

## OTC Medicines and Drugs : Changes Effective January 1, 2011

### What Changed?

In March, 2010, President Obama signed Public Law 111-148, the Patient Protection and Affordable Care Act. Section 9003 of that legislation amended previous legislated definitions of which over-the-counter (OTC) healthcare expenses are eligible for tax-advantaged benefits plans like FSAs, HRAs, and HSAs. The language made the current definition very clear: "...reimbursement for expenses incurred for a medicine or drug shall be treated as a reimbursement for medical expenses only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin."

### What Does This Mean to Me?

Interpreted literally and as it pertains to your FlexSystem Medical FSA elections, this legislation is clarified as follows:

- While all medically necessary medicines continue to be FSA eligible, some items may require additional substantiation.
- OTC medicines and drugs, with the exception of insulin, are FSA ineligible as of January 1, 2011, unless your medical practitioner provides you with a prescription or completes a Prescription Order Form for the OTC medicine.
- OTC health-related supplies continue to be FSA eligible after December 31, 2010.

If you require a medicine or drug for a medical condition you will need to request a prescription from your medical practitioner or request your provider to complete a Prescription Order Form. This medical practitioner authorization will then render the expense(s) eligible under your FlexSystem Medical FSA Plan.

This change for OTCs will likely affect only a small percentage of your medical FSA reimbursements. Therefore, TASC suggests that you continue to make your FSA elections as usual. Like other Plan Participants, it is highly likely that you will use these funds for reimbursement of other expenses in lieu of those now deemed ineligible due to this change.

TASC offers a complete suite of quality services, including the following:

COBRA | ERISA | FSA | FMLA | HRA | HSA



### What is a "Prescription Order Form"?

The Prescription Order Form is an authorization from your medical practitioner similar to a prescription form. This form may be used in place of a prescription when submitting an OTC medicine or drug Request for Reimbursement to TASC. The Prescription Order Form must clearly state:

- The individual's name and the medicine you or your family member requires.
- The dosage, duration, and frequency for each OTC medicine needed.

*For example, if you require a packet of acid reflux medication each month for twelve months, the Form or prescription must clearly state this. This form must be signed by the medical practitioner.*

### Important Points

- Over-the-counter (OTC) medicines and drugs purchased after December 31, 2010, require a prescription or Prescription Order Form.  
**SEE PAGE 2 FOR A LIST OF EXAMPLES**
- OTC medical supplies continue as eligible after December 31, 2010.
- Only a small percentage of your total FSA election amount should be affected.
- TASC suggests that you continue to make your FSA elections as usual.



FX-4311a-032411

2302 International Lane, Madison, WI 53704-3140  
800-422-4661 • Fax 608-241-4584  
sales@tasconline.com • www.tasconline.com



# Prescription Order Form

Make sure to sign and date the order form. For assistance call 1-800-422-4661.  
Have your order form and 12 digit TASC ID number ready. Please print.

1. This form replaces the Letter of Medical Necessity. Use this form to be reimbursed for products and services that require physician authorization such as Over-the-Counter (OTC) medicines or drugs and other non-OTC medicine products and services.
2. Complete Section I (including your signature and the date) and Section II (Patient Name, Treatment Prescribed and Reason for Treatment) prior to visiting your Medical Practitioner.
3. Bring this form with you to your next medical appointment and request that the attending Medical Practitioner complete Section II (Instructions/Restrictions) and Section III.
4. Instruct them to follow the specific pharmacy/prescription laws in their respective state when completing the Instructions/Restrictions portion (Section II).
5. You may use the same form for each individual in your household for whom you purchase healthcare expenses, as long as the same Medical Practitioner is completing the form
6. TASC Card purchases of OTC medicines or drugs require a prescription from your medical practitioner. Do not use this Prescription Order Form when using your TASC Card to purchase OTC medicines or drugs. The Prescription Order Form may be used in place of a prescription for all other methods of Requests for Reimbursement (online, faxed, or mailed).
7. FlexSystem and DirectPay Participants must submit a copy of this completed form to TASC with each Request for Reimbursement (if submitting online, include a copy with your receipts and Veriflex (FlexSystem only) Cover sheet). Prescription Order Forms received without a Request for Reimbursement or Veriflex (FlexSystem only) Cover Sheet will not be processed. AgriPlanNOW and BizPlanNOW Participants should retain the completed Form for their own records.

## SECTION 1

Employer (Company) Name: \_\_\_\_\_ Participant (Employee) TASC 12-Digit ID #: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*The statements on this document are complete and true, to the best of my knowledge and belief. I understand that the IRS regulates my employee benefit account and that the guidelines are implemented as a means of ensuring compliance. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests.*

## SECTION II

Patient's Name	Prescribed Treatment Products/Services	Reason for Treatment	Instruction/Restrictions (if applicable)

## SECTION III

*I hereby certify that the treatment plan(s) listed above is medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.*

\_\_\_\_\_  
Medical Practitioner's Name (PLEASE PRINT)

\_\_\_\_\_  
State of Prescriptive Authority

\_\_\_\_\_  
Medical Practitioner's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Effective 1/1/2011, purchases of Over-the-Counter (OTC) medicines and drugs (other than insulin) will only be reimbursable if accompanied by a prescription or Prescription Order Form from your medical practitioner. **Please note when using your TASC Card to purchase OTC medicines or drugs, a prescription is required.** The Prescription Order Form or a prescription may be used when submitting Requests for Reimbursement via online, fax or mail.

**OTC medicines or drugs that will require a prescription or Prescription Order Form AFTER Dec. 31, 2010 include the following:**

Acid Controllors	Anti-Itch & Insect Bite	Digestive Aids	Pain Relievers
Allergy & Sinus	Antiparasitic Treatments	Feminine Anti-Fungal	Respiratory Treatments
Antibiotic Products	Cough/Cold/Flu	Hemorrhoidal Medication	Sleep Aids/Sedative
Anti-Gas	Diaper Rash Ointment	Laxatives	Stomach Remedies

**OTC products that will remain eligible and need no physician authorization include the following:**

Bandages/First Aid	Contact Lens Solution	Heating Pads	Orthopedic Aids
Blood Pressure Kits	Denture Products	Hot/Cold/Steam Packs	Pregnancy/Fertility Kits
Canes & Walkers	Diabetes Testing Supplies	Incontinence Products	Splints/Supports/Braces
Condoms	Durable Medical Equip.	Insulin	Thermometers
Contact Lenses	Hearing Aid Batteries	Nebulizers	Wheelchair & Accessories

**Other products and services that require a Prescription Order Form or other physician authorization to show the expense is to treat a medical condition include the following:**

Air Purifier	Massage Therapy	Orthopedic Shoes (excess cost only)	Support Hose
Automobile Modifications	Nutritionist's Professional Fees	Special Foods (excess cost only)	Varicose Vein Treatment
Ear Plugs			Whirlpool/Spa
Exercise Equipment			Wigs

**DEFINITIONS**

For the purposes of this form...

- 1) "Medical Practitioner" generally includes the following health professionals: physician (MD/DO), physician assistant, nurse practitioner, dentist, optometrist and podiatrist.
- 2) "Prescription Order" is any order for drugs or medical supplies signed by a licensed medical practitioner granted prescriptive authority by the laws of the state. It contains the name, strength and quantity of the medicine/product prescribed, directions for use and number of refills (if applicable).

**RESTRICTIONS**

- The Medical Practitioner's signature may NOT be preprinted in the states of Arkansas, Connecticut, Florida, Georgia, Idaho, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, South Carolina, Tennessee, Virginia and Washington.
- Montana, Pennsylvania and South Dakota – the use of this form is prohibited; a prescription is required.