

Annex C

**Over-The-Counter Self-Care Form
BDAACH Pharmacy Service For
Diabetic Supplies**

- NOTE:** 1. Use of the diabetic supplies self-care program is limited to one time per month. A maximum of 30 day supply will be dispensed.
2. Patient will be referred to a provider if requesting the same supplies within 30 days
3. Diabetes self-care supplies may only be dispensed to patients over the age of 18 and at the Pharmacist's discretion. Minors will require a prescription.
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: _____ **DOB:** _____
(Last Name, First Name, MI)

Phone: _____ **OR Email** _____

Signature: _____ **Date:** _____

Part 2. DIABETIC SUPPLIES SELECTION(S)

Lancets [Adult]

- Freestyle (28 G) – NDC 99073013001
- Trueplus (33 G) – NDC 56151014701

Alcohol Pads [Adult]

- Alcohol prep pad (100s) - NDC 08290326895
- Alcohol prep pad (200s) - NDC 59707022201

Pen needles [Adult]

- BD (32G 4 mm) – NDC 08290320550
- Sure Comfort (31 G 8 mm) – NDC 86227012155
- Sure Comfort (30 G 8 mm) – NDC 86227011155
- Droplet (31G, 5 mm) – NDC 08489831010

Syringes [Adult]

- Syringe w/ needle, BD (1 mL 28G 0.5”) – NDC 08290305500

Sharps Container [Adult]

- 1.4QT – NDC 08290323487

Blood Glucose Test Strips [Adult]

- Freestyle (100s) – NDC 99073071026
- Precision Xtra (100s) – NDC 57599969405

Affix GENESIS secondary label below or complete as required to identify patient

[Updated: FEB 2025]