Contact Information

NM.PMP@state.nm.us

(505) 222-9847
TABLE OF CONTENTS

BACKGROUND PAGE 3

REPORTING REQUIREMENTS AND SCHEDULES PAGE 3

REPORTING PROCEDURES PAGE 3

MANUAL ENTRY OF DISPENSED PRESCRIPTION DATA PAGE 3

CONVERTING NDC FROM 10 TO 11 DIGITS PAGE 8

AUTHORIZED AGENT FOR PRACTITIONER PAGE 9
BACKGROUND

The New Mexico Prescription Monitoring Program (PMP) accumulates Schedule II-V controlled substance prescription and dispensing information into a restricted access online database in order to meet its mission to reduce the diversion of these controlled substances while serving as a valuable tool for legitimate medical practice and patient care.

Legitimate use of the PMP should by no means hinder health care providers in the normal course of using their professional skills to provide quality medical care to their patients while helping to identify and assist controlled substance diversion and abuse.

REPORTING REQUIREMENTS AND SCHEDULES

In accordance with 16.19.29.8 NMAC, each dispenser of a controlled substance to a person in New Mexico, shall submit the information in accordance with transmission methods and frequency established by the board; but shall report at least within one business day of the prescription being filled.

If you as a New Mexico licensed practitioner routinely dispense more than 12 dosage units of a Schedule II-V controlled substance to an individual patient within a 72 hour period, you must report this data to the NM PMP as described above.

REPORTING PROCEDURES

Prescription data is most easily submitted to the NM PMP via a Data file upload through the NM PMP website. That method is detailed in the separate DATA REPORTING MANUAL. However, many dispensing practitioners use the below described Manual Entry due to the low volume of Controlled Substances dispensed.

How to Manually Enter Controlled Substance Dispensing Data:

1. Log in to https://pmp-web.rld.state.nm.us/ with your username and password
2. Navigate to the Data Collection -> Manual Entry page
Navigating to the Manual Entry Screen

[Diagram of the NEW MEXICO PMP interface]

**NEW MEXICO PRESCRIPTION MONITORING PROGRAM**
5500 San Antonio Dr. NE, Suite C; Albuquerque, New Mexico 87109
Phone: (505) 222-9847 Fax: (505) 222-9845
Web: [https://nmpmp.org/](https://nmpmp.org/) Email: NM.PMP@state.nm.us

Page 4 of 4
Manual Entry Screen (required fields are highlighted and defined below)
Manual Entry Required Fields

Dispenser Details

DEA #: Enter the DEA number of the person or facility the drugs were purchased with.

Patient Details

Last Name: Enter last name of person receiving the prescription
First Name: Enter first name of person receiving the prescription
Middle Name: Enter if applicable
DOB: Enter Date of Birth of person receiving the prescription
GENDER: Click arrow and select response
Street:, City:, Zip: Enter address information of person receiving the prescription

Prescriber Details

Prescriber DEA #: Enter DEA number of practitioner prescribing/dispensing controlled substance. This may be same number as dispenser DEA # entered previously if the practitioner is also the dispenser.

Prescription Details

Rx Number: Entry required; must be unique.
Date Written: Entry format MM/DD/YYYY
Auth Refills: Entry required. May be 0
Date Filled: Entry format MM/DD/YYYY
Refill No: Entry required. May be 0
ID Qual: Click arrow. Select NDC
Product #: Enter 11-digit NDC code for product. No spaces between numbers.
Qty: Enter numeric quantity of tablets, capsules, milliliters
Days Supply: Enter number of days supply based on instructions for use.
Drug Dosage Unit: Click arrow and select correct unit
Rx Origin Code: Click arrow and select correct response
Partial Fill: Check one
Payment Method: Click arrow and select correct response

You will also have to check the checkbox to certify the information is accurate and complete before the data will be saved.
National Drug Code (NDC)  
Conversion Table  

Converting NDCs from 10-digits to 11 digits.

It should be noted that many National Drug Code (NDC) are displayed on drug packing in a 10-digit format. Proper entry of a National Drug Code (NDC) requires an 11-digit number in a 5-4-2 format. Converting National Drug Code (NDC) from a 10-digit to an 11-digit format requires a strategically placed zero, dependent upon the 10-digit format.

The following table shows common 10-digit National Drug Code (NDC) formats indicated on packaging and the associated conversion to an 11-digit format, using the proper placement of a zero. The correctly formatted, additional “0” is in a bold font and underlined in the following example. Note that hyphens indicated below are used solely to illustrate the various formatting examples for the National Drug Code (NDC).

**NOTE: Do not use hyphens when entering the actual data.**

<table>
<thead>
<tr>
<th>10-Digit Format on Package</th>
<th>10-Digit Format Example</th>
<th>11-Digit Format Conversion</th>
<th>11-Digit Format Example</th>
<th>Actual 10-digit NDC Example</th>
<th>11-Digit Conversion Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-4-2</td>
<td>99999-9999-99</td>
<td>5-4-2</td>
<td>09999-9999-99</td>
<td>0002-7597-01</td>
<td>00002-7597-01</td>
</tr>
<tr>
<td>5-3-2</td>
<td>99999-9999-99</td>
<td>5-4-2</td>
<td>99999-09999-99</td>
<td>50242-040-62</td>
<td>50242-0040-62</td>
</tr>
<tr>
<td>5-4-1</td>
<td>99999-9999-99</td>
<td>5-4-2</td>
<td>99999-9999-09999-99</td>
<td>60575-4112-1</td>
<td>60575-4112-01</td>
</tr>
</tbody>
</table>
AUTHORIZED AGENT OF PRACTITIONER FOR REQUESTING REPORTS FROM THE NEW MEXICO PRESCRIPTION MONITORING PROGRAM

https://pmp-web.rld.state.nm.us

INSTRUCTIONS

1. THE PRACTITIONER REQUESTING AN AUTHORIZED AGENT MUST FIRST HAVE AN ACTIVE ACCOUNT WITH THE PRESCRIPTION MONITORING PROGRAM (PMP). PLEASE VISIT THE WEB SITE AND REGISTER FIRST IF YOU DO NOT HAVE AN ACCOUNT.

2. SUBMIT THE SIGNED AND NOTARIZED AGENT FORM TO THE BOARD OF PHARMACY. YOU MAY FAX OR MAIL THE FORM TO THE BOARD.

3. A PRACTITIONER MAY DESIGNATE ONE AGENT PER PRACTICE SITE.

4. WAIT APPROXIMATELY 1 WEEK FOR US TO MAKE CHANGES TO THE PRACTITIONER ACCOUNT AND THEN HAVE THE AGENT VISIT THE WEB SITE AND REGISTER. SELECT THE JOB DESCRIPTION, “DELEGATE”.

5. THE AGENT SHOULD FILL OUT THE APPLICATION WITH HIS/HER NAME, AND BUSINESS CONTACT INFORMATION (i.e. PHONE, FAX, EMAIL).

6. AFTER SUBMITTING THE REGISTRATION, THE AGENT WILL RECEIVE AN EMAIL CONFIRMING THE REGISTRATION.

7. THE AGENT WILL RECEIVE ANOTHER EMAIL WITHIN A FEW DAYS LISTING THE LOGIN NAME AND PASSWORD FOR THE ACCOUNT.
AUTHORIZED AGENT OF PRACTITIONER FOR REQUESTING REPORTS FROM THE NEW MEXICO PRESCRIPTION MONITORING PROGRAM

PRACTITIONER NAME: ______________________________

PRACTITIONER BUSINESS ADDRESS: __________________________________________

PRACTITIONER CITY, STATE, ZIP: ___________________________________________

PRACTITIONER DEA NUMBER: ________________________________

AS ALLOWED IN 16.19.29 NMAC, I AUTHORIZE THE FOLLOWING PERSON AS MY AGENT FOR THE PURPOSE OF SUBMITTING AND RECEIVING PATIENT PRESCRIPTION REPORTS ON MY DIRECTION FROM THE NEW MEXICO PRESCRIPTION MONITORING PROGRAM (PMP). I UNDERSTAND THIS PERSON WILL COMPLETE A REGISTRATION WITH THE PMP AND WILL ACCESS DATA FOR ME THROUGH THIS REGISTRATION.

I WILL NOTIFY THE NEW MEXICO BOARD OF PHARMACY IMMEDIATELY FOR TERMINATION OF THIS AGENT AUTHORIZATION.

AUTHORIZED AGENT NAME: ______________________________

AGENT BUSINESS ADDRESS: __________________________________________

AGENT CITY, STATE, ZIP: ___________________________________________

AGENT BUSINESS RELATIONSHIP TO PRACTITIONER: ________________________________

PRACTITIONER SIGNATURE: ________________________________

DATE: ________________________________

Subscribed before me this _______ day of ____________, 20____.

________________________________________________________________________

Notary Public

My commission expires: ________________________________

Revision date: 08/2015