

Over-the-counter Drug Expenses Now Require a Prescription for Reimbursement.

In March, 2010, President Obama signed comprehensive health care reform legislation into law. One of the legislation's many provisions took effect on January 1, 2011, and requires that you have a prescription for over-the-counter drugs in order to have them reimbursed by your BESTflexSM Plan Health Care Flexible Spending Account (FSA).

Over-the-counter (OTC) drugs include such items as cough medicines, allergy medicines, pain relievers and aspirin. In terms of reimbursement from the BESTflex Plan, the OTC drugs you purchase are treated the same as prescription drugs. This means you do not need a prescription to *purchase* OTC drugs, but you do need a prescription to be *reimbursed* for them.

You have two options when submitting claims for OTC drugs.

1. Have the OTC drug filled by a pharmacist and submit the receipt with a Claim Form
2. Submit the doctor's prescription and the receipt for the OTC drug purchase with a Claim Form

Doctor's prescriptions must include the patient name, medication name, dosage, number of refills, directions for use and any other state law requirements.

You may be wondering how you should react since you are now eligible to make your Health Care FSA election for the next plan year.

1. Plan your BESTflex Plan election to account for the restriction on OTC drugs. For example, if you normally commit \$100 of your BESTflex Plan election to OTC drugs, you might direct that \$100 to other eligible expenses.
2. If you haven't already, secure a doctor's prescription for each of the OTC drugs you purchase. This will help you avoid having to reduce your BESTflex Plan election due to the OTC drug restriction.

You can continue to be reimbursed as usual for OTC medical items that are not a drug or medicine.

These items include contact lens solution, bandages, ice packs, heating pads, braces, and durable medical equipment. Insulin and diabetic supplies also remain eligible for reimbursement without a prescription.

Supplements that the IRS has approved for reimbursement continue to be reimbursable without a prescription. These items include glucosamine, chondroitin, bulk laxatives and pre-natal vitamins.

All other supplements require a letter of medical necessity. A letter of medical necessity is different from a prescription. It shows that the supplement is being used to treat a specific medical condition and is not personal in nature. It must be issued and signed by anyone who practices any type of medicine (i.e., chiropractor, nutritionist, acupuncturist, homeopathic doctor, etc.).

OTC drugs that require submission of a prescription or prescription receipt:

Acid Controllers	Anti-parasitic Treatments
Allergy and Sinus	Baby Rash Ointments/ Creams
Antibiotic products	Cold Sore Remedies
Anti-Diarrheals	Cough, Cold & Flu
Anti-Gas	Digestive Aids
Anti-Itch and Insect Bite	Pain Relief
Feminine Anti-Fungal/ Anti-Itch	Prilosec
Hemorrhoidal Medications	Respiratory Treatments
Laxatives	Sleep Aids & Sedatives
Motion Sickness	Stomach Remedies
Nicotine Gum & Patches	Zyrtec

OTC medical expenses that do not require submission of a prescription (where applicable) or prescription receipt:

Ankle Braces	Insulin
Bandages	Pregnancy Tests
Canes & Walkers	Prenatal Vitamins
Contact Lens Solution	Reading Glasses
Durable Medical Equipment	Thermometers
Heating Pads	Wrist Supports
Ice Packs	

Supplements that require submission of a letter of medical necessity:

Biotin	Fish Oils
Calcium	Melatonin
Chromium	St. John's Wort
CoQ10	Valerian
Cranberry Supplements	Vitamins
Echinacea	Yeast

Please contact Employee Benefits Corporation's Participant Services team at **800 346 2126** if you have any questions about the restriction on OTC drugs.

