

Over-the-Counter Drug and Product Guide



Over-the-Counter (OTC) Drug and Product Guide

The following list includes examples of expenses that qualify for reimbursement through a Section 125 Flexible Benefit Plan

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| Acne treatments | Expectorants |
| Allergy medications | Eye drops |
| Antacids | Fever reducing medications |
| Antibiotic ointments | First aid creams |
| Antihistamines | First aid kits |
| Anti-itch creams | Hearing aid batteries |
| Arthritis gloves | Heating Pads |
| Aspirin | Hemorrhoid treatments |
| Bactine | Incontinence supplies |
| Bandages and gauze pads | Insect bite creams and ointments |
| Birth control | Insulin |
| Breast pump | Laxatives |
| Diagnostic Items (examples include: blood pressure monitoring devices, blood sugar test kits and test strips, pregnancy tests, and ovulation monitors) | Liniments (i.e. vaporizing rub) |
| Calamine lotion | Menstrual products (pads & tampons) |
| Carpal tunnel wrist supports | Motion sickness medications |
| Cold medicines | Nasal strips and sprays |
| Cold/hot packs (for a medical condition) | Pain relievers |
| Cold sore relievers | Personal protective equipment (including masks, hand sanitizer, and sanitizing wipes) |
| Contact lenses, saline solutions and enzyme cleaners | Rubbing alcohol |
| Cough suppressants | Sinus medications |
| COVID-19 at home testing kits | Smoking cessation products |
| Crutches | Snoring Cessation aids |
| Decongestants | Sunburn creams and ointments |
| Denture adhesives | Thermometers for medical use |
| Diabetic supplies | Throat lozenges |
| Diaper rash ointments and creams | Toothache and teething pain relievers |
| Diarrhea medicine | Vaporizer |
| Ear wax removal products | Walkers |
| Earplugs | Wart removal medications |
| | Yeast infection medications |

The following list includes OTC drugs and products that require a letter of medical necessity from a medical practitioner verifying the item's use is to treat a current and specific medical condition.

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| Air purifier | Glucosamine |
| Anti-balding treatments | Herbs |
| Chondroitin | Humidifier |
| Dietary supplements | Mineral Supplements |
| Fiber Supplements | Vitamins |
| Fluoridation device or supplies | |

The following list includes examples of OTC drugs and products that DO NOT qualify for reimbursement.

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| Cosmetic products | Vitamins for general health |
| Cologne/perfume | Safety glasses |
| Dental floss | Shampoo |
| Deodorant | Shaving cream |
| Diapers | Soap |
| Diet Foods | Teeth whitening kits |
| Hand lotion/moisturizers | Tooth brushes/tooth paste |
| Mouthwash | |

Note: For OTC drugs and products to qualify under the Section 125 Flexible Benefit Plan, the item's use must be to treat, heal, or cure a medical condition. This guide is intended to provide examples of OTC drugs and products that are reimbursable through a Section 125 Flexible Benefit Plan and is not all inclusive. If further verification is needed regarding whether an expense qualifies, please contact DBS at (800) 234-1229. Items will not qualify if purchased in bulk or used for resale. Consult your tax advisor for maximum benefit. It is understood DBS is not engaged in the practice of law or giving tax advice.

DBSbenefits.com

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