

PQS Committee Consolidated Recommendations

Adopted: 3-17-2026

These consolidated recommendations of the Patient Qualification & Safety Committee are provided to the Medical Psilocybin Advisory Board to guide the development of patient eligibility, safety screening, contraindications, and medication interaction standards for the New Mexico medical Psilocybin Program.

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Initial Qualifying Conditions

Legislative Condition NMSA1978, § 26-2D-31	Medical Condition	ICD-10 Code or subsequent codes
Treatment-Resistant Depression	Major Depressive Disorder, recurrent, meeting criteria for treatment resistance, defined as failure of two or more adequate trials of antidepressant medications	(F33.1 or F33.2) and documented failure of ≥ 2 antidepressants
Post-Traumatic Stress Disorder	Post-Traumatic Stress Disorder	F43.1
Substance Use Disorders	Substance dependence, including but not limited to alcohol, opioids, cannabis, sedatives/hypnotics/anxiolytics, stimulants, inhalants, and other psychoactive substances	F10.2, F11.2, F12.2, F13.2, F14.2, F15.2, F17.2, F18.2, F19.2
End-of-life-related distress	End of life distress with serious or life-limiting illness	Z51.5, F43.2

Clinical Support Framework

Tier 1. Standard Support

- Proceed with standard protocol. Patients or provider may request additional clinical support at the time of assessment.
- Patients without any Tier 2, Tier 3, or Tier 4 criteria

Tier 2. Enhanced Clinical Support

- Patients meeting criteria in this tier remain eligible for participation. These conditions indicate a need for additional clinical consideration, which may include stabilization where appropriate and thoughtful support planning. The specific approach should be guided by practitioner judgment and the individual patient's clinical context.
- Documentation required for Tier 2
 - o A risk mitigation plan, to be available to the facilitator/administrator of psilocybin
 - o A comprehensive medication review
 - o A documented monitoring plan

Tier 3. Specialist Supported Care

- Patients meeting criteria in this tier may participate only with the required Tier 2 documentation and documented consultation and concurrence of two (2) practitioner signatories prior to administration:
 1. the primary psilocybin practitioner responsible for the patients care; and
 2. a licensed specialist practicing within their scope of licensure and possessing expertise relevant to the identified condition (e.g., psychiatrist, psychiatric mental health nurse practitioner, cardiologist, neurologist, or other appropriately credentialed clinician)

Tier 4. Not Appropriate for Participation at This Time

- Patients meeting criteria in this tier are not appropriate for participation in the Medical Psilocybin Program at the time of evaluation due to safety or ethical considerations. Placement in this tier does not constitute a permanent exclusion and may be reconsidered if clinical circumstances change.

Clinical Support Framework Criteria

Tier 2. Enhanced Clinical Support

- Active eating disorder or significant malnutrition
- Taking more than or equal to “high intensity dose” as defined by the DACPC.

Tier 3. Specialist Supported Care

- History of bipolar II disorder
- History of delusional disorders
- History of dissociative disorders (dissociative identity disorder, dissociative amnesia, depersonalization/derealization disorder)

Tier 4. Not Appropriate for Participation at This Time

Situations

- Individuals under the age of 18
- Pregnancy
- Breastfeeding unless the patient and provider implement and document a plan to pump and discard breast milk for at least 24 hours following administration.

Stabilization Before Treatment

For the conditions listed below, the patient is not appropriate for psilocybin services at the time of evaluation. The evaluating provider shall refer the patient to appropriate treatment services for further assessment and stabilization.

- Active psychotic episode
- History of TIAs/CVAs
- Clinically significant uncontrolled hypertension
- Uncontrolled diabetes mellitus
- Uncontrolled seizure disorder
- Current suicidal or homicidal ideation with intent, plan, or inability to maintain safety

Conditions

The following conditions are contraindications to participation in psilocybin services and are not eligible for treatment regardless of enhanced clinical support or specialist

consultation under Tier 2 or Tier 3. Reassessment may occur only for medical conditions that have demonstrably resolved, and for which documentation supports sustained clinical stability. Enduring psychiatric diagnoses associated with elevated risk of psychosis or mania are considered exclusionary.

- History of schizophrenia spectrum disorders
- History of persistent or recurrent psychotic disorder, including psychosis precipitated by serotonergic psychedelic exposure
- History of bipolar I disorder
- History of borderline personality disorder
- Severe congestive heart failure
- Coronary Artery Disease
- Cardiovascular Disease
- Known allergy to psilocybin-containing mushrooms
- Active inability to provide informed consent

Medication Interaction Considerations

Medication/Class	Main Concern with Psilocybin	Placement
Lithium (within the last 30 days)	Highest concern; reported association with seizures and delirium when combined with classic psychedelics	Tier 4
MAOIs	Potential to potentiate serotonergic effects and complicate adverse-event management	Tier 4
Stimulant use (e.g. amphetamines, cocaine) within the last 5 days	Increased cardiovascular risk during psilocybin administration	Tier 4
Atypical Antipsychotics	Likely block psychedelic effects through 5-HT2A receptor antagonism	Tier 2
SSRI/SNRIs	May blunt psychedelic effects.	Tier 2
TCA's	Potential serotonergic caution, interaction risk is limited	Tier 2
Trazodone, Vilazodone, Vortioxetine, Mirtazepine, Bupirone, and other serotonergic antidepressants	Possible attenuation of psychedelic effects; serotonergic interaction concerns.	Tier 2
Benzodiazepines	Dampen the acute experience and may reduce therapeutic utility	Tier 2
Cannabis	May potentiate serotonergic effects	Tier 2
GLP-1s (e.g. Semaglutide, Tirzepatide) within two weeks of administration	Potential to significantly delay onset. If additional dosing is provided due to delay the potential for overdosing is substantial.	Tier 2
Lamotrigine	May block psychedelic effect	Tier 2