

Over-the-counter drug list

Samaritan Advantage Health Plans (HMO)



Samaritan
Health Plans

Benefit information

- Use your prepaid benefits MasterCard® to easily pay for eligible over-the-counter expenses. Your card will be automatically replenished at the start of each quarter.
- Quarters are Jan. 1 to March 31, April 1 to June 30, July 1 to Sept. 30 and Oct. 1 to Dec. 31.
- Covered OTC items can be purchased at any pharmacy, store or online merchant that accepts MasterCard®. Examples of common retailers in our service area are Fred Meyer, Rite Aid, Bi-Mart and Walmart. You can visit sig-is.org/card-holders/store-locator to find a retailer near you. (Note: We do not allow purchases from stores listed on this site as “90% stores.”)
- Some items may be declined at point-of-sale. If you paid out-of-pocket for an item you believe should be covered, you can request reimbursement by completing a Reimbursement for Benefit Card Expenses form. The form can be found on our website at samhealthplans.org/AdvantageMemberForms or you may contact our Customer Service team if you would like a form mailed to you.

Eligible OTC items:

This is not a comprehensive list, but contains examples of eligible OTC items.

Acne treatment: Acne Gel 10% Benzoyl Peroxide.

Allergy and antihistamines: Actifed, Allegra, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contact, Drixoral, NasalCrom, nasal decongestant spray, nasal saline spray, Sudafed, Tavist, Triaminic, Zyrtec.

Analgesics and antipyretics (pain relievers):

Aspirin, Advil, Aleve, anti-inflammatories, ibuprofen, Naprosyn, Tylenol, Midol, pain relieving rub, Pamprin, Premsyn PMS.

Antacids and acid reducers: Axid AR, Gas-X, Maalox, Milk of Magnesia, Mylanta, Omeprazole**, Pepcid AC, Tagamet HB, Tums, Zantac 75.

Anti-arthritic: Glucosamine Joint/Muscle, glucosamine/chondroitin.

Antibiotics (topical): Bacitracin, Neosporin, triple antibiotic ointment.

Anticandidal (yeast): Clotrimazole Vaginal Cream**, Miconazole 3-Day Treatment, Tioconazole 1-Day Treatment.

Anti-diarrheal and laxatives: bisacodyl, docusate sodium, Ex-Lax, glycerin suppository, Imodium AD, Kaopectate, Loperamide HCL**, methylcellulose, Pepto-Bismol, Pink Bismuth, Senna Plus.

Antifungal: Clotrim Antifungal Cream, Miconazole 2% Cream, Terbinafine HCL Tube, Tolnaftate.

Anti-itch lotions and creams: Bactine, Benadryl, Caldecort, Caladryl, Calamine, Cortaid, diphenhydramine HCL/zinc acetate, hydrocortisone, Lanacort, Lamisil AT, Lotrimin AF.

Cold, flu, decongestant and sinus remedies:

Abreva, Actifed, Advil Cold and Sinus, Afrin, Alka-Seltzer Cold and Flu, Afrinol, Aleve Cold and Sinus, Children's Advil Cold, Contact, cough drops, Dayquil, Dimetane, Dristan Long Lasting, Drixoral, Herpecin-L Lip Balm, lozenges, Mentholatum, nasal sprays, Neo-Synephrine 12-Hour, Nyquil, Otrivin, PediaCare, Releev Cold Sore Treatment, Sudafed, Tavist-D, Theraflu, Triaminic, Tylenol Cold and Flu.

Contact lens supplies: Cleaning and soaking solutions.

Dental and denture care: Anbesol, denture adhesives, denture cleaning tablets, Fixodent, Orajel, Poligrip.

Ear: Ear drops, ear wax drops, ear wax removal system.

Eye care: Artificial Tears, Clear Eyes Drops, eye wash solutions.

Fiber supplements: Pills, powders and non-food liquids that supplement fiber in the diet.

First aid and medical supplies: Adhesive bandages, gauze and other dressings, antibacterial ointment, peroxide, thermometers, non-sport tapes, alcohol pads*, alcohol, Ace Wraps, antiseptics, bandages*, cold/hot packs for injuries, first aid kits, joint supports (ankle, elbow, knee, wrist), rubbing splints, witch hazel.

Foot care: Callus remover pad, corn remover pad, medicated foot powder.

Hemorrhoidal: Hygienic cleaning pads, Preparation H, Tronolane, Tucks.

Incontinence supplies: Diapers, pads, A&D Ointment, barrier cream, incontinence briefs, under pads.

Lactose intolerance: Lactase.

Motion sickness: Dramamine, Marizine Marezine, Bonine.

Pediculicide: Lice treatment shampoo, permethrin cream rinse.

Skin care: Capsaicin, Gold Bond Ultimate Eczema or Psoriasis Relief, sunscreen.

Sleep aids: Ibuprofen PM, pain reliever PM extra strength, Tylenol PM, Nytol, Sominex, Unisom.

Smoking cessation: Nicotine gum, nicotine patch.

Steroids (topical): Hydrocortisone.

Support items: Compression hosiery, rib belts, elastic knee supports.

Wart remover: Dr. Scholl's Wart Removal System, wart remover.

* May be covered under Medicare Part B ** May be covered under Medicare Part D

Non-eligible OTC items:

OTC items not eligible for supplemental benefit because they are not “health benefits” within the meaning of the statute.

Alternative medicines: Homeopathic and alternative medicines including botanicals, herbals, probiotics and nutraceuticals.

Baby items: Diapers, formula.

Contraceptives: Birth control pills, spermicide, prophylactics.

Convenience and comfort: Bathroom scales, fans, magnifying glasses, ear plugs, insoles, arch supports and gloves.

Cosmetics: Mouthwashes, bad breath remedies, deodorants, lip soothers, grooming devices, skin moisturizers, teeth-whiteners.

Food product or supplements: Sugar/salt supplements, energy bars, liquid energizers, protein bars, power drinks.

Replacement items, attachments, peripherals: Hearing aid batteries, contact-lens containers, etc., when not factory packaged with the original item.



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