

STATE OF ALASKA DEPARTMENT OF CORRECTIONS

ALASKA DOC COMMISSARY – MEDICAL

OTC Medications (1 each in possession)

Acetaminophen (ex. Tylenol) - 500mg: 1 bottle of 25 tablets maximum.

Uses: pain relief, fever reduction.

Calcium Supplements: 1 bottle (equivalent to 1-month supply)

Docusate Sodium (Ex. Colace) – 100mg 1 package/bottle of 30 tablets maximum

Uses: stool softener

Fish Oil – 1 bottle (equivalent to a 3-month supply maximum)

Ibuprofen (Ex. Motrin, Advil) – 200mg: 1 package/bottle of 30 tablets maximum.

Uses: pain relief, fever reduction, anti-inflammatory

Loratadine (Ex. Claritin): 1 package/bottle of 30 tablets maximum.

Uses: seasonal allergy relief

Glucosamine/Chondroitin tablets: 1 package/bottle (equivalent to 1-month supply)

Hydrocortisone Cream: 1 tube or equivalent in packets.

Uses: itchy skin, rashes.

Lactaid: 1 package/bottle (equivalent to 1-month supply)

Uses: lactose intolerance

Vitamin C: 1 bottle (equivalent to a 3-month supply maximum)

Vitamin D - 1000 IU: 1 bottle of 100 capsules maximum

Vitamin E - 180 mg (400 IU): 1 bottle of 100 capsules maximum Multivitamins: 1 bottle (equivalent to a 3-month supply maximum)

Omeprazole (Ex. Prilosec): 1 package of 30 tablets maximum.

Uses: decreasing the amount of stomach acid, heartburn

Ranitidine (Ex. Zantac): 1 package/bottle of 30 tablets maximum.

Uses: decreasing the amount of stomach acid, heartburn

Simethicone anti-gas tablets: 1 package/bottle (equivalent to 1-month supply)

Miscellaneous

Acne Soap

Ankle Support

Antacids: 1 package/bottle

Artificial Tears

Baby powder (unscented)

Band-Aids

DOC, Form 808.13 Attachment C

Original: 06/21/2021

Page **1** of **3**

Rev: 01/28/2022

Breath right strips

Caladryl ointment (or generic equivalent): 1 bottle

Campho Penique (or generic equivalent): 1 tube

Cetaphil (or generic equivalent) soap

Contact Solution

Contact Daily Cleaner

Cough Drops: 1 package/bottle of 30 tablets maximum.

Debrox Ear Drops: 1 bottle.

Dental Floss

Denture adhesive (Fix-a-Dent, Super Poly Grip, etc.)

Denture Cleaner (Efferdent or generic equivalent) 1 package (maximum 50)

Desenex powder (or generic equivalent): 1 bottle Eucerin Cream (or generic equivalent): 1 tub/bottle

Foot Powder

Hearing Aid batteries

Foam Earplugs

Hearing Aid batteries

Insoles/arch supports.

Knee Brace

Lip Balm

Lubricating Eye Solution: 1 bottle

Maxi Pads (female only)

Medicated shampoo (such as T-Gel, Sulfer 8, etc.)

Metamucil (or generic fiber equivalent – tablets or powder): 1 bottle

Miconazole cream: 1 tube

Mouth guards

Mouth wash (non-alcohol)

Nail clippers

Nasal Mist spray

Neosporin (or generic equivalent): 1 tube or equivalent in packets.

Oragel (or generic equivalent): 1 tube

Panty Liners (female only)

Poise pads (female only)

Preparation H (or generic equivalent): 1 tube

Reading Glasses

Sunscreen (unscented)

Tampons (female only)

Toothpaste (Sensodyne, etc. or generic equivalent)

Toenail Clippers

Tucks (or generic equivalent)

DOC, Form 808.13 Attachment C

Original: 06/21/2021

Wart Remover Wrist Support

Notes:

- Prisoners in segregation or other special management units that permit medical commissary items per institutional policy are not permitted to have Medical Commissary medications without the express permission of a healthcare provider.
- Substitutions may not be made to this list without the written approval of the HARS Anchorage Central Office.
- Medical Commissary item availability may at times, be subject to supply chain disruptions beyond the control of DOC.

DOC, Form 808.13 Attachment C Page **3** of **3** Rev: 01/28/2022

Original: 06/21/2021