

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 [C] <input type="checkbox"/> Acetaminophen 160mg/5ml susp [C] <input type="checkbox"/> Acetaminophen 325mg tabs, [A] <input type="checkbox"/> Ibuprofen 100mg/5ml susp [C] <input type="checkbox"/> Ibuprofen 200mg tabs [A]	<input type="checkbox"/> Phenylephrine 10mg tabs [A] <input type="checkbox"/> Sodium chloride 0.65% nasal spray [C]	<input type="checkbox"/> Bacitracin ointment [C] <input type="checkbox"/> Hydrocortisone 1% cream [C] <input type="checkbox"/> Clotrimazole 1% Antifungal cream, [C] <input type="checkbox"/> Tolnaftate 1% powder [C] <input type="checkbox"/> Petrolatum 41% ointment [C]
EXPECTORANT	COUGH	GASTROINTESTINAL
<input type="checkbox"/> Guaifenesin 100mg/5ml syrup, 4oz [A]	<input type="checkbox"/> Guaifenesin-Dextromethorphan 100-10mg /5ml syrup [A] <input type="checkbox"/> Dextromethorphan 30mg/5ml soln, [B]	<input type="checkbox"/> Bismuth Sub 262mg/15ml susp [A] <input type="checkbox"/> Bismuth Sub 262mg chew tabs [A] <input type="checkbox"/> Magnesium hyd 400mg/5ml susp [A] <input type="checkbox"/> Mylanta susp [A] <input type="checkbox"/> Psyllium powder [A]
ANTIHISTAMINE	SORE THROAT	
<input type="checkbox"/> Chlorpheniramine 4mg tabs [A] <input type="checkbox"/> Diphenhydramine 12.5mg/5ml elixir [B] <input type="checkbox"/> Diphenhydramine 25mg caps [A] <input type="checkbox"/> Loratadine 5mg/5ml soln [C] <input type="checkbox"/> Loratadine 10mg tabs [A]	<input type="checkbox"/> Cepacol lozenges [A] <input type="checkbox"/> Chloraseptic 1.4% spray [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 [B]	<input type="checkbox"/> Carbamide 6.5% otic drops [A] <input type="checkbox"/> Olopatadine 0.1% ophth soln [A] <input type="checkbox"/> Carboxymethylcellulose 0.5% ophth soln [C]

Affix GENESIS 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: JAN 2024]