

Adult Drug Court

PROVIDING ALTERNATIVES TO INCARCERATION

605 South 10th St., Suite B131, Lincoln, NE 68508

Landon Parks, Drug Court Coordinator

Approved Medication List

The following over-the-counter medications may be taken without prior approval. If you are prescribed a medication, you must still fill out a medication request form. You may only take these specific medications as directed! Keep in mind, it is your responsibility to make sure you don't test positive. If you have doubts, ask your pharmacist, medical provider, or supervision officer.

Pain

Ibuprofen (Advil, Motrin)
Acetaminophen (Tylenol)
Naproxen (Aleve)
Aspirin
Midol (any kind)

Cold and Flu

Comtrex Max Strength Cold
Dayquil (liquid or liqui-caps)
Alka-Seltzer Plus Cold
Robitussin **DM**

Sinus and Congestion

Sudafed **PE**
Mucinex **DM**

Allergy

Sudafed **PE**
Benadryl Allergy
Benadryl Allergy & Cold
Claritin (*NOT Claritin D!*)
Loratadine

Stomach

Pepto-Bismol
Pepcid AC
Prilosec
Tagamet HB
Tums
Mylanta
Maalox
Imodium AD

I understand that by signing this form, I am approved to take only the above medications without special request. Furthermore, I understand that any other over-the-counter or prescribed medications must be approved via a Medication Request prior to taking them.

Signature of Participant

Date

Lancaster County Department of Community Corrections
Kim Etherton, M.A., Director