

Over-the-Counter Medical Products

Beginning January 1, 2011, over-the counter (OTC) medicines or drugs, such as pain relievers or antacids will require a physician's prescription in order to be considered eligible for reimbursement. The only exception is insulin – which will **not** require a prescription. Please see “Submitting Claims for OTC Medicines and Drugs” below.

Over-the-counter (OTC) products that **are not** medicines or drugs are reimbursable under a Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA) (dental and vision expenses only) without a prescription when the OTC product is used for medical purposes. This includes items such as sunscreen, bandages, and contact lens solution.

Please refer to the [FSAFEDS Eligible Expenses Juke Box](#) for an extensive list of eligible expenses.

Eligible OTC Products

Eligible items include products that alleviate or treat injuries or illness for you and your dependents. These products are not cosmetic in nature, or merely beneficial to your general health.

Claims for OTC products that are not medicines or drugs must include an **adequate receipt**. If the receipt is not adequate, we will need a copy of the label or packaging accompanied by the [FSAFEDS claim form](#). An adequate receipt states the name of the product, the date, and the amount paid.

Claims for OTC medicines or drugs must include a physician's prescription, an adequate receipt accompanied by the [FSAFEDS claim form](#), and a copy of the product's label or packaging.

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 item to treat your condition, and documentation of the product and cost. FSAFEDS provides a [Letter of Medical Necessity \(LMN\)](#) to assist you in submitting this information. **Please note: Submitting an LMN for your claim does not guarantee that the expense will be approved.**

Excluded Items

OTC products that merely benefit your general health or are cosmetic in nature are NOT reimbursable.

Submitting Claims for OTC Medicines and Drugs

In order to ensure timely reimbursement for your claims for eligible OTC medicines and drugs, please submit all of the following items:

- A fully completed and signed FSAFEDS Health Care Claim Form, **AND**
- A receipt (not dated prior to the date on the prescription) indicating the name of the item purchased, **AND**
- A copy of the product label or package, **AND**
- A healthcare provider's prescription* for the recommended OTC item, which **must** include:
 - The date

- The name of the patient for whom the OTC item is prescribed
- The name of the OTC item (if you purchase a generic item, you must provide documentation that supports that it is the therapeutic equivalent to the prescribed drug)
- The dosage requirement (the potency of the item purchased must match the prescribed amount)
- The number of refills (unless it is a one-time purchase)
- The provider's address and license

***Please note:** The prescription must be legible or it cannot be approved.

A Letter of Medical Necessity (LMN) **will not** be accepted in place of a physician's prescription.

Sample Prescription for an OTC Medicine

Smith & Jones, MD 123 Main Street Anytown, USA 55555 License #123456789	Date: 1/15/2011
Patient: <i>Jane A. Doe</i>	
<i>acetaminophen 500mg b.i.d.</i>	
<u>6</u> refills	<i>Charles Smith, MD</i>

Length of Treatment

If you have a chronic condition and regularly take an OTC medicine or drug for treatment, your physician may prescribe an OTC medicine or drug "P.R.N." (as needed). In this case, your claim will only be approved for the benefit period in which it is submitted.

If the prescription does not indicate a specific number of refills, you will need to submit a new prescription each time you purchase the item. You cannot resubmit the original prescription.

How Can I Submit My Request For Reimbursement?

- **Fax Your Claim:** 1-866-643-2245 (toll-free) or 1-502-267-2233
- **Mail Your Claim:** FSAFEDS Program • PO Box 36880 • Louisville, KY 40233

Reimbursement for OTC products still follows 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*

You have the right to [appeal](#) a claim for benefits that has been denied. Please review the [Appeal Process Quick Reference Guide](#).

If you have questions you may visit the FSAFEDS web site at www.FSAFEDS.com or contact an FSAFEDS Benefits Counselor, toll-free, at 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450, Monday through Friday, 9:00 A.M. until 9:00 P.M., Eastern Time.