



FAHC OTC SELF CARE MEDICATIONS

The OTC medications listed below are available to military beneficiaries, with acute (short term) health conditions. If an over the counter medication is recommended by pharmacy staff after consultation, please fill out this request slip for the intended patient. **Medication requests will be limited to 3 separate items per visit per FAMILY, maximum ONE visit per 2 week timeframe. Exception is Plan B, which is limited to 1 dose per a 6 month timeframe and Zyrtec, Allegra, Claritin, Flonase, and Calcium which are 30 day's supply.** By receiving the medications, you agree to use the medication as intended. Medications for children less than two years old should always be recommended by a health care provider and will not be provided as part of this program. **All medications are subject to current availability, we cannot substitute if unavailable.**

PAIN / FEVER/ INFLAMMATION

	PACKAGE SIZE	AGE
<input type="checkbox"/> Acetaminophen (Tylenol) liquid 160mg/5ml for children	4 oz bottle	≥2 yrs
<input type="checkbox"/> Acetaminophen (Tylenol) tabs 325mg	50 tabs	≥6 yrs
<input type="checkbox"/> Ibuprofen (Motrin) suspension 100mg/5ml for children	4 oz bottle	≥2 yrs
<input type="checkbox"/> Ibuprofen (Motrin) 200mg tabs	24 tabs	≥12 yrs

ALLERGIES /COLD / COUGH

<input type="checkbox"/> Diphenhydramine (Benadryl) 25mg caps	24 caps	≥6 yrs
<input type="checkbox"/> Diphenhydramine (Benadryl) 12.5mg/5ml liquid for children	4 oz bottle	≥6 yrs
<input type="checkbox"/> Guaifenesin (Robitussin) syrup 100mg/5ml (chest congestion)	4 oz bottle	≥12 yrs
<input type="checkbox"/> Guaifenesin DM (Robo DM) syrup 100mg-10mg/5ml (dry cough)	4 oz bottle	≥12 yrs
<input type="checkbox"/> Saline Nasal spray	1.5 fl oz bottle	
<input type="checkbox"/> Chloraseptic (generic) throat lozenges	15 lozenges	≥6 yrs
<input type="checkbox"/> Cetirizine (Zyrtec) 10mg tabs	30 tabs	≥6 yrs
<input type="checkbox"/> Cetirizine (Zyrtec) liquid 5mg/5ml for children	4oz bottle	≥6 months
<input type="checkbox"/> Loratadine (Claritin) 10mg tabs,	30 tabs	≥6 yrs
<input type="checkbox"/> Loratadine (Claritin) 5mg/5ml liquid for children	4oz bottle	2-5 yrs
<input type="checkbox"/> Fluticasone (Flonase) nasal spray	120 sprays	≥4 yrs
<input type="checkbox"/> Fexofenadine (Allegra) 180mg	30 tabs	≥12 yrs
<input type="checkbox"/> Fexofenadine (Allegra 12-hr) liquid 30mg/5ml for children	4oz bottle	2-11 yrs
<input type="checkbox"/> Calcium citrate w/Vit D3 (315mg-250 IU/tab)	60 tabs	

GASTROINTESTINAL

<input type="checkbox"/> Docusate Sodium (Colace) 100mg capsule (constipation)	30 caps	≥2 yrs or older
<input type="checkbox"/> Loperamide (Imodium) 2mg tabs (diarrhea)	24 caps	≥12 yrs or older

TOPICALS

<input type="checkbox"/> Bacitracin antibiotic ointment	30 gm tube	≥2 yrs
<input type="checkbox"/> Clotrimazole 1% cream (antifungal)	30 gm tube	≥2 yrs
<input type="checkbox"/> Benzoyl Peroxide 5% gel (acne)	60 gm tube	≥12 yrs
<input type="checkbox"/> Hydrocortisone 1% cream (steroid)	30 gm tube	≥2 yrs
<input type="checkbox"/> Miconazole 2% vaginal cream (Miconazole-7)	45 gm tube w/applicator	≥12 yrs

RISK OF UNPLANNED PREGNANCY

<input type="checkbox"/> PLAN – B (<i>user's ID must be presented</i>)	1 tab/package	women of childbearing age only
<input type="checkbox"/> Ella (<i>user's ID must be presented</i>)	1 tab/package	women of childbearing age only

PATIENT'S FIRST & LAST NAME: _____ PATIENT'S DOB: _____

NOTE: 1) Fox Army Health Center pharmacists will screen medication requests for appropriateness, compatibility, safety, and abuse.
2) Any family member listed under the sponsor's SSN that is 17 years or older may pick up medications.
3) Valid ID card must be presented for any beneficiary 14 years or older.