



**Professional Insurance Programs**  
**ADVICE – SOLUTIONS – RESOURCES**

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

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

- |  |                                       |
|--|---------------------------------------|
| 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                               |
| Diagnostic Items (examples include: blood pressure monitoring devices, blood sugar test kits and test strips, pregnancy tests, and ovulation monitors) | Laxatives                             |
| Calamine lotion  | Liniments (i.e. vaporizing rub)       |
| Carpal tunnel wrist supports   | Menstrual products (pads & tampons)   |
| Cold medicines   | Motion sickness medications           |
| Cold/hot packs (for a medical condition)   | Nasal strips and sprays               |
| Cold sore relievers  | Pain relievers                        |
| Contact lenses, saline solutions and enzyme cleaners   | Rubbing alcohol                       |
| Cough suppressants   | Sinus medications                     |
| Crutches   | Smoking cessation products            |
| 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                             |
| Earwax removal products  | Walkers                               |
|  | 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.

- |                         |                                 |
|-------------------------|---------------------------------|
| Air purifier            | Fluoridation device or supplies |
| Anti-balding treatments | Glucosamine                     |
| Breast pump             | Herbs                           |
| Chondroitin             | Humidifier                      |
| Dietary supplements     | Mineral Supplements             |
| Earplugs                | Snoring Cessation aids          |
| Fiber Supplements       | Vitamins                        |

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

- |                          |                             |
|--------------------------|-----------------------------|
| 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: This guide is intended to provide examples of OTC drugs and products that are reimbursable through a FSA/Section 125 Flexible Benefit Plan and is not all inclusive.