Date:	Patient DOB:
Patient Name:	Patient Address:
Patient phone number:	

STATEWIDE STANDING ORDERS FOR REGISTERED PHARMACISTS

	Levonorgestrel tablet, 1.5mg *OR any progestin-only OTC oral emergency contraceptive medication commercially available and FDA approved for contraception. This standing order does NOT cover emergency contraception with ulipristal acetate.* **Quantity:** 1 pack **Directions for use:** Use as directed on package. Read medication drug facts on the package before taking. **Refills:** PRN **Indication:** Emergency contraception
	Any OTC barrier method for contraception commercially available and FDA approved *(e.g. male condom, female/insertive condoms, spermicide, lactic acid/citric acid/potassium bitartrate vaginal gel, etc.)* **Quantity:** 6 packs (up to a 6-month supply) **Directions for use:** Use as directed on package. Read directions on the package before taking. **Refills:** PRN **Indication:** Contraception
	OTC Home Pregnancy Test Kit **Quantity:** 2 test kits **Directions for use:** Use as directed on package. **Refills:** PRN **Indication:** Test for pregnancy
	Progestin-Only Oral Contraceptive Tablets (0.075 mg norgestrel) *OR Any progestin-only OTC daily oral contraceptive medication commercially available and FDA approved for contraception.* **Quantity:** 6 packs **Directions for use:** Use as directed on package. Read medication drug facts on the package before taking. **Refills:** PRN **Indication:** Contraception
	Naloxone 4 mg/0.1 mL Nasal Spray *OR Other naloxone preparation or opioid antagonist commercially available and FDA approved for the emergency treatment of known or suspected opioid overdose.* **Quantity:** 1 box **Directions for use:** Label with "Call 911" and directions for use consistent with drug monograph. **Refills:** PRN **Indication:** Opioid Overdose
	COVID-19 Antigen Home Test Kit **Quantity:** 1 box **Directions for use:** Use as directed on package. Read directions on the package before taking. **Refills:** PRN **Indication:** COVID-19 home testing
	2026-2027 COVID-19 vaccine (Pfizer COMIRNATY; Moderna SPIKEVAX; Moderna MNEXSPIKE; or Novavax NUVAXOVID) **Quantity:** one dose **Directions for use:** administer one dose of 2026-2027 COVID-19 vaccine per package insert **Refills:** 0 **Indication:** Protection from COVID-19 infection **Expiration:** Order valid until August 30, 2027 or until withdrawn by New Mexico Department of Health

MDurham, MD

Prescriber: Miranda Durham, MD
NPI:1548326515
NM Medical License: MD2004-0631

NMHealth