

Over-the-Counter (OTC) Medical Expense Reimbursements

The list below is not intended to be all-inclusive, but is rather to answer frequently asked questions regarding OTC expenses.

This list is subject to change per IRS rulings or interpretation changes. OTC medicines indicated in Section II when purchased on or after 1/1/2011 must be prescribed by a physician in order to be reimbursed by an FSA. For more details on the Over the Counter expense list please visit: www.aetna.com.

I. Eligible Medical Expenses for Reimbursement reimbursable without prescription.
Band Aids
Eye Care (contact lens solution, patches)
Family planning (condoms, contraceptive creams, pregnancy test, ovulation predictor kits, etc.)
Home diagnostic tests or kits (blood pressure, cholesterol, diabetes, colorectal cancer, HIV, urine test, thermometers, etc.)
Incontinence products (Depends, Serenity pads, etc.)
Joint-support bandages and hosiery, e.g., knee or elbow supports
Vaporizers and humidifiers

II. Eligible Medical Expenses for Reimbursement when prescribed by a licensed health care professional. A Prescription is required with each request for reimbursement. The prescription must include the patient's name and be written, signed and dated by the licensed health care professional.
Acid Controllers
Allergy and Sinus
Antibiotic Products
Anti-Diarrheals
Anti-Gas
Anti-Itch and Insect Bite
Antiparasitic Treatments
Baby Rash Ointments/Creams
Cold Sore Remedies
Cough, Cold and Flu
Digestive Aids
Feminine Anti-Fungal/Anti-Itch
Hemorrhoidal Preps
Laxatives
Motion Sickness
Pain Relief
Respiratory Treatments
Sleep Aids and Sedatives
Smoking Cessation Products
Stomach Remedies

III. Not Reimbursable (merely beneficial to good health)
Cosmetics (makeup, lipstick, cotton swabs, cotton balls, baby oil, etc.)
Denture care (e.g., cleansers)
Hair care (color, shampoo, conditioner, brushes, hair-loss products e.g., Rogaine)
Nail care and personal grooming items (scissors, nail files, etc.)
Personal hygiene products (deodorant, soap, body powder, shaving cream, razors, feminine care, etc.)
Routine dental care (toothpaste, toothbrush, electric toothbrush, floss, mouthwash including antibacterial mouthwash and fluoride rinse, breath strips, teeth-whitening, etc.)
Vitamins and Supplements or other homeopathic medicines (may be eligible with evidence of medical necessity)
Skin care (facial cleanser, skin and body moisturizing lotion, etc.)