

Annex B

**FLIGHT STATUS PERSONNEL
Over-The-Counter Self-Care Form
BDAACH Pharmacy Service**

- NOTE:** 1. Use of the self-care program is limited to a maximum of 4 products per beneficiary per month, with 1 product per category.
2. Patient will be referred to a provider if requesting the same medication for the same indication and same beneficiary within 30 days.
3. **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** _____

Allergies: _____

Signature: _____ **Date:** _____

Part 2. DRUG SELECTION(S)

PAIN/FEVER	DECONGESTANT	SKIN
<input type="checkbox"/> Acetaminophen 325mg tabs	<input type="checkbox"/> Phenylephrine 10mg tabs <input type="checkbox"/> Sodium chloride 0.65% Nasal spray	<input type="checkbox"/> Bacitracin ointment <input type="checkbox"/> Hydrocortisone 1% cream[C] <input type="checkbox"/> Clotrimazole 1% Antifungal cream [C] <input type="checkbox"/> Tolnaftate 1% powder
	EXPECTORANT	
	<input type="checkbox"/> Guaifenesin 100mg/5ml syrup	
ANTI HISTAMINE	SORE THROAT	GASTROINTESTINAL
<input type="checkbox"/> Loratadine 10mg tabs	<input type="checkbox"/> Cepacol Lozenges <input type="checkbox"/> Chloraseptic 1.4% Spray	<input type="checkbox"/> Bismuth Sub 262mg/15ml susp, <input type="checkbox"/> Bismuth Sub 262mg Chew tabs <input type="checkbox"/> Mylanta susp <input type="checkbox"/> Psyllium powder
	ANTIDIARRHEAL	MISCELLANEOUS
	<input type="checkbox"/> Loperamide 2mg tabs	<input type="checkbox"/> Carbamide 6.5% otic drops <input type="checkbox"/> Carboxymethylcellulose 0.5% ophth soln,

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