

RULES FOR REIMBURSEMENT OF OVER-THE-COUNTER MEDICINES & DRUGS UNDER MEDIFLEX

On September 3, 2003 the Internal Revenue Service issued a Revenue Ruling allowing certain over the counter drugs and medicines that are used to treat a medical condition to be reimbursed under a FSA (Mediflex) if certain conditions are met.

1. You must complete a Supplemental Claim form detailing the OTC purchases showing the date purchased, the name of the drug/medicine, and the cost.
2. You must provide evidence of the purchase showing the name of the drug/medicine, the date purchased, and the amount on a receipt from a third party (pharmacy, etc.)
3. You must certify that the drug/medicine is for yourself or a dependent family member.

The following 3 lists will help you determine which drugs/medicines can be reimbursed and what if any additional documentation is required for reimbursement.

A. MEDICAL ONLY ITEMS

This list shows those OTC items that are primarily for medical care and will be reimbursed in reasonable quantities without a Doctor's note if you furnish the above documentation.

Anti-diarrhea medicine
Anticandial & Anti-fungal
Antacids
Allergy medicine
Cold medicine
Pain relievers
Cough drops, sinus medication, nasal sprays
Ben Gay, Icy Hot, etc. for muscle pain or joint pain
Pedialyte for ill child's dehydration
Visine and other eye products
Ointment or cream for sunburn treatment
First Aid cream, Bactine, calamine lotion, diaper rash ointment
Hemorrhoid creams and suppositories
Motion Sickness tablets
Pregnancy tests kits, Condoms, Spermicidal foam
Diabetic Test supplies
Blood Pressure Monitor
Laxatives
Band-aids, bandages, gauze pads, first aid kits, cold/hot packs for injuries

B. DUAL PURPOSE ITEMS

Dual purpose OTC drugs are ones that are deemed to have both a medical purpose and a personal/cosmetic or general health purpose. OTC drugs on this list will be reimbursed only with a doctor's note stating that the person has a specific medical condition and that the OTC drug/medicine is recommended to treat it and that the treatment is not for cosmetic purposes.

Weight loss drugs to treat a specific disease

Drugs for lactose intolerance

Feminine hygiene products

Sunscreen (must have present existence of a disease such as skin cancer)

Glucosamine/chondroitin for arthritis or other medical condition

St. John's Wort for depression

Acne Treatment (most skin care and acne treatment is not reimbursable because it is cosmetic)

OTC hormone therapy and menopause symptom treatments such as hot flashes, night sweats, etc.

Medicated Shampoos under narrow conditions (only if a doctor diagnoses the person as having a specific scalp infection(not just dandruff or dry scalp) and prescribes a special treatment for a limited period of time)

Fiber Supplements such as Metamucil under narrow conditions (not reimbursable if taken daily as a supplement to a normal diet, but reimbursable if taken to treat a specific medical condition for a limited period of time)

C. EXCLUDED ITEMS

The following list of OTC items which are deemed to be merely beneficial for general health or are cosmetic in nature. They are NOT eligible to be reimbursed under MEDIFLEX.

Dietary supplements

Nutritional supplements

Food replacements

Vitamins and Minerals

Toiletries and Cosmetics such as Toothpaste or toothbrushes (including Battery-powered) even if a dentist recommends using them because these items are needed by everyone for general health

Chapstick, etc.

Face creams, deodorants, moisteners, suntan lotion, denture adhesives

Medicated shampoos and soaps for dry skin, dry scalp or dandruff