

## Basic IRS OTC Drug Reimbursement Guidelines

List of over the counter (OTC) drugs determined to be primarily for medical care when purchased in **reasonable quantities** without a medical practitioner's note. Items such as toiletries, cosmetics, or things likely to be primarily for general health and well-being are NOT reimbursable.

All Claims for reimbursement must be filed with an expense voucher and receipt with the name of the item and price.

Type/Class of Drug or Product	Brand Names and/or Example
<b>Allergy Medicines</b>	Actifed, Allerest, Benadryl, Chlor-Trimetron, Claritin, Contac, Nasalcrom, Sudafed.
<b>Analgesics/Antipyretics</b>	Aspirin, Advil, Alleve, Ibuprofen, Naprosyn, Tylenol, Pamprin, Premysyn PMS
<b>Antacids and Acid Reducers</b>	AXID AR, Gas-x, Maalox, Mylanta, Tums, Pepcid AC, Prilosec, OTC, Tagamet HB, Zantac 75
<b>Anti-arthritis</b>	Doctors recommendation
<b>Antibiotics (Topical)</b>	Bacitracin, Triple antibiotic ointment
<b>Anticandial (yeast)</b>	Femstat 3, Gynelotrimin, Mycelex-7, Monistat 3, Vagistat-1
<b>Antidiarrheal and Laxatives</b>	Ex-Lax, Immodium AD, Kaopectate, Pepto-Bismol
<b>Antifungal</b>	Lamisil AT, Lotramin AF, Micatin
<b>Antihistamines</b>	Actidil, Actifed, Allerest, Benadryl, Claritan, Chlor-Trimetron, Contac, Drixoral, Sudafed, Travist-1, Triaminic
<b>Anti-Itch Lotions and Creams</b>	Bactine, Benadryl, Caldecort, Caladryl, Calamine, Cortaid, Hydrocortisone, Lanacort, Lamisil AT, Lotramin AF
<b>Asthma Medicines</b>	Bronitin Mist, Bronkaid, Bronkolyser, Primatene
<b>Cold Sore/Fever Blister</b>	Abreva Cream

<b>Cold, Flu, Decongestant and Sinus Remedies</b>	Actidil, Actifed, Advil Cold and Sinus, Afrin, Alka Seltzer Cold and Flu, Afrinol, Alleve Cold and Sinus, Children's Advil Cold, Contact, Dayquil, Dimetane, Dristan Long-Lasting, Drixoral, Neo-Synephrine 12 Hour, Nyquill, Orrivin, Pediacare, Sudafed, Travist-D, Thera-Flu, Triaminic, Tylenol Cold and Flu, Cough Drops, Nasal Sprays, Throat Lozenges
<b>Contraceptives / Family Planning</b>	Ovulation predictor kits, Pregnancy Test, Spermicides
<b>Cough Suppressants or Expectorants</b>	Robitussin, Vicks 44, Chlorasptic, Cough Drops, Throat Lozenges
<b>Dehydration</b>	Pedialyte
<b>Dental / Denture Care</b>	Orajel, Anbesol, Poligrip
<b>Diaper Rash</b>	Balmax, Destin
<b>Ear Care</b>	Ear drops, Ear wax removal, Ear plugs
<b>Eye Care</b>	Contact lens supplies, Eye drops, Reading glasses, Eye Patches
<b>First Aid / Medical Supplies</b>	Antiseptics, Bandages, First Aid Kits, Cold/Hot packs for injuries, Joint Supports (ankle, elbow, knee, wrist), Rubbing Alcohol, Ace wraps, Splints, Thermometers, liquid Adhesives
<b>Foot Care</b>	Arch and Insole supports, Callous removers, Athlete's Foot products (see anti-fungal), Bunion, blister, and corn treatments
<b>Hemorrhoidal Preparations</b>	Preparation H, Hemorrhoid, Tronolane
<b>Home Diagnostic Test Kits</b>	Blood Pressure (Monitor and related equipment), Cholesterol, Diabetic equipment and supplies, Colorectal screenings, HIV test
<b>Lactose Intolerance</b>	DairyCare, Dairy Relief, Lactaid, Lacteeze, Lactrase
<b>Menstrual Cycle</b>	Midol, Pamprin, Premysyn PMS
<b>Migraine Relief</b>	Advil Migraine, Motrin Migrain, Excedrin
<b>Motion Sickness</b>	Dramamine, Marizine

<b>NSAIDS</b>	Advil, Alleve, Ibuprofen, Motrin, Naprosyn, Naproxen
<b>Pediculicide (Head Lice)</b>	Nix, Rid
<b>Pre-natal Vitamins</b>	Doctors Recommendation
<b>Skin Care</b>	Sunscreen, Sunburn Relief
<b>Sleeping Aids</b>	Doctors Recommendation
<b>Smoking Cessation</b>	Commit, Nicoderm CQ, Nicorette, Nicotrol
<b>Teething / Toothaches</b>	Orajel, Anbesol
<b>Topical Steroids</b>	Hydrocortisone
<b>Wart Removal</b>	Compound W, Dr, Scholl's Clear Away, Wart-Off

**Dual Purpose – must be accompanied by licensed medical practitioner’s note stating medical condition & that the OTC drug is recommended to treat it & that treatment is not a cosmetic procedure**

Type/Class of Drug or Product	Reimbursable Uses
Example	Excluded Use
<b>Acne</b> Retin-A	<b>Reimbursable:</b> Chronic acne under treatment by a physician <b>Excluded:</b> Occasional outbreak or blemish
<b>Calcium</b> Calcium Carbonate, Caltrate, Tricalcium Phosphate, Calcium Citrate, Calcium Lactate, Calcium Gluconate	<b>Reimbursable:</b> Diagnosis (e.g. osteoporosis) or at-risk for illness or injury based on physician note <b>Excluded:</b> Routine use for general health
<b>Dental Fluoride</b>	<b>Reimbursable:</b> Physician recommendation for specific medical treatment <b>Excluded:</b> Routine use for general oral care
<b>Feminine Hygiene</b>	<b>Reimbursable:</b> Post surgery or child birth <b>Excluded:</b> Routine use for general health
<b>Fiber Supplements</b> Benefiber, Metamucil	<b>Reimbursable:</b> Physician recommendation for specific medical treatment <b>Excluded:</b> Routine use for general health
<b>Homeopathic Remedies</b>	<b>Reimbursable:</b> Physician recommendation for specific medical treatment <b>Excluded:</b> Routine use for general health
<b>Incontinence</b>	<b>Reimbursable:</b> Post-Surgery <b>Excluded:</b> Infants and Toddlers
<b>Joint Supplements</b> Glucosamine, Chondroitin	<b>Reimbursable:</b> Diagnosis of Arthritis <b>Excluded:</b> Routine use for general health

<p><b>Minerals</b></p> <p>Calcium, Caltrate, Ferrous Sulfate, Feosol, Slow FE, Folic Acid</p>	<p><b>Reimbursable:</b> Diagnosis (e.g. osteoporosis, anemia) or at-risk for illness or injury based on physician note</p> <p><b>Excluded:</b> Routine use for general health</p>
<p><b>OTC Hormone Therapy</b></p>	<p><b>Reimbursable:</b> Peri-menopausal or menopausal symptoms</p> <p><b>Excluded:</b> Routine use for general health</p>
<p><b>Dietary Supplements</b></p> <p>Protein bars, Power Drinks</p>	<p><b>Reimbursable:</b> Physician recommendation for specific medical treatment</p> <p><b>Excluded:</b> Sports performance, general energy and health</p>
<p><b>Fiber Supplements</b></p>	<p><b>Reimbursable:</b> Documented specific medical condition; Short duration</p> <p><b>Excluded:</b> Routine use for general health</p>
<p><b>Snoring Cessation Aids</b></p> <p>Breathe Right, Snorezz</p>	<p><b>Reimbursable:</b> Sleep Apnea</p> <p><b>Excluded:</b> Routine use for general health, Sports performance</p>
<p><b>Vitamins</b></p>	<p><b>Reimbursable:</b> Vitamin B for treatment of scurvy, Physician recommendation for specific medical treatment (e.g. vitamin deficiency, prenatal)</p> <p><b>Excluded:</b> Routine use for general health</p>
<p><b>Weight Loss Drugs</b></p>	<p><b>Reimbursable:</b> Diagnosis of Obesity, Physician recommendation for specific medical condition</p> <p><b>Excluded:</b> Routine use for general health</p>

**Excluded OTC Products – Non-Eligible Expenses include medicines and products that merely benefit your general health.**

<b>Type/Class of Drug or Product</b>	<b>Examples</b>
<b>Cosmetic Products</b>	Face Soaps, Creams, Make-up, Perfumes, Hair Removal products
<b>Dental Products</b>	Dental Floss, Toothpaste, Toothbrushes, Teeth Whitening Kits
<b>Dietary / Nutritional Supplements</b>	Ensure, Glucerna, Slimfast
<b>Herbal Supplements</b>	
<b>Toiletries</b>	Deodorant, Shampoo, Body Sprays, Soaps, Moisturizers, Chapstick