or similar verification process to ensure correct selection of medication or duties restricted to only a pharmacist, pharmacist intern, or pharmacy technician.

[~~I.~~] **J. "Technician training sponsor"** means pharmacist-in-charge, pharmacist or designated administrator at a pharmacy technician training program who assumes responsibility for training and duties performed by a non-certified technician.

K. "Technology-assisted product verification" means the confirmation by a certified pharmacy technician, performed with the use of an electronic verification system and without the exercise of professional judgment, that the drug, strength, and dosage form in the bottle or packaged prescription vessel match the drug on the label and on the prescription. Technology-assisted product verification is limited to confirmation of the drug, strength, and dosage form, and does not relieve the pharmacist of the final check required by Paragraph (2) of Subsection A of 16.19.22.11 NMAC.

[16.19.22.7 NMAC - Rp, 16 NMAC 19.22.7, 6/27/2001; A, 11/15/2010; A, 11-27-11; A, 6/29/2013; A, 11/17/2026]

16.19.22.8 PERMISSIBLE ACTIVITIES:

A. Pharmacy technician activities under the direct supervision of a pharmacist shall be limited to tasks enumerated in policies and procedures implemented by the pharmacist-in-charge that do not require professional judgment.

B. A certified pharmacy technician may perform technology-assisted product verification, as defined in 16.19.22.7 NMAC, under the direct supervision of a pharmacist and without the exercise of professional judgment, confirming only that the drug, strength, and dosage form in the bottle or packaged prescription vessel match the drug on the label and on the prescription. The supervising pharmacist remains responsible for the final check required by Paragraph (2) of Subsection A of 16.19.22.11 NMAC and for the filled prescription; where a certified pharmacy technician has completed technology-assisted product verification, the pharmacist is not required to physically open the container to re-confirm the drug, strength, and dosage form so verified. A certified pharmacy technician may perform technology-assisted product verification only when all the following are met:

(1) the pharmacist providing direct supervision, using the pharmacist's professional judgment, has determined that the certified pharmacy technician may perform technology-assisted product verification; the decision to delegate rests solely with the supervising pharmacist, who is responsible for it and may withdraw it at any time;

(2) a pharmacist is physically present onsite and provides direct supervision at the time the verification is performed; technology-assisted product verification shall not be performed under indirect supervision, by a remote pharmacy technician, or at a remote dispensing site;

(3) the verification is performed using an electronic verification system;

(4) the certified pharmacy technician has accrued not less than one thousand hours of experience as a certified pharmacy technician and has completed pharmacist-in-charge approved training specific to technology-assisted product verification and to the electronic verification system used, before performing technology-assisted product verification;

(5) before the technology-assisted product verification is performed, a pharmacist performs the prospective drug regimen review, verifies the accuracy of the prescription or medication order information; the identity of the verifying pharmacist is recorded in the pharmacy's records;

(6) the product verified is not a controlled substance unless there are operational electronic inventory monitoring controls (perpetual inventory, at least daily reconciliation, automatic discrepancy alerts) to timely detect and identify and provide alerts of inventory discrepancies; is not systemically

administered cytotoxic (ineligible products must be flagged and blocked by the electronic verification or dispensing system); and is not a sterile or nonsterile compounded preparation; and

(7) the pharmacist-in-charge implements policies and procedures and an ongoing quality assurance plan governing technology-assisted product verification, to monitor the accuracy and effectiveness of technology assisted product verification and identify opportunities for process improvement and be documented and retained in the pharmacy's records.

[16.19.22.8 NMAC - Rp, 16 NMAC 19.22.8, 6/27/2001; A, 11/15/2010; A, 11/17/2026]

16.19.22.11 IMPROPER ACTIVITIES OF PHARMACY TECHNICIANS:

A. The supervising pharmacist and the pharmacist-in-charge are responsible for the actions of pharmacy technicians. Performance of tasks by the pharmacy technician and support personnel outside the limits of the regulations that are authorized by the supervising pharmacist shall constitute unprofessional conduct on the part of the pharmacist and the pharmacist-in-charge.

(1) The following responsibilities require the use of professional judgment and therefore shall be performed only by a pharmacist or pharmacist intern:

(a) receipt of all new verbal prescription orders and reduction to writing;

(b) evaluation and interpretation of the prescription order and any necessary clinical clarification prior to dispensing;

(c) clinical consultation with a patient or his agent regarding a prescription or over-the-counter drug;

(d) evaluation of available clinical data in patient medication record system;

(e) oral communication with the patient or patient's agent of information, as defined in the section under patient counseling, in order to improve therapy by ensuring proper use of drugs and devices;

(f) professional consultation with the prescriber, the prescriber's agent, or any other health care professional or authorized agent regarding a patient and any medical information pertaining to the prescription.

(2) Only a pharmacist shall perform the following duties:

(a) final check on all aspects of the completed prescription including sterile products and cytotoxic preparations, and assumption of the responsibility for the filled prescription, including, but not limited to, appropriateness of dose, accuracy of drug, strength, labeling, verification of ingredients and proper container; except that, as provided in 16.19.22.8 NMAC, where a certified pharmacy technician has completed technology-assisted product verification, the pharmacist final check need not include physically opening the container to re-confirm the drug, strength, and dosage form so verified, and the pharmacist remains responsible for the final check and for the filled prescription;

(b) evaluation of pharmaceuticals for formulary selection within the facility;

(c) supervision of all pharmacy technicians and support personnel activities including preparations, mixing, assembling, packaging, labeling and storage of medication;

(d) ensure the pharmacy technicians and support personnel have been properly trained for the duties they may perform;

(e) any verbal communication with a patient or patient's representative regarding a change in drug therapy or performing therapeutic interchanges (i.e. drugs with similar effects in specific therapeutic categories); this does not apply to substitution of generic equivalents;

(f) any other duty required of a pharmacist by any federal or state law.

B. In accordance with Section 61-11-20 NMSA 1978 a pharmacy technicians registration may be revoked, denied, or suspended for grounds stated in Subsection A of Section 61-11-20 NMSA 1978.

[16.19.22.11 NMAC - Rp, 16 NMAC 19.22.11, 6/27/2001; A, 11/15/2010; A, 11/17/2026]

REGULATION AND LICENSING DEPARTMENT
PHARMACY, BOARD OF

This is an amendment to 16.19.34 NMAC, Section 8 and 9 effective 11/17/2026.

16.19.34.8 PROCEDURES: Eligible recipients must adhere to procedures for accepting and redistributing donated prescription drugs, including refrigerated drugs, consistent with public health and safety standards. Any person, including persons from other states, may donate unexpired and unused prescription drugs to an eligible recipient, and an eligible recipient may accept and redistribute the donated prescription drugs in accordance with board rules. An eligible recipient may dispense or administer prescription drugs to a patient only if otherwise permitted by law. Donated prescription drugs shall only be redistributed to a patient if the drugs will not expire before the patient is able to completely use the drugs, based on the directions for use given by the patient's prescribing health care professional

A. Before accepting donated prescription drugs the eligible recipient shall:

(1) register with the board as an eligible recipient;

(2) identify drug as eligible or ineligible prior

to accepting the donated drug into inventory;

(a) ineligible drugs may not be accepted for donation;

(b) single unit doses that consist of two or more separately manufactured drug products may not be separated and repackaged. This restriction does not apply to finished, manufactured combination drug products that contain multiple active ingredients in a single dosage form;

(c) drugs packed in single unit doses may be accepted and redistributed when the outside packaging is opened if the single unit dose packaging is undisturbed;

(d) specialty medication delivered to a facility or practitioner that cannot administer or distribute to the patient originally dispensed for may be donated and redistributed if the medication was stored properly and kept under restricted access to prevent tampering or adulteration.

B. Storage: Comply with the manufacturer's storage requirements per the drug monograph. An eligible recipient practitioner may only store drugs at the board-registered address, which may not be a mobile or home address.

C. Labeling prior to redistribution:

(1) Remove previous patient information.

(2) Comply with FDA and state labeling requirements.

D. Redistribution:

(1) Comply with all applicable federal and state laws that deal with the inspection, storage, labeling and redistribution of donated prescription drugs.

(2) Examine the donated prescription drug to determine that it has not been adulterated or misbranded and certify that the drug has been stored in compliance with the requirements of the product.

(3) Have all patients receiving donated prescription drugs read and electronically or physically sign the patient form.

(4) Prescription or order required:

(a) A prescription is required for an eligible recipient pharmacy to dispense donated prescription drug to a patient.

(b) A practitioner may redistribute donated prescription drug to their own patient pursuant to a valid patient-practitioner relationship with records maintained consistent with the standard of care and as required by this Part. A practitioner may not redistribute donated prescription drugs to themselves.

(5) Comply with all applicable REMS requirements, including:

(a) registration and reporting;

(b) provide patient with MedGuide or PPI

(6) Redistributed drugs will be provided to the patient with information on side effects, interactions, and precautions concerning the drug or device provided. Patient information will be written, or alternative forms of patient information may be used to supplement patient counseling when appropriate. Examples include, but not limited to, written information leaflets, pictogram labels and video programs.

E. Inspection: Determine that the donated prescription drugs are in tamper-evident packaging, unadulterated, unexpired, and safe and suitable for redistribution.

(1) When inspecting packaging ensure:

(a) tamper-evident packaging is intact;

(b) there are no breaks, cracks or holes in packaging;

(c) consistency of information, such as expiration date and lot number on inner and outer packaging, if applicable.

(2) When inspecting liquids observe, if possible, without removing tamper evident primary container seal:

(a) color;

(b) thickness;

(c) unusual particles;

(d) transparency;

(e) odor.

(3) When inspecting tablets or capsules observe and confirm uniformity, if possible, without removing tamper evident primary container seal:

(a) color;

(b) shape;

(c) unusual spots;

(d) texture;

(e) odor;

(f) imprint or markings;

(g) physical damage, cracks, breaks, erosion, abrasion.

F. Payment, handling fee: A handling fee not to exceed the reasonable costs of participating in the collection of donated prescription drugs may be charged to the patient by the eligible recipient to cover the costs of inspecting, storing, labeling and redistributing the donated prescription drug. Prescription drugs donated under this Part shall not be resold, and donors may be reimbursed only for reasonable, donation-related costs, including shipping and logistics.

G. Interstate Participation: A properly licensed eligible recipient pharmacy operating in another state may participate in the activities described under this Part and may dispense donated drugs to patients in this state in compliance with state and federal laws, unless compliance would violate the laws of the resident state.

H. Transfer and Repackaging: Notwithstanding any other law or rule, an eligible recipient pharmacy may:

(1) Transfer donated prescription drugs to another eligible recipient pharmacy. The receiving pharmacy must maintain records of the transfer. Any subsequent transfer of a donated prescription drug must include pedigree records tracing to the original eligible recipient. The transferring pharmacy may assess a handling fee not to exceed the reasonable costs of transferring the drug.

(2) Repackage donated prescription drugs as necessary for storage, dispensing, administration, or transfers in accordance with this Part.

(3) Repackaged prescription drugs shall be labeled with the drug name, strength, and expiration date. If multiple packaged donated prescription drugs with varied expiration dates are repackaged together for dispensing, the shortest expiration date shall be used.

I. An eligible recipient that engages in sales or other monetary transactions for prescription drugs shall keep donated drug inventory in a manner that distinguishes them physically or electronically from non-donated inventory.

J. The donation, transfer, receipt or facilitation of donation, transfer, and receipt of prescription drugs under this Part is not wholesale distribution and shall not require a wholesale distributor license.

[16.19.34.8 NMAC - Rp, 16.19.34.8, 2/10/2026; A, 11/17/2026]

16.19.34.9 RECORD KEEPING: Eligible recipients shall maintain records of receipt and redistribution for three years.

A. Receipt records:

(1) donor verification that the prescription drug is voluntarily donated, was properly stored, the container has not been opened or tampered with, and the drug has not been adulterated or misbranded;

(2) date of donation;

(3) name, address and telephone number of donor;

(4) name, strength and quantity of the drug;

(5) drug manufacturer;

(6) drug expiration date;

B. Redistribution records, patient form:

(1) Prior to the initial dispensing of a donated prescription drug, a patient will electronically or physically sign a form that specifies:

(a) knowledge that the donor took reasonable care of the donated prescription drug;

(b) knowledge that the donated prescription drug has been inspected and there is no reason to believe that the donated prescription drug was improperly handled or stored;

(c) that any person who exercises reasonable care in donating, accepting or redistributing pursuant to Section 26-1-3.2 NMSA 1978 shall be immune from civil or criminal liability or professional disciplinary action of any kind for any related injury, death or loss;

(d) that the immunity provided by Section 26-1-3.2 NMSA 1978 shall not decrease or increase the civil or criminal liability of a drug manufacturer, distributors or dispenser that would have existed but for the donation;

(2) Patients receiving donated prescription drugs from an eligible recipient that predominantly dispenses donated prescription drugs shall be required to sign the form only at their initial dispense.

C. Redistributed drugs administered, dispensed or distributed:

(1) An eligible recipient practitioner will maintain records including:

(a) patient name, date of birth

(b) drug name, strength, dosage form, quantity, and expiration date;

(c) date administered, dispensed, or distributed;

(2) These records will be maintained for three years, and available for inspection by the board.

(3) An eligible recipient clinic will maintain records as required by federal and state law, including 16.19.10 NMAC.

(4) An eligible recipient pharmacy will maintain records as required by federal and state law, including 16.19.6 NMAC.

[~~C.~~] **D. Custodial care facility, licensed facility or clinic as donor:**

(1) A custodial care facility or licensed facility as defined in 16.19.11.7 NMAC, or clinic as defined in 16.19.10.7 NMAC that engages in donation shall maintain records that include:

(a) date of donation;

(b) entity the drug was donated to;

(c) patient name, as applicable;

(d) drug name, strength, dosage form, and quantity;

(e) date dispensed, as applicable;

(f) prescription number, as applicable;

(g) dispensing pharmacy name, as applicable

(2) This record will be maintained for three years.

(3) The consultant pharmacist will be responsible for donation oversight.

[~~D.~~] **E.** A donor or eligible recipient may contract with one another or a third-party to create or maintain records on each other's behalf. An identifier, such as a serial

number or barcode, may be used in place of any or all information required by a record or label under this section if it allows for such information to be readily retrievable. Upon request by a state or federal regulator the identifier used for requested records shall be replaced with the original information. An identifier shall not be used on patient labels when dispensing or administering a drug.

[~~E.~~] **F.** All records and forms required by this Section may be in electronic form.

[~~F.~~] **G.** All records required under this part will be available for inspection by the Board**.**

[16.19.34.9 NMAC - Rp, 16.19.34.9, 2/10/2026; A, 11/17/2026]

End of Adopted Rules

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Issue 2	January 15	January 27
Issue 3	January 29	February 10
Issue 4	February 12	February 24
Issue 5	February 26	March 10
Issue 6	March 12	March 24
Issue 7	March 26	April 7
Issue 8	April 9	April 21
Issue 9	April 23	May 5
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Issue 20	October 8	October 20
Issue 21	October 22	November 3
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Issue 23	November 19	December 8
Issue 24	December 10	December 22

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