

Flexible Spending Account –

Over-the-Counter Expenses



Allowable Over-the-Counter Expenses

The list of OTC items that remain eligible without a prescription include, but are not limited to band aids, braces & supports, contact lens solution, elastic bandages & wraps, first aid supplies and reading glasses. The following is a condensed list of eligible over-the-counter expenses.

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|---|--|---|
| <input type="checkbox"/> Bandages | <input type="checkbox"/> Crutches | <input type="checkbox"/> Incontinence supplies |
| <input type="checkbox"/> Band-aids | <input type="checkbox"/> Denture adhesives | <input type="checkbox"/> Insulin |
| <input type="checkbox"/> Blood pressure monitors and kits | <input type="checkbox"/> Diabetic supplies | <input type="checkbox"/> Liquid adhesive for small cuts |
| <input type="checkbox"/> Braces and supports | <input type="checkbox"/> Diagnostic tests & monitors | <input type="checkbox"/> Medicine dropper/spoon |
| <input type="checkbox"/> Carpal tunnel wrist supports | <input type="checkbox"/> Elastic bandages & wraps | <input type="checkbox"/> Ostomy products |
| <input type="checkbox"/> Catheters | <input type="checkbox"/> Ear plugs | <input type="checkbox"/> Reading glasses |
| <input type="checkbox"/> Cold/hot pack for injuries | <input type="checkbox"/> First aid kits | <input type="checkbox"/> Sitz bath |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> Gauze pads | <input type="checkbox"/> Thermometers |
| <input type="checkbox"/> Contact lens solution | <input type="checkbox"/> Heating pads | <input type="checkbox"/> Wheelchairs, walkers, canes |
| | <input type="checkbox"/> Hot water bottles | |

OTC drugs and medicines, with the exception of insulin are now considered ineligible unless you have a prescription from your physician. Your EBPA Benefits Card can continue to be used for allowable OTC medical supplies and equipment. The EBPA Benefits Card can also be used for prescribed OTC drugs and medicines as long as the prescription is presented to the pharmacist or the mail order/web-based vendor that dispenses the medication. Proper records must be maintained.

Over-the-Counter Expenses Requiring a Prescription

The list of OTC items that will require a prescription include, but are not limited to acne medicine, allergy medicine, cough, cold and flu medicine, eye drops, indigestion medicine, laxatives, nasal sprays/drops, ointment for cuts/burns/rashes, and pain relievers.

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|---|--|---|
| <input type="checkbox"/> Acne medicine | <input type="checkbox"/> Cough & cold medicine | <input type="checkbox"/> Nasal sinus sprays |
| <input type="checkbox"/> Allergy & sinus medication | <input type="checkbox"/> Diaper rash ointments | <input type="checkbox"/> Nicotine gum or patches |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Digestive/Stomach medications | <input type="checkbox"/> Pain relievers |
| <input type="checkbox"/> Antibiotic products | <input type="checkbox"/> Ear drops | <input type="checkbox"/> Sinus medications |
| <input type="checkbox"/> Anti-diarrhea medicine | <input type="checkbox"/> Eye drops | <input type="checkbox"/> Sleep aids & sedatives |
| <input type="checkbox"/> Asthma medications | <input type="checkbox"/> First aid cream | <input type="checkbox"/> Spermicidal foams/gel |
| <input type="checkbox"/> Bactine | <input type="checkbox"/> Hemorrhoidal cream | <input type="checkbox"/> Sun block & Sun screen |
| <input type="checkbox"/> Ben Gay or products for muscle or joint pain | <input type="checkbox"/> Lactose intolerance medicine | <input type="checkbox"/> Throat lozenges |
| <input type="checkbox"/> Bug bite medications | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Wart remover treatments |
| <input type="checkbox"/> Calamine lotion | <input type="checkbox"/> Motion sickness pills | <input type="checkbox"/> Yeast infection treatments |
| <input type="checkbox"/> Cold sore relief | | |