

## ASIFlex Quick Reference Guide



### Over-the-Counter Medicine

**As of January 1, 2011**, The Health Care Reform legislation has directed that many over the counter (OTC) medications will no longer be reimbursable with Flexible Spending Account funds, unless purchased in conjunction with a physician's prescription. Following is a sample list of OTC medicine categories affected by these changes:

Acid Controllers	Cold Sore Remedies	Motion Sickness
Allergy & Sinus	Cough, Cold and Flu	Pain Relief
Anti-Diarrhea Products	Products	Respiratory Treatments
Anti-Gas Products	Digestive Aids	Sleep Aids & Sedatives
Anti-Itch & Insect Bite Products	Feminine Anti-Itch/Anti-Fungal	Stomach Ailment Remedies
Baby Rash Ointments	Hemorrhoid Remedies	
	Laxatives	

**As mentioned above, these changes will not take effect until January 1, 2011.** Therefore, you will be able to submit FSA claims for eligible OTC purchases without a prescription through the end of 2010. The Health Care Reform changes do not alter your ability to be reimbursed for equipment, supplies, and diagnostic devices. For example, contact lens solution, bandages, hearing aid batteries, blood sugar test kits, etc. will remain eligible OTC purchases for FSA reimbursement.

**Through December 31, 2010** over-the-counter (OTC) medicines and products are reimbursable under a Health Care Flexible Spending Account (HCFSA) when the OTC product is used for medical purposes. ASIFlex allows the same expenses as those allowed by the IRS. Below is a description of the three IRS-defined categories, followed by product examples for each.

### **Eligible OTC Medical Care Expenses**

- Eligible items include medicines or products that alleviate or treat injuries or illness for you and your dependents. These drugs and products are not cosmetic in nature, or merely beneficial to your general health. Claims for OTC medicines and products must include an adequate receipt accompanied by the ASI claim form. An adequate receipt states the name of the medicine or product, the date, and the amount paid. You do not need to provide a statement from a medical provider or indicate a diagnosis in order to receive reimbursement.

### **Dual-Purpose Products**

- Certain OTC products are considered dual-purpose, such as vitamins and supplements. That's because for some individuals, the product is used to alleviate a medical condition, while others use the product for general health and well-being. These products may be eligible for reimbursement, but require a **Letter of**

**Medical Necessity (LMN) stating your specific diagnosis or medical condition, a recommendation to take the specific OTC medicine to treat your condition, and documentation of the product and cost. ASI provides a Letter of Medical Necessity (LMN) to assist you in submitting this information.**

- If you have a condition that requires a specialized general purpose item (i.e. special laundry detergent due to allergies) and you have a letter of medical necessity, you can claim the difference in cost between the specialized detergent and the regular detergent. You must submit a statement or printout showing how much a “comparable” non-medicated product costs.

**Excluded Items**

- OTC products that are not medicines or that merely benefit your general health are NOT reimbursable, such as vitamins without a Letter of Medical Necessity (LMN).

*Reimbursement for OTC medicines still follow the existing rules regarding FSAs. The expense(s) must:*

- *Be incurred during your period of coverage*
- *Not be reimbursed through another plan*
- *Be substantiated by a detailed receipt*

**Eligible OTC Expenses** include medicines or products that alleviate or treat injuries or illness for you and your dependents. **Beginning January 1, 2011, you will need a valid prescription in order to be reimbursed for any OTC medicines.**

Type/Class of Drug or Product	Examples
Allergy Prevention and Treatment	Actifed <input type="checkbox"/> Allerest <input type="checkbox"/> Benadryl <input type="checkbox"/> Chlor-Trimetron <input type="checkbox"/> Claritin <input type="checkbox"/> Contac <input type="checkbox"/> Nasal crom <input type="checkbox"/> Sudafed
Analgesics/Antipyretics	Aspirin <input type="checkbox"/> Advil <input type="checkbox"/> Alleve <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Naprosyn <input type="checkbox"/> Tylenol <input type="checkbox"/> Midol <input type="checkbox"/> Pamprin <input type="checkbox"/> Premysyn PMS
Antacids and Acid Reducers	AXID AR <input type="checkbox"/> Gas-X <input type="checkbox"/> Maalox <input type="checkbox"/> Mylanta <input type="checkbox"/> Tums <input type="checkbox"/> Pepcid AC <input type="checkbox"/> OTC Prilosec <input type="checkbox"/> Tagamet HB <input type="checkbox"/> Zantac 75
Antibiotics (topical)	Bacitracin <input type="checkbox"/> Neosporin <input type="checkbox"/> Triple antibiotic ointment
Anticandial (yeast)	Femstat 3 <input type="checkbox"/> Gynelotrimin <input type="checkbox"/> Mycelex-7 <input type="checkbox"/> Monistat 3 <input type="checkbox"/> Vagistat-1
Antidiarrheal and Laxatives	Ex-Lax <input type="checkbox"/> Immodium AD <input type="checkbox"/> Kaopectate <input type="checkbox"/> Pepto-Bismol
Antifungal	Lamisil AT <input type="checkbox"/> Lotramin AF <input type="checkbox"/> Micatin
Antihistamines	Actidil <input type="checkbox"/> Actifed <input type="checkbox"/> Allerest <input type="checkbox"/> Benadryl <input type="checkbox"/> Claritin <input type="checkbox"/> Chlor-Trimetron <input type="checkbox"/> Contac <input type="checkbox"/> Drixoral <input type="checkbox"/> Sudafed <input type="checkbox"/> Tavist <input type="checkbox"/> Triaminic
Anti-itch Lotions and Creams	Bactine <input type="checkbox"/> Benadryl <input type="checkbox"/> Caldecort <input type="checkbox"/> Caladryl <input type="checkbox"/> Calamine <input type="checkbox"/> Cortaid <input type="checkbox"/> Hydrocortisone <input type="checkbox"/> Lanacort <input type="checkbox"/> Lamisil AT <input type="checkbox"/> Lotramin AF
Asthma Medicines	Bronitin Mist <input type="checkbox"/> Bronkaid <input type="checkbox"/> Bronkolyser <input type="checkbox"/> Primatene
Cold Sore/Fever Blister	Abreva Cream <input type="checkbox"/> Herpecin
Cold, Flu, Decongestant and Sinus Remedies	Actidil <input type="checkbox"/> Actifed <input type="checkbox"/> Advil Cold and Sinus <input type="checkbox"/> Afrin <input type="checkbox"/> Alka Seltzer Cold and Flu <input type="checkbox"/> Afrinol <input type="checkbox"/> Alleve Cold and Sinus <input type="checkbox"/> Children's Advil Cold <input type="checkbox"/> Contac <input type="checkbox"/> Dayquil <input type="checkbox"/> Dimetane <input type="checkbox"/> Dristan Long-Lasting <input type="checkbox"/> Drixoral <input type="checkbox"/> Neo-Synephrine 12- Hour <input type="checkbox"/> Nyquil <input type="checkbox"/> Orrivin <input type="checkbox"/> Pediacare <input type="checkbox"/> Sudafed <input type="checkbox"/> Tavist-D <input type="checkbox"/> Thera-flu <input type="checkbox"/> Triaminic <input type="checkbox"/> Tylenol Cold and Flu <input type="checkbox"/> Cough Drops <input type="checkbox"/> Nasal Sprays <input type="checkbox"/> Throat Lozenges
Contraceptive / Family Planning	Ovulation predictor kits <input type="checkbox"/> Pregnancy tests <input type="checkbox"/> Spermicides <input type="checkbox"/> Condoms
Cough Suppressants or Expectorants	Robitussin <input type="checkbox"/> Vicks 44 <input type="checkbox"/> Chlorasptic <input type="checkbox"/> Mucinex <input type="checkbox"/> Cough drops <input type="checkbox"/> Throat lozenges
Dehydration	Pedialyte
Dental/Denture Care	Orajel <input type="checkbox"/> Anbesol <input type="checkbox"/> Poligrip
Diaper Rash	Aquaphor <input type="checkbox"/> Balmax <input type="checkbox"/> Desitin
Ear Care	Ear drops <input type="checkbox"/> Ear wax removal
Eye Care	Contact lens supplies <input type="checkbox"/> Eye drops <input type="checkbox"/> Reading glasses <input type="checkbox"/> Eye patches
First Aid / Medical Supplies	Antiseptics <input type="checkbox"/> Witch Hazel <input type="checkbox"/> Peroxide <input type="checkbox"/> Bandages <input type="checkbox"/> First aid kits <input type="checkbox"/> Cold/hot packs for injuries <input type="checkbox"/> Joint supports (ankle, elbow, knee, wrist) <input type="checkbox"/> Rubbing alcohol <input type="checkbox"/> Ace wraps <input type="checkbox"/> Splints <input type="checkbox"/> Thermometers <input type="checkbox"/> Liquid adhesives
Foot Care	Arch and insole supports <input type="checkbox"/> Callous removers <input type="checkbox"/> Athlete's Foot products (see anti- fungal) <input type="checkbox"/> Bunion, blister and corn treatments
Hemorrhoidal Preparations	Preparation H <input type="checkbox"/> Hemorrhoid <input type="checkbox"/> Tronolane
Home Diagnostic Tests or Kits	Blood pressure (monitor and related equipment) <input type="checkbox"/> Cholesterol <input type="checkbox"/> Diabetic equipment and supplies <input type="checkbox"/> Colorectal screenings <input type="checkbox"/> HIV test
Lactose Intolerance	DairyCare <input type="checkbox"/> Dairy Relief <input type="checkbox"/> Lactaid <input type="checkbox"/> Lacteeze <input type="checkbox"/> Lactrase
Menstrual Cycle	Midol <input type="checkbox"/> Pamprin <input type="checkbox"/> Premysyn PMS
Migraine Relief	Advil Migraine <input type="checkbox"/> Motrin Migraine <input type="checkbox"/> Excedrin
Motion Sickness	Dramamine <input type="checkbox"/> Marizine
Pediculicide	Nix <input type="checkbox"/> Rid
Pre-natal Vitamins	
Sleeping Aids	
Smoking Cessation	Commit <input type="checkbox"/> Nicoderm CQ <input type="checkbox"/> Nicorette <input type="checkbox"/> Nicotrol
Teething/Toothaches	Orajel <input type="checkbox"/> Anbesol
Topical Steroids	Hydrocortisone
Wart Removal	Compound W <input type="checkbox"/> Dr. Scholl's Clear Away <input type="checkbox"/> Wart-Off

*The products listed here are examples, and do NOT constitute and endorsement or an exhaustive listing of reimbursable OTC products.*

**Dual-Purpose OTC Medicines and Products** may be reimbursed under an FSA with a licensed health care provider's LMN stating your specific diagnosis or medical condition, a recommendation to take the specific OTC medicine to treat your condition, and documentation of the product and cost.

Type/Class of Drug or Product	Examples	Reimbursable Use	Excluded Use
<b>Calcium</b>	Calcium Carbonate <input type="checkbox"/> Caltrate <input type="checkbox"/> Tricalcium Phosphate <input type="checkbox"/> Calcium Citrate <input type="checkbox"/> Calcium Lactate <input type="checkbox"/> Calcium Gluconate	Diagnosis (e.g. osteoporosis) or at-risk for illness or injury based on physician note	Routine use for general health
<b>Dental fluoride</b>			Routine use for general oral care
<b>Fiber Supplements</b>	Benefiber <input type="checkbox"/> Metamucil	Documented specific medical condition; short duration	Routine use for general health
<b>Homeopathic Remedies</b>			
<b>Incontinence</b>		Post-surgery	Infants and toddlers
<b>Joint Supplements</b>	Chondroitin	Diagnosis of Arthritis	Routine use for general health
<b>Minerals</b>	Calcium <input type="checkbox"/> Caltrate <input type="checkbox"/> Ferrous Sulfate <input type="checkbox"/> Feosol <input type="checkbox"/> Slow FE <input type="checkbox"/> Folic Acid	Diagnosis (e.g. osteoporosis, anemia) or at-risk for illness or injury based on physician note	Routine use for general health
<b>OTC Hormone Therapy</b>		Peri-menopausal or menopausal symptoms	Routine use for general health
<b>Dietary Supplements</b>	Protein bars <input type="checkbox"/> Power drinks <input type="checkbox"/> Ensure <input type="checkbox"/> Glucerna <input type="checkbox"/> Slimfast	Documented specific medical condition	Sports performance, general energy and health
<b>Snoring Cessation Aids</b>	Breathe Right <input type="checkbox"/> Snorezz	Sleep Apnea	
<b>Vitamins</b>		Vitamin B for treatment of scurvy	Routine use for general health
<b>Weight Loss</b>		Diagnosis of obesity or other documented specific medical condition	

**Excluded OTC Products** (non-eligible expenses)

Type/Class of Drug or Product	Examples
<b>Cosmetic Products</b>	Face soaps ■ Creams ■ Make-up ■ Perfumes ■ Hair removal
<b>Dental Products</b>	Dental floss ■ Toothpaste ■ Toothbrushes ■ Teeth whitening kits ■ Mouthwash
<b>Ear Care</b>	Ear plugs
<b>Herbal Supplements</b>	
<b>Toiletries</b>	Deodorant ■ Shampoo ■ Body sprays ■ Soaps ■ Moisturizers ■ Chapstick
<b>Vitamins</b>	Without a Letter of Medical Necessity

*The products listed here are examples, and do NOT constitute and endorsement or an exhaustive listing of reimbursable OTC products.*