

Samaritan Advantage Special Needs Plan (HMO)

OVER-THE-COUNTER DRUG LIST

2020

Introduction

As a member of our Samaritan Advantage Special Needs Plan (HMO SNP), you have a quarterly over-the-counter (OTC) drug benefit in the amount of \$40.00. OTC items are non-prescription items that are not normally covered by the Medicare Part D prescription drug benefit. This benefit allows you to purchase OTC items from a wide variety of retail outlets you may need such as cold and allergy medicines, some vitamins, bandages, pain relievers, and non-prescription medications.

Benefit Information

- Special Needs Plan members will receive a benefit amount of \$40 per quarter for eligible OTC items.
- Quarters are January 1st - March 31st, April 1st - June 30th, July 1st - September 30th and October 1st - December 31st.
- Members must pay for OTC items out-of-pocket and send in a Member Reimbursement form along with an itemized receipt that clearly indicates what was purchased and the date of purchase. SHPO will not reimburse without an itemized receipt that indicates the item purchased.
- Items labeled as “dual-purpose” should only be purchased after the enrollee discusses the item with their treating provider.

Frequently Asked Questions (FAQ)

- **What if a purchase exceeds my benefit amount?**
The total quarterly reimbursement amount may not exceed the quarterly benefit allowance permitted under your benefit. You will be responsible for the remaining amount.
- **How is the allowance applied?**
The date of the purchase is the date the benefit will be applied to. For example, an OTC item purchased on March 21st, will fall under quarter 1.
- **Can I accumulate the allowance?**
The quarterly benefit is \$40.00. We encourage you to use your full quarterly benefit amount. The benefit amount does not accumulate from quarter to quarter. Any balance on the allowance that is not used up by the end of the quarter does not rollover to the following quarter.
- **Can I share the items I purchase with my spouse?**
OTC products are intended for member use only.
- **Are some items still covered under my Part B and Part D benefit?**
Some items listed may also be covered under your Medicare Part B (medical) benefit or Part D (pharmacy) benefit. For example, alcohol pads are covered under Part D if they are used for the purpose of administering insulin. For all other purposes, this item is covered under your OTC benefit.
- **Is there a time limit to submitting my reimbursement request?**
Yes, members have up to one year from the date of purchase to submit the Member Reimbursement form and an itemized receipt.

Eligible OTC items:

Eligible OTC items may be purchased by the member without restrictions. This is not a comprehensive list, but contains examples of eligible OTC items. For more information please contact the plan.

Acne Treatment: Acne Gel 10% Benzoyl Peroxide

Allergy and Antihistamines: Actifed, Allegra, Allerest, Anti-inflammatories, Benadryl, Claritin, Chlor-Trimeton, Contact, Drixoral, NasalCrom, Nasal Decongestant Spray, Nasal Saline Spray, Sudafed, Tavist, Triaminic, Zyrtec

Analgesics & Antipyretics (Pain Relievers): Aspirin, Advil, Aleve, Anti-inflammatories, Ibuprofen, Naprosyn, Tylenol, Midol, Pain Relieving Rub, Pamprin, Premsyn PMS

Antacids & 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

Anticandidal (Yeast): Clotrimazole Vaginal Cream**, Miconazole 3 Day Treatment, Tioconazole 1 Day Treatment

Antibiotics (topical): Bacitracin, Neosporin, Triple Antibiotic Ointment

Anti-diarrheal & Laxatives: Beano, Bisacodyl, Bismatrol, 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 & 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 & Soaking Solutions

Dental & Denture Care: Anbesol, Dental Floss, Denture Adhesives, Denture Cleaning Tablets, Fixodent, Gum Stimulators, Orajel, Poligrip, Rechargeable toothbrush, Toothbrush, Tooth Paste

Ear: Ear Drops, Ear Wax Drops, Ear Wax Removal System

Eye Care: Artificial Tears, Clear Eyes Drops, Eye Wash Solution

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

First Aid & 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: Diaper, pads, A&D Ointment, Barrier Cream, Incontinence Briefs, Under Pads

Lactose Intolerance: Lactase

Motion Sickness: Dramamine, Marizine, Bonine

Pediculicide: Lice Treatment Shampoo, Permethrin Cream rinse

Skin Care: Aloe Vera Cream, Ammonium Lactate, Capsaicin, Gold Bond Ultimate, Sunscreen

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

Sleep Aids: Ibuprofen PM, Pain Reliever PM Extra Strength, Tylenol PM, Nytol, Sominex, Unisom

Smoking Cessation: Nicotine Gum, Nicotine Patch

Dual-Purpose OTC items:

Dual purpose items have both a medical and a general health purpose. Dual purpose OTC items should only be purchased after you discuss the item with your personal provider. We encourage you to talk to your provider about the OTC item prior to purchase. The provider must recommend the dual-purpose OTC item for a specific diagnosable condition.

Home Diagnostics: Equipment to monitor Blood Pressure, Cholesterol, Blood Sugar, Pregnancy test, Home HIV Test, Fecal Occult Blood Test. Bathroom Scales may be covered for enrollees with congestive heart failure (CHF) or liver disease to monitor fluid retention.

Hormone Replacement: Phytohormone, Natural Progesterone, DHEA

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: Scales, fans, magnifying glasses, ear plugs, insoles, arch supports and gloves

Steroids (topical): Hydrocortisone

Support Items: Compression Hosiery, Rib Belts, Elastic Knee Supports

Wart Remover: Dr. Scholl's Wart Removal System, Wart Remover

Vitamins and Minerals: Calcium, Calcium-Vitamin D, Centrum Silver, Children's Multivitamin, Daily Multiple w/Minerals, Ferrous Gluconate, Ferrous Sulfate, Iron, Magnesium, Magnesium Oxide, Niacin, Prenatal Vitamins, Vitamin A, Vitamin B-Complex, Vitamin B-1, Vitamin B-6, Vitamin B-12, Vitamin C, Vitamin D, Vitamin E, Zinc Chelate

Weight loss: Appetite Suppressants, Fat Absorption inhibitors, food scales

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



Samaritan Health Plans
2300 NW Walnut Blvd.
Corvallis, OR 97330

Customer Service
541-768-4550
1-800-832-4580
TTY 1-800-735-2900
Daily, 8 a.m. to 8 p.m.
medicare.samhealthplans.org

Samaritan Advantage Health Plan is an HMO with a Medicare and Oregon Medicaid contract. Enrollment in Samaritan Advantage Health Plan depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year.