

Over-the-Counter (OTC) Medication Prescription Request Form

For Flexible Spending Account (FSA) Reimbursements or Health Reimbursement Arrangements (HRAs)

Patient Instructions: To obtain a prescription for OTC medications, complete the following:

1. Fill out your personal information and OTC fields below. Only one medication per line allowed.
 2. Return this form to your physician for approval by fax (preferred), mail, or in person.
 3. Once this form has been completed and signed,
 - a. If you have already purchased the medication listed below, send this form along with the receipt and your claim form to your FSA or HRA carrier for reimbursement.
- OR**
- b. If you have not yet purchased the medication listed below and want to use an FSA issued benefits card for payment, take this form to be filled as a prescription at the pharmacy.

WARNING: You should not take aspirin, ibuprofen (Advil, Motrin, etc.) or naproxen (Aleve) if you are currently taking warfarin (Coumadin) or a direct anticoagulant such as apixaban (Eliquis), dabigatran (Pradaxa), or rivaroxaban (Xarelto), or have a history of ulcer disease or kidney disease unless instructed to do so by your medical provider.

Today's Date	Patient Name	Phone Number	Address	Date of Birth
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1. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
2. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
3. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
4. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
5. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
6. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
7. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills
8. OTC Name & Strength	Directions for use (daily, as instructed, etc.)	Quantity (bottle, box, etc.)	Refills

----- **Prescriber's Use Only Below This Line** -----

Prescriber's address	Prescriber's name
Last line number completed	Signature (no stamps)

Physician instructions: Review, complete blank fields, sign, and return the form back to the patient. Strikethrough and initial any lines you do not approve.

IRS regulations require you to have prescriptions for over-the-counter (OTC) medications to have them reimbursed by your flexible spending program. Your physician will review and issue a prescription to you by signing this form, if deemed appropriate. Please note that you are not guaranteed a prescription.

Purchase your over-the-counter medications as you normally would. You do not need to take this form to be filled at a pharmacy unless you want to pay with an FSA or HRA issued benefits card.