

Psilocybin Committee Patient Qualification & Safety Committee - Meeting Minutes & Chat:

Location: Teams

Date: 03/17/2026

Time: 9:03

Attendance: Jonathan Mouchet, Adrian Estrada, Brenda V Martinez, Dominick Zurlo, Ismail Zoutat, Jorge Gonzales, Cathy Augeri, Ian Dunn, Raymond Gallegos, Robert Truckner, Cyrus Rautman, Celina Montoya, Leslie Peterson, Lida Fatemi, Lori Golzar, Catherine Sanchez, Ellen Schimmels, Brown, James, Donna Jojola, Kate Hawke, James Ferreira, Shane McDaniel, Metz, Anne, Lisa Ginzburg.

Minute Taker: Ismail Zoutat

**This meeting was recorded. For specific details pertaining to the meeting, please refer to the recording located on the Medical Psilocybin Advisory Board Website: [Psilocybin Advisory Board](#)*

Agenda items

1. Introductions:

- The meeting was opened and recorded by DOH support. Chair Ian Dunn welcomed participants and outlined the focus on medication interactions. Brief introductions included Dr. Lida Fatemi and Ellen Schimmels.

2. Review Medication Interactions

- Chair Ian presented a working list for committee review and refinement.
- Atypical Antipsychotics
 - Mechanism may counter psilocybin effects via 5-HT_{2A} antagonism; place in Tier 2 (Enhanced Clinical Support) due to likely blunting of psychedelic experience and need for risk-mitigation planning.
- SSRI/SNRI
 - Likely blunted psychedelic effects, may require higher dosing. Not restricted; emphasize medication review and safety planning (Tier 2)

- TCA's
 - Serotonergic caution; limited direct interaction evidence, but include under Tier 2 with a documented safety plan.
- Other Antidepressants
 - Trazodone, vilazodone, vortioxetine, and additions proposed by members: mirtazapine and buspirone—capture under Tier 2 with “potential attenuation” language for consistency.
- Bupropion
 - Discussion concluded not to list it specifically (not serotonergic; seizure-threshold issues addressed elsewhere in criteria). Struck from the interaction list
- Benzodiazepines
 - May dampen acute psychedelic experience and reduce therapeutic utility; chronic use may necessitate dose adjustments or tapering considerations; Tier 2
- Cannabis & Alcohol
 - Cannabis and alcohol were discussed jointly due to potential dampening effects and serotonergic considerations.
- GLP-1 agonists were highlighted for delayed psilocybin onset and risk of unintended overdose if redosing; lamotrigine was added with "may blunt effects" wording
- Committee refined wording (likely vs. may vs. potential) for consistency and adopted the medication-interaction list unanimously (6–0).

3. Review of consolidated recommendations

- The Committee reviewed ICD-10 alignment for the four legislated qualifying conditions: Treatment-Resistant Depression, PTSD, Substance Use Disorders, and End-of-Life Distress.
- Members recommended using ICD-10 F43.1 for PTSD to capture both acute and chronic presentations.

- For End-of-Life Distress, members suggested adding F43.2 (adjustment disorder) in addition to Z51.5 to capture patients with serious or life-limiting illness not limited to hospice settings.
- Clarifications were provided that listed ICD-10 codes are for internal program tracking, while actual billing codes will be determined with HCA.
- The consolidated recommendations were unanimously approved (6–0).
Vote on adoption of consolidated recommendations

4. Other Business and Discussion

- Members discussed maintaining focus on the four legislated qualifying conditions initially to prevent overwhelming program capacity.
- Consideration was given to future inclusion of other diagnoses as infrastructure grows.
- Chair noted that prolonged service codes may be relevant for clinical billing and are under review with HCA.

5. Next Meetings

- The Committee agreed to schedule the next meeting for April 6 at 9:00 AM.
- It was noted that meetings can proceed even if some DOH staff are out of office.

Committee Chat

Reminder:

This meeting is being recorded

Please remember to keep language appropriate as the recordings are made public on the Advisory Board Website

Contact information:

- Email: Medical.Psilocybin@doh.nm.gov
- Program Website: <https://www.nmhealth.org/about/mcpp/mpp/>
- Advisory Board Website: <https://www.nmhealth.org/about/mcpp/mpp/mpab/>

Medical Psilocybin

Clinical Support Framework

Adopted: Feb 20, 2026

WHEREAS, the Patient Safety & Qualification Committee is authorized to recommend to the Board patient eligibility, safety, and oversight standards to ensure the responsible provision of psilocybin services; and

WHEREAS, the clinical support associated with psilocybin administration varies based on medical, psychiatric, and neurological history; and

WHEREAS, a tiered clinical support framework allows clinical oversight and regulatory safeguards to be proportionate to patient support needs while preserving access to care; and

WHEREAS, graduated requirements for stabilization, monitoring, and specialist consultation enhance patient safety without imposing unnecessary barriers on lower-risk patients;

THEREFORE, BE IT RESOLVED, that the Patient Safety & Qualification Committee hereby adopts and recommends to the Board the following Clinical Support Framework to be applied to all patients, except end-of-life care patients, seeking participation in the Medical Psilocybin Program:

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:

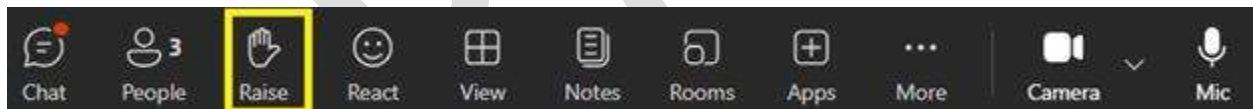
1. the primary psilocybin practitioner responsible for the patients care; and
2. a licensed specialist practicing within their scope of licensure and possessing expertise relevant to the identified condition (e.g., psychiatrist, psychiatric mental health nurse practitioner, cardiologist, neurologist, or other appropriately credentialed clinician)

Tier 4: Not Appropriate for Participation at This Time

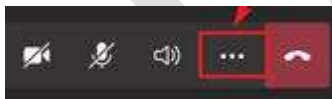
• Patients meeting criteria in this tier are not appropriate for participation in the Medical Psilocybin Program at the time of evaluation due to safety or ethical considerations. Placement in this tier does not constitute a permanent exclusion and may be reconsidered if clinical circumstances change.

How to raise your hand to speak:

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- Step 2: Click on "Sign up for E-News"
- Step 3: Complete your information
- Step 4: Select "Medical Psilocybin"



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mirtazepine

Good points

I think that is accurate with what we know at this point

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Sorry my phone isn't working In regards to Glp1 - the concern is potentially dosing over the necessary effective dose and then having a major trip that was not expected

I haven'

and could was say "may" rather than "likely"

haven't noticed this as an issue with GLP-1 patients - but again, this is anecdotal

or something not so sure...

Or "potential" instead of likely

How about "may blunt" Also for cannabis how about "may potentiate"

It's more of an alignment with the extant literature

issue

Adjustment disorder would be SO helpful to have.

Metz, Anne

Adjustment disorder would be SO helpful to have.

I agree

Thank you Dr. Fatemi - it is one of the items we want to discuss with them.

Does it have to be specific to end of life illness or could it just be older age?

That's FANTASTIC!

Wonderful adjustment. Thanks everyone for having such great ideas.

What about changing end of life "illness to "distress"?

Clinical Support Framework

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- Documentation required for Tier 2
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Tier 3. Specialist Supported Care

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 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
- Known allergy to psilocybin-containing mushrooms
- Active inability to provide informed consent

Why is borderline excluded? I feel it would help my patients with borderline, no? Just bc it is not shown to be helpful, does not necessitate exclusion? Ok

Always a pleasure. Very organized!

Thank you for a great meeting! Thank you

sounds good

Sounds good

DRAFT