

Annex A
Over-The-Counter Self-Care Form
BDAACH Pharmacy Service

- NOTE:** 1. Children < 2 years old are not eligible for the OTC medication program.
 2. Patients on flight status will not use this form. See Flight Status OTC Self-Care form.
 3. Use of the self-care program is limited to a maximum of 4 products per beneficiary per month, with 1 product per category. Acetaminophen and Ibuprofen are permitted concurrently.
 4. Patients will be referred to a provider if requesting the same medication for the same indication and same beneficiary within 30 days.
 5. **This program is intended for use by TRICARE Beneficiaries. Non-TRICARE beneficiaries will be billed for services utilized under this program.**

Part 1. PATIENT INFORMATION

Patient Name: _____ **Age:** _____ **Weight:** _____ **DOB:** _____
 (Last Name, First Name, MI) (If <12 years)

Phone: _____ **OR Email** _____

Allergies: _____

Signature: _____ **Date:** _____

Part 2. DRUG SELECTION(S)

PAIN / FEVER	DECONGESTANT	SKIN
<input type="checkbox"/> Acetaminophen 80mg chew tabs, 30's [C] <input type="checkbox"/> Acetaminophen 160mg/5ml susp, 4oz [C] <input type="checkbox"/> Acetaminophen 325mg tabs, 50's [A] <input type="checkbox"/> Ibuprofen 100mg/5ml susp, 4oz [C] <input type="checkbox"/> Ibuprofen 200mg tabs, 24's [A]	<input type="checkbox"/> Phenylephrine 10mg tabs, 18's [A] <input type="checkbox"/> Sodium chloride 0.65% nasal spray, 1.5oz [C]	<input type="checkbox"/> Bacitracin ointment, 1oz [C] <input type="checkbox"/> Methyl salicylate/menthol balm, 85gm [A] <input type="checkbox"/> Hydrocortisone 0.5% cream, 1oz [C] <input type="checkbox"/> Sunscreen lotion, 3oz [C] <input type="checkbox"/> Tolnaftate 1% cream, 0.5oz [C] <input type="checkbox"/> Tolnaftate 1% powder, 1.5oz [C] <input type="checkbox"/> Vitamin A+D ointment, 4oz [C]
ANTIHISTAMINE /DECONGESTANT	COUGH	GASTROINTESTINAL
<input type="checkbox"/> Dimaphen 1-2.5mg/5ml soln, 4oz [B]	<input type="checkbox"/> Guaifenesin 100mg/5ml syrup, 4oz [A] <input type="checkbox"/> Robitussin-DM 100-10mg /5ml syrup, 4oz [A]	<input type="checkbox"/> Bismuth Sub 262mg/15ml susp, 8 oz [A] <input type="checkbox"/> Bismuth Sub 262mg chew tabs, 48's [A] <input type="checkbox"/> Magnesium hyd 400mg/5ml susp, 12oz [A] <input type="checkbox"/> Mylanta susp, 12oz [A] <input type="checkbox"/> Psyllium powder, 13oz [A]
ANTIHISTAMINE	SORE THROAT	
<input type="checkbox"/> Chlorpheniramine 4mg tabs, 24's [A] <input type="checkbox"/> Diphenhydramine 12.5mg/5ml elixir, 4oz [B] <input type="checkbox"/> Diphenhydramine 25mg caps, 24's [A] <input type="checkbox"/> Loratadine 5mg/5ml soln, 4oz [C] <input type="checkbox"/> Loratadine 10mg tabs, 30's [A]	<input type="checkbox"/> Cepacol lozenges, 18's [A] <input type="checkbox"/> Chloraseptic 1.4% spray, 6oz [B]	
EMERGENCY CONTRACEPTION	ANTIDIARRHEAL	MISCELLANEOUS
<input type="checkbox"/> Levonorgestrel (Plan B One-Step) 1.5mg tab ***All women of child-bearing potential*** <input type="checkbox"/> Refer to provider if more than two times in six months	<input type="checkbox"/> Loperamide 2mg tabs, 12's [B]	<input type="checkbox"/> Carbamide 6.5% otic drops, 0.5oz [A] <input type="checkbox"/> Chapstick [C] <input type="checkbox"/> Naphcon A ophth soln, 0.5oz [A] <input type="checkbox"/> Pill cutter [A] <input type="checkbox"/> Hypromellose 0.3% (Gentel) ophth soln, 0.5oz[C]

Affix CHCS/Reflections secondary label below or complete as required to identify patient

[A]: Adults & ≥ 12 years old
 [B]: Adults & ≥ 6 years old
 [C]: Adults & ≥ 2 years old

[Updated: JUL 2022]