

# Summary of OTC Changes

Effective January 1, 2011, Over the Counter (OTC) drugs and medicines will no longer be eligible without a prescription (RX)/letter of medical necessity from a physician.

- Applies to claims incurred on or after January 1, 2011
- Is not applicable to claims submitted after 1/1/2011 for purchases made in 2010
- Applies to grace period and non-calendar year claims incurred beginning January 1, 2011
- Requires the RX to be submitted with each claim and renewed yearly.

## **OTC Items that require prescription or letter of medical necessity:**

*Over-The-Counter (OTC) medicines/drugs that are primarily for medical care can be reimbursed when purchased in reasonable quantities, if a medical practitioner's prescription or letter of medical necessity is submitted.*

- Acne treatment (Retin A)
- Allergy Medicine
- Antacids
- Bactine
- Anti-diarrhea Medicine
- Bug Bite Medication
- Calamine Lotion
- Cold Medicines
- Cough Drops
- Diaper Rash Ointments
- Fiber Supplements
- First Aid Cream
- Hemorrhoid Medication
- Herbal Medicines and Dietary Supplements
- Glucosamine/Chondroitin
- Laxatives
- Medicated Shampoos and Soaps
- Menstrual Cycle Products for pain/cramp relief
- Motion Sickness Pills
- Nasal Sinus Sprays
- Nicotine Gum or patches for stop-smoking purposes
- Orthopedic Shoe/Inserts
- OTC Hormone Therapy and Treatment for Menopause
- Pain Reliever
- Pedialyte for sick child's dehydration
- Pills for Persons who are lactose intolerant
- Prenatal Vitamins
- Products for muscle pain or joint pain, i.e., BenGay, Tiger Balm, etc.
- Sinus Medications
- Sleeping aids used to treat occasional insomnia
- Special Ointment or Cream for sunburn
- Sunscreen (SPF 45) under narrow circumstances
- St John's Wort for Depression
- Wart remover treatments
- Weight-Loss Drugs to treat a specific disease (including obesity)

NOTE: If you have the Flex Card, these items will need to be purchased with another form of payment and then submitted for reimbursement with your letter of medical necessity/RX and receipt(s).

A letter of medical necessity form can be found at:

[https://www.basiconline.com/employees/Services/BASIC\\_Flex/Participant\\_Forms/](https://www.basiconline.com/employees/Services/BASIC_Flex/Participant_Forms/)

## **OTC items that do not require prescription or letter of medical necessity:**

*Over-The-Counter (OTC) items that are primarily for medical care can be reimbursed when purchased in reasonable quantities.*

- Band-Aids
- Carpal Tunnel Wrist Supports
- Cold/Hot Packs for injuries
- Condoms
- Contact Lens Cleaning Solution
- Crutches
- Diagnostic devices (Blood sugar testing)
- Incontinence Supplies
- Insulin
- Liquid Adhesive for small cuts
- Nasal Strips
- Pregnancy Test Kits
- Reading Glasses
- Rubbing Alcohol
- Spermicidal Foam
- Visine and other such eye products

## **Ineligible items:**

*OTC items that will not be reimbursed under any circumstances, since they are toiletries or cosmetics or likely to be primarily for general health and well being.*

- Chapstick
- Face Cream, Moisteners
- Food Supplements
- Personal Care items (toothpaste, etc.)
- Suntan Lotion
- Vitamins

**If you have questions about a particular item not listed, please call BASIC at 800-444-1922 x1, to determine eligibility before including it in your election total.**

✓ **This list is not inclusive of all reimbursable and non-reimbursable items.**