

### **Approved Missile Operator Medications Quick Reference List**

Effective: 11 Sept 2015

(Note: New items are highlighted and updates are in red; this list supersedes the medication list dated 1 July 2013)

The approved medication list consists of drugs for acute and chronic conditions, listed by generic name under one of three categories, based on whether they may be self-prescribed without flight surgeon consultation (see over the counter medication list), may be prescribed by the flight surgeon without higher approval, or require waiver. At the end of the document are listed a number of drugs which are known to be unacceptable for MOD. Request for waiver of such drugs is highly unlikely to be granted.

A large number of FDA-approved drugs are not listed under either section. If such drugs are used for acute conditions, it should be assumed that the drug is disqualifying for MOD duty, with the missile operator returning to alert/controlling status after the condition has resolved, the medication has been discontinued, and its effects have dissipated, which usually entails one additional day (the "24-hour rule"). For chronic conditions, most common conditions are treatable by one or more of the listed drugs, and use of these drugs is likely to receive favorable consideration and a more expeditious result. If the MOD member is intolerant of or inadequately controlled by a listed medication, but is successfully treated by a non-listed drug, a waiver request for that drug may be submitted through AFGSC/SGP. Such requests are not delegated for initial or renewal waivers. Note that, because of the thorough review that is required, the process for approval of such drugs is much more complicated.

Members pending waiver action must be DNIA/C until waiver has been granted. Verbal waivers are NOT authorized. Consult Aerospace Medicine Waiver Guide prior to waiver submission. Waivers for non-FDA approved medications will not be considered. Medications on this list, singularly or in combination, require review by AFGSC/SGP.

Note that while a specific drug may be acceptable without waiver, the treated condition may still require waiver.

	Approved Missile Operator Medications										
Category	Medication		Diagnosis	No		IA/C er Required)	DNIA/C				
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	(Waiver Required)	Notes			
Card	ACE Inhibitors	Lotensin, Capoten, Vasotec, Monopril, Zestril, Altase	Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.			
Card	ACE Inhibitor + Calcium Channel Blocker		Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.			
Card	ACE Inhibitor + Diuretic		Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.			
Gen	Acetaminophen	Tylenol (OTC)	Pain	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions.			
Gen	Acetaminophen	Tylenol	Pain (chronic use)			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and pain/inflammation control is achieved			
Neuro	Acetaminophen + Dichloralphenazone + Isometheptene	Midrin	Headache		X			DNIA/C for first 24 hours of use (minimum). Refer to Waiver Guide for waiver requirements, as appropriate			
Gen	Acupuncture	Seirin needle, ASP needle	Pain (acute condition use)	X				Minimum of 2 hours ground trial at initiation of therapy to			
Gen	Acupuncture	Seirin needle, ASP needle	Pain (chronic use)	X				ensure idiosyncratic reaction is ruled out. After initial ground trial, no DNIA/C required unless underlying			
Gen	Acupuncture	Seirin needle, ASP needle	Chronic medical condition (i.e. PTSD, OA)	X				condition interferes with MOD duties. Auricular ASP needles may be retained during MOD duty performance.			
Derm	Acyclovir	Zovirax	HSV (Treatment and Suppression)		X			DNIA/C until potential for idiosyncratic reaction has been ruled out			
Derm	Acyclovir (Topical)	Zovirax (Topical)	HSV	X				DNIA/C not required unless condition or medication interferes duties			

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Category	Medica	tion	Diagnosis	No		IA/C er Required)	DNIA/C	
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	(Waiver Required)	Notes
Gen	Adalimumab	Humira	Reactive Arthritis/ Rheumatoid Arthritis/ Psoriasis and Psoriatic Arthritis/ Ankylosing Spondylitis/ Ulcerative Colitis*, Crohns*				Х	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. FC IIC waiver by AFMSA/SGPA. Restricted Deployability, see Waiver Guide. Adalimumab Background Paper *Consult Waiver Guide for use in IBD patients.
Derm	Adapalene 0.1% Gel (topical)	Differin	Acne Vulgaris	X				DNIF not required unless condition or medication interferes with MOD duties. Adapatene Background Paper
Pulm	Albuterol	Proventil	Asthma				X	Requires MEB submission prior to waiver
MS	Alendronate	Fosamax	Osteoporosis (Prophylaxis and Treatment)				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and patient tolerates medication well. Take on non-alert days, if possible, or with food at least 30 minutes before duty.
GU	Alfuzosin	Uroxatral	ВРН				X	Max dose 10 mg daily. See Alfuzosin Paper.
Infect	Amantadine	Symmetrel	Antiviral use only			X		DNIA/C until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties
Gen	Anesthetic Agents (Local or Regional)		Surgical Procedures/Den tal Procedures			X		DNIA/C for at least 8 hours after receiving a local or regional anesthetic agent. Verbal DNIA/C and automatic return to status after 8 hours is authorized. Re-examination and return to status 2992 not required unless unexpected side-effects or complications occur.
Card	Angiotensin Reuptake Blocker (ARB)	Atacand, Avapro, Cozaar, Micardis, Diovan	Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out
Card	ARB + Calcium Channel Blocker		Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.

Category	Medication		Diagnosis	No		IA/C er Required)	DNA	
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Card	ARB + Diuretic		Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled. A dose adjustment also requires a 7 day DNIA/C period.
GI	Antacids (OTC)		Mild Isolated Episodes of Indigestion	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions.
Infections	Antibiotics (All oral, topical, otic and ophthalmic except Minocycline)		Acute or chronic infection			X		DNIA/C until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties
Derm	Antibiotics (Topical)		Acne	X				DNIA/C not required unless condition or medication interferes with MOD duties
Card	Antiadrenergics	Catapres, Aldomet, Minipres, Hytrin	Hypertension			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.
Derm	Antifungals (Topical)		Dermatomycosis	X				DNIA/C not required unless condition or medication interferes with duties
Allergy	Antihistamines (Sedating)	Benadryl, Vistaril, Atarax	Allergy; Pruritus			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled and NO sedating side effect
Infections	Antiparasitic	Albenza, Vermox				X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out
Derm	Antiseptics (Topical)		Acute Injury	X				DNIA/C not required unless condition or medication interferes with duties
Gen	Aspirin	Ecotrin	Pain	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions.
Gen	Aspirin	Bayer Aspirin	Prophylaxis		X			Single ground trial is required for members who have never previously taken aspirin; 81 mg or 325 mg once daily for prophylactic therapy as clinically indicated. Underlying disqualifying condition (when present) continues to require waiver.
Gen	Atorvastatin	Lipitor	Hyperlipidemia		Х			Waiver not required if on single approved statin medication for hyperlipidemia. Approved medications include simvastatin, pravastatin, lovastatin and rosuvastatin up to 40 mg/day and atorvastatin up to 80 mg/day. Higher doses or combination of medication requires waiver. Requires at least 5 day ground trail when starting medication or for any adjustments to dosage to rule out idiosyncratic reactions. Follow up of lipids and LFTs should conform to accepted practice standards.

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Category	Medica	Diagnosis	No		IA/C er Required)	DNIA/C		
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	(Waiver Required)	Notes
Gen	Atovaquone/ Proguanil (Combination)	Malarone	Malaria Prophylaxis (2 <sup>nd</sup> Line)		X			Single dose ground trial required; Malarone (250 mg atovaquone/100 mg proguanil) daily beginning 1-2 days prior to travel; ending 7 days after exposure (Reminder: last 7 days of Malarone should be taken with primaquine followed by another 7 days of primaquine alone);  Malarone Background Paper
ENT	Azelastine	Astelin	Vasomotor Rhinitis			X		Minimum 72 hours ground trial at initiation of therapy and adequate control of rhinitis is required.
ENT	Benzonatate pearls	Tessalon Pearls	Coughing			X		Mild, occasional use only
Derm	Benzyl Peroxide (Topical)		Acne	X				DNIA/C not required unless condition or medication interferes with duties
Card	Betablockers	Tenormin, Trandate, Lopressor, Inderal	Hypertension, Atrial Arrhythmia			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.
GI	Bisacodyl	Ducolax, Correctol	Constipation	X				
GI	Bismuth Subsalicylate	Pepto-Bismol	Diarrhea	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions.
Gen	Bleomycin	Blenoxane	Chemotherapy				X	
Psych	Buproprion	Wellbutrin SR or XL	Depression				X	Max dose 450 mg/day. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months.
Gen	Bupropion	Zyban	Smoking Cessation		X			2 week ground trial required
Card	Calcium Channel Blockers	Norvasc, Plendil, Cardene, Adalat, Procardia, Cardizem, Calan	Hypertension, Raynaud's			X		DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.
Derm	Calciprotriene	Dovonex	Psoriasis		X			DNIA/C until potential for idiosyncratic reaction has been ruled out
Gen	Celecoxib	Celebrex	Pain/Inflammat ion			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and pain/inflammation control is achieved
ENT	Cetirizine	Zyrtec	Mild Allergic Rhinitis		X			Minimum 72 hours ground trial at initiation of therapy
Gen	Chloroquine	Aralen	Malaria prophylaxis		X			Single dose ground trial required; 500 mg tablet (300 mg base) once weekly beginning 1-2 weeks prior to travel; ending 4 weeks after exposure (Reminder: last 2 weeks should be taken with primaquine)
Dental	Chlorhexadine Gluconate	Peridex	Gingivitis	X				DNIA/C not required unless condition interferes with duties

Category	Medica	Medication		No	DN	TA/C er Required)		
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Gen	Chlorothiazide	Diuril	Hypertension or Hypercalciuria		X			DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DNIA/C period.
Gen	Cholestyramine	Questran	Hyperlipidemia		X			DNIA/C until potential for idiosyncratic reaction has been ruled out
Derm	Ciclopirox (Topical)	Loprox	Dermatomycoses, seborrheic dermatitis	X				DNIA/C not required unless condition or medication interferes with duties
Prophylax	Ciprofloxacin	Cipro	BW Prophylaxis		Х			Ciprofloxacin may be used operationally after monitored ground trial (500 mg every 12 hours for 2 doses with 48 hrs DNIA/C documented in medical records) in event of BW incident for post-exposure treatment and prophylaxis for inhalational anthrax; Cipro Policy Letter
Psych	Citalopram	Celexa	Depression or other waiverable diagnoses				X	Max dose 40 mg/day. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months.
GU	Clomiphene	Clomid	Infertility				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out.
Gen	Colestipol	Colestid	Hyperlipidemia		X			Minimum 7-day ground trial. A dose adjustment also requires a 7 day observation period.
GU	Contraceptives (Implantable)	Norplant, Implanon, Mirena	Contraception	X				Minimum of 7-days ground trial is required.
GU	Contraceptives (Injectable)	DepoProvera	Contraception	X				Minimum of 7-days ground trial is required.
GU	Contraceptives (Insertable)	Nuvaring	Contraception	X				
GU	Contraceptives (Oral)		Contraception	X				Minimum of 7-days ground trial is required. Change of dosage or preparation requires an additional 7-day observation period.
GU	Contraceptives (Transdermal/ subdermal)		Contraception	X				Minimum of 7-days ground trial is required.
ENT	Cromolyn (Nasal)	Crolom	Mild Allergic, Non-allergic, or Vasomotor Rhinitis	X				
GI	Dicyclomine	Bentyl	IBS			X		DNIA/C for 7 days minimum. Refer to Waiver Guide for waiver requirements, as appropriate
Gen	Depo-Medrol		Allergy (chronic)				X	
Gen	Depo-Medrol		Allergy (acute)			X		

	Category	Medica	tion	Diagnosis	No DNIA/C Or Waiver	DN	IA/C er Required)		
	,	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization		For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
	Gen	Dextroamphetamine/ Scopolamine	Dex/Scop	Airsickness			X		For airsickness during transport to launch facility
	Gen	Dietary/ Herbal/ Nutritional Supplements Multivitamin Folate		Wellness	х				Dietary, herbal, and nutritional supplements may generally be used by MOD personnel without Flight Surgeon approval, provided the product is used in accordance with manufacturers' directions for its intended use and not in violation of Air Force policy. Exceptions: The member is within 12 hours of reporting for MOD duties and will be using the product for the very first time; or the member has questions about a product's use or potential side effects; or the member's ability to perform duties.  Nutritional Supplement Policy Letter: Ephedra Policy Letter; EF 600 Overprint (optional tool for convenience)
I	Card	Diuretics	Diamox, Lasix, Demadex, Midamor, Dyrenium, Diuril, Hydrodiuril Aldactone	Hypertension			X		Minimum 7-day ground trial. A dose adjustment also requires a 7 day DNIA/C period.
J	Card	Diuretic Combinations	Aldactazide, Diazide, Maxzide	Hypertension			X		Minimum 7-day ground trial. A dose adjustment also requires a 7 day <u>DNIA/C</u> period.
	GI	Docusate	Colace	Constipation	X				For mild, occasional constipation alone
ı	GU	Doxazosin Mesylate	Cardura	BPH Only				X	Not to be used for HTN. Minimum 7-day ground trial. A dose adjustment also requires a 7 day DNIA/C period.
	Derm	Doxycycline	Vibramycin	Acne	X				
	Preventive	Doxycycline	Vibramycin	BW Prophylaxis (2 <sup>nd</sup> Line)	X				
	Preventive	Doxycycline	Vibramycin	Malaria Prophylaxis	X				DNIA/C until potential for idiosyncratic reaction has been
	Preventive	Doxycycline	Vibramycin	Prophylaxis Against Diarrhea	X				ruled out and underlying condition does not interfere with duties. If previous ground trial has been accomplished and documented, no DNIA/C is required.
	GU	Doxycycline	Vibramycin	Suppressive Therapy for Chronic or Recurrent Prostatitis / Cystitis			X		

Category	Medication		Diagnosis	No	DN	IA/C r Required)	DNI A /C	
3.00	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
GU	Dutasteride	Avodant	Benign Prostatic Hyperplasia	X				
Neuro	Eletriptan	Relpax	Migraines				X	
Endo	Eplerenon	Inspra	Hyperaldostero nism				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.  Eplerenone and Spironolactone Background  Paper.
Derm	Erythromycin	E-mycin	Acne	X				
Psych	Escitalopram	Lexapro	Depression or other waiverable diagnoses				X	Max dose 20 mg/day waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months.
Endo	Estrogen (Alone or with Progestin)		Contraception/ Hormone Replacement Therapy	X				Minimum of 7-days ground trial is required. Change of dosage or preparation requires an additional 7-day DNIA/C period.
Endo	Estrogen (Alone or with Progestin) (Topical)		Contraception/ Hormone Replacement Therapy	X				Minimum of 7-days ground trial is required. Change of dosage or preparation requires an additional 7-day DNIA/C period.
Gen	Etanercept	Enbrel	Reactive Arthritis/ Rheumatoid Arthritis/ Psoriasis and Psoriatic Arthritis/ Ankylosing Spondyltits				X	Nondeployable medication. Requires refrigeration at 36-46 degrees F. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. <u>Etanercept Background Paper</u>
Endo	Etonogestrel/Ethinyl Estradiol (vaginal ring)	NuvaRing	Contraception		X			Minimum of 7-days ground trial is required; changes of dosages and/or preparation requires an additional 7-day <u>DNIA/C</u> period.
Gen	Ezetimibe	Zetia	Hyperlipidemia (2 <sup>nd</sup> Line)		X			DNIA/C for 3 days to rule out potential for idiosyncratic reaction; Ezetimibe Background Paper
Gen	Ezetimibe/Simvastatin	Vytorin	Hyperlipidemia		X			DNIA/C for 3 days to rule out potential for idiosyncratic reaction; Ezetimibe Background Paper
Gen	Fenofibrate	Tricor	Hyperlipidemia		X			Minimum of 7-days ground trial is required. Change of dosage or preparation requires an additional 7-day DNIA/C period.

	Category	Medication		Diagnosis	No	DN	IIA/C er Required)	DNI A /C	
	, , , , , , , , , , , , , , , , , , ,	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Gen	ı	Ferrous Sulfate		Iron Deficiency Anemia	X				
ENT	Γ	Fexofenadine	Allegra	Mild Allergic Rhinitis		X			Minimum 72 hours ground trial at initiation of therapy
GU		Finasteride	Proscar	Benign Prostatic Hyperplasia	X				
GU		Finasteride (1 mg)	Propecia	Hair Loss	X				DoD policy prohibits purchase of this drug for treatment hair loss using DoD funds; Finasteride Background Paper
Derr	m	Fluconazole	Diflucan	Fungal infection		X			
Dent	tal	Fluoride (toothpaste)	Prevident	Prevention of dental caries	X				
GI		Folate		Sprue				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver
Neur	го	Gabapentin	Neurontin	Post-herpetic Neuralgia and Restless Legs Syndrome only				X	Minimum 7-day ground trial. A dose adjustment also requires a 7 day <u>DNIA/C</u> period. Not to be used for Chronic Pain syndromes
Gen	l	Gemfibrozil	Lopid	Hyperlipidemia		X			DNIA/C until potential for idiosyncratic reaction has been ruled out
Derr	m	Griseofulvin	Fulvicin	Fungal Infections		X			4 week ground trial
ENT	Γ	Guaifenesin	Robitussin Mucinex	Coughing	X				For occasional use only
GI		H-2 Blockers	Aciphex, Nexium, Pepcid, Prevacid, Prilosec, Protonix, Zantac	GERD, PUD			X		DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days)
GI		Hemorrhoidal Suppositories		Hemorrhoids	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions.
Gen	ı	Hylan G-F 20	Synvisc, Synvisc- One, Euflexxa, Hyalgan, Orthovisc	Osteoarthritis pain			X		For intra-articular injection only. 48hrs post-injection DNIA/C required. Use of this medication does not require waiver; however, depending on severity, underlying condition MAY require waiver.
Gen	ı	Hydrochlorothiazide	Hydrodiuril	Hypercalciuria				X	Minimum 7-day observation after last dose adjustment, then submit for waiver
Gen	ı	Hydroxychloroquine	Plaquenil	Arthritis				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver
Gen	ı	NSAIDs (not Toradol)	Daypro, Indocin, Lodine, Motrin, Relafen, Voltaren	Pain (chronic use)			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and pain/inflammation control is achieved

Category	Medication		Diagnosis	No	DN	IIA/C er Required)	DNIA/C	
3.00	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	(Waiver Required)	Notes
Gen	NSAIDs	Same as for Chronic pain, +Toradol	Pain (acute use)	X				DNIA/C is not required for occasional (not regularly scheduled) use to provide relief from <b>minor</b> self-limiting conditions.
Immuno	Immunization (Injectable) Exception: JE Vaccination		Wellness	X				Adverse reactions are rare. Access to medical care on the ground is recommended for a period of 4 hours for all personnel, unless operational needs dictate otherwise.
Immuno	Immunization		Wellness			X		Adverse reactions are rare. Access to medical care on the ground is recommended for a period of 4 hours for all personnel, unless operational needs dictate otherwise. Recommend timing live immunizations such that side effects, if present, will have minimal operational impact. This guidance also applies to JEV (IXIARO).
Immuno	Immunotherapy		Allergy		X			DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained; a 4-hour verbal DNIA/C is required after each injection; MOD crew will not deploy on immunotherapy
Gen	Infliximab	Remicade	Ankylosing spondylitits, psoriatic arthritis, IBD				X	No initial MOD waivers. Requires 6 months symptom control prior to waiver submission.  Psoriasis when other medications have failed.  Consult Waiver Guide for use in IBD patients.  Restricted deployability, see Waiver Guide.  See Infliximab (Remicade) background paper
Pulm	Ipratropium	Atrovent	Asthma				X	Requires MEB submission prior to waiver
ENT	Ipratropium nasal	Atrovent nasal	Allergic/non- allergic rhinitis		X			Minimum 7-day ground trial. A dose adjustment also requires a 7 day observation period.
Pulm	Isoniazid (INH)	Nydrazid	TB Prophylaxis		X			For tuberculin converters who do not have active TB; Minimum 72 hours ground trial
Derm	Itraconazole	Sporanox	Fungal infection		X			
Gen	Ketamine	Ketalar	Anesthesia			X		Minimum 48 hour DNIA/C required
Derm	Ketoconazole	Nizoral	Fungal infection		X			
Ophth	Ketotifen	Zaditor	Itching and redness in the eyes due to allergies			X		
Neuro	Ropinirole	Requip	Restless Legs Syndrome			X		DNIA/C for first 30 days of use (minimum)
Endo	Liothyrinine	Cytomel	Hypothyroid, Thyroid Goiter			X		

	Approved Missile Operator Medications									
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Pulm	Levalbuterol	Xopenex	Asthma				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver. Requires MEB submission prior to waiver		
Gen	Levothyroxine	Synthroid	Hypothyroid or Thyroid Suppression			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained		
ENT	Loratadine	Claritin	Allergy		X			Minimum 72 hrs ground trial at initiation of therapy; Maximum dosage is limited to 10 mg per day		
Gen	Lovastatin	Mevacor	Hyperlipidemia		Х			Waiver not required if on single approved statin medication for hyperlipidemia. Approved medications include simvastatin, pravastatin, lovastatin and rosuvastatin up to 40 mg/day and atorvastatin up to 80 mg/day. Higher doses or combination of medication requires waiver. Requires at least 5 day ground trail when starting medication or for any adjustments to dosage to rule out idiosyncratic reactions. Follow up of lipids and LFTs should conform to accepted practice standards.		
Gen	Meloxicam	Mobic	Pain, inflammation (chronic use)		Х	X		Approved for pain and inflammation up to a dose of 15 mg per day, no waiver required. Member will be DNIA/C until pain/inflammation control is achieved AND for seven days following the final dosage adjustment.		
Gen	Mesalamine (complexed with methyl/methacrylic acid resin)	Asacol	Inflammatory Bowel Disorder				X	DNIA/C until symptoms are controlled and minimum observation period is met for level of disease (see AMCB Minutes Paragraph 4g), then submit for waiver		
Gen	Mesalamine (delayed release via polymer)	Lialda	Inflammatory Bowel Disorder				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide		
Gen	Mesalamine (complexed with ethyl cellulose)	Pentasa	Inflammatory Bowel Disorder				X	DNIA/C until symptoms are controlled and minimum observation period is met for level of disease (see <u>AMCB Minutes Paragraph 4g</u> ), then submit for waiver		
Gen	Mesalamine (enema/ suppositories)	Rowasa	Inflammatory Bowel Disorder				X	DNIA/C until symptoms are controlled and minimum observation period is met for level of disease (see <u>AMCB Minutes Paragraph 4g</u> ), then submit for waiver		
Endo	Metformin	Glucophage	Diabetes Mellitus, pre- diabetes (includes impaired fasting glucose)				X	Submit for waiver after patient has been on medication for at least 30 days and the requirements for waiver submission (as defined by the Diabetes Waiver Guide) have been met.		

	Medica	tion		r r	DN	IA/C er Required)		
Category	Generic Name (Oral		Diagnosis or	No DNIA/C	For	Symptoms	DNIA/C (Waiver Required)	Notes
	Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	Utilization	Or Waiver	Ground Trial	Controlled (No Side Effect)	(waiver required)	
GU	Metformin	Glucophage	Polycystic Ovarian Syndrome				X	Submit for waiver after patient has been on medication for at least 30 days and the requirements for waiver submission (as defined by the PCOS Waiver Guide) have been met.
Derm	Metronidazole (Topical)	Flagyl	Rosacea	X				DNIA/C not required unless condition or medication interferes with duties
GU	Metronidazole (Topical)	Flagyl	Vaginitis	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions unless underlying condition is symptomatic and interferes with duties
Derm	Minoxidil	Rogaine	Hair loss		X			
ENT	Montelukast	Singulair	Allergic Rhinitis Urticaria		X			DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained
ENT	Montelukast	Singulair	Asthma, broncho- constriction				X	MEB required for asthma, then submit waiver
Gen	Niacin		Hyperlipidemia		X			Minimum 7-day ground trial. A dose adjustment also requires a 7 day DNIA/C period.
Gen	Nicotine Gum	Nicorette	Tobacco Addiction	X				
Gen	Nicotine Inhaler	Nicotrol	Tobacco Addiction Tobacco	X				
Gen	Nicotine Patch	NicoDerm	Addiction	X				
Gen	Nifedipine Coat Core Nifedipine GITS	Adalat CC Procardia XL	Hypertension and Raynaud's				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Minimum 7-day observation after last dose adjustment.  NOTE: NO OTHER FORMULATIONS OF NIFEDIPINE ARE COVERED UNDER THIS POLICY. Nifedipine Background Paper
Infections	Nystatin		Fungal Infections	X				
Gen	Onabotulinumtoxin A	Botox	Hyperhidrosis		X			DNIA/C for a minimum of 72 hrs.
Gen	Oseltamivir	Tamiflu	Influenza Prophylaxis (2 <sup>nd</sup> Line)		Х			For unvaccinated personnel during community outbreaks or mission essential operations IAW MAJCOM policy; Requires 1-day ground trial; Oseltamivir Background Paper
Gen	Oseltamivir	Tamiflu	Influenza Treatment			X		DNIA/C until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties; <u>Oseltamivir Background Paper</u>

				pproved iv	DNIA/C			
Category	Medication		Diagnosis	No		IA/C er Required)	DNIA/C	
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	(Waiver Required)	Notes
ENT	Oxymetazoline (Nasal)	Afrin	Eustachian Tube Dysfunction/ Sinus Block	X				
Derm	Pediculicide/ Scabicide	Elimite, Eurax, Lindane cream	Scabies	X				
GU	Phenazopyridine	Pyridium	UTI	X				
ENT	Phenylephrine (Nasal)		Eustachian Tube Dysfunction/ Sinus Block	X				
Derm	Pimecrolimus 1% Cream (Topical)	Elidel	Atopic Dermatitis	X				Pimecrolimus Background Paper.
Derm	Podofilox (Topical)	Condylox	Warts	X				DNIA/C not required unless condition or medication interferes with duties
GU	Potassium Citrate	Urocit-K	Urolithiasis		X			
Gen	Pravastatin	Pravacor	Hyperlipidemia		Х			Waiver not required if on single approved statin medication for hyperlipidemia. Approved medications include simvastatin, pravastatin, lovastatin and rosuvastatin up to 40 mg/day and atorvastatin up to 80 mg/day. Higher doses or combination of medication requires waiver. Requires at least 5 day ground trail when starting medication or for any adjustments to dosage to rule out idiosyncratic reactions. Follow up of lipids and LFTs should conform to accepted practice standards.
Gen	Primaquine	Primaquine	Malaria Prophylaxis (Terminal Phase)		X			Single dose ground trial required; 30 mg (base) daily (recommendation for increase from 15 mg to 30 mg by CDC) for terminal 14 days of post-exposure prophylaxis; Contraindication: G-6-PD deficiency, pregnancy, and possibly lactation (if infant has G-6-PD deficiency)
MS	Probenecid	Benemid	Gout or Hyperuricemia			X		Alone or in combination with thiazide (hydrochlorothiazide or chlorothiazide); DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained
Gen	Potassium Iodide	Thyroshield, ThyroSafe, Iostat	Radiation chemoprophyla xis		X			8 hour ground trial prior to first expected use (as operations allow). Do not prescribe for Airmen with known iodine sensitivity, thyroiditis, goiter, hyperkalemia, or pregnancy. Do not ground test unless use is anticipated/directed by MAJCOM or COCOM. Document ground test in ASIMS.

	Medication			pproved iv	DNIA/C ( <u>No</u> Waiver Required)			
Category	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	Diagnosis or Utilization	No DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
GU	Progestin (Injectable)	Depo- Provera/Norplant	Contraception		X			Minimum 7-days ground trial is required; changes of dosage or preparation requires an additional 7-day observation period.
GU	Progestin (Implantable Timed Released)	Mirena	Contraception		X			Minimum 7-days ground trial is required; changes of dosage or preparation requires an additional 7-day observation period.
Gen	Proguanil/ Atovaquone (Combination)	Malarone	Malaria Prophylaxis (2 <sup>nd</sup> Line)		X			Single dose ground trial required; Malarone (250 mg atovaquone/100 mg proguanil) daily beginning 1-2 days prior to travel; ending 7 days after exposure (Reminder: last 7 days of Malarone should be taken with primaquine followed by another 7 days of primaquine alone);  Malarone Background Paper
ENT	Pseudoephedrine HCL 30 mg, 60 mg	Various	Nasal congestion	X				Mild, occasional/isolated episodes, not chronic
GI	Psyllium hydrophilic mucillod	Metamucil	Constipation	X				For minor, occasional constipation only
Neuro	Pyridostigmine	Mestinon	CW Prophylaxis		X			DNIA/C until potential idiosyncratic reactions has been ruled out; Use IAW with operational guidance; Single dose ground trial advised
Inf	Rifampin		TB Infections		X			Minimum 72 hour ground trial is required
Pulm	Rifampin		TB Prophylaxis		X			For tuberculin converters who do not have active TB, minimum 72 hours ground trial.
Neuro	Rizatriptan	Maxalt	Migraines				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and migraines do not impact duty performance
Gen	Rosuvastatin	Crestor	Hyperlipidemia		х			Waiver not required if on single approved statin medication for hyperlipidemia. Approved medications include simvastatin, pravastatin, lovastatin and rosuvastatin up to 40 mg/day and atorvastatin up to 80 mg/day. Higher doses or combination of medication requires waiver. Requires at least 5 day ground trail when starting medication or for any adjustments to dosage to rule out idiosyncratic reactions. Follow up of lipids and LFTs should conform to accepted practice standards.
Derm	Salicylic Acid (Topical)	Duofilm	Warts	X				DNIA/C not required unless condition or medication interferes with duties
Gen	Scopolamine/ Dextroamphetamine	Scop/Dex	Airsickness			X		Alone or in combination with dextroamphetamine for airsickness during transport to launch facility
Psych	Serotonin- Norepinephrine Reuptake Inhibitors (SNRIs)	Cymbalta, Effexor, Pristiq	Depression, Anxiety				X	DNIA/C for first 30 days of use (minimum) then, if symptoms controlled and no side effects, request waiver; When dose changes made after first 30 days then DNIA/C for 7 days (minimum) and no side effects

Category	Medication		Diagnosis	No	DNIA/C ( <u>No</u> Waiver Required)			
,	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Psych	Selective Serotonin Reuptake Inhibitors (SSRIs)	Celexa, Lexapro, Prozac, Paxil, Zoloft	Depression, Anxiety				X	DNIA/C for first 30 days of use (minimum) then, if symptoms controlled and no side effects, request waiver; When dose changes made after first 30 days then DNIA/C for 7 days (minimum) and no side effects.
Psych	Sertraline	Zoloft	Depression				X	Max dose 200 mg/day. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months.
GU	Sildenafil	Viagra	Erectile Dysfunction		X			24 hours grounding required after each dosage (Verbal DNIA/C acceptable). Not authorized for daily use.
GU	Silodosin	Rapaflo	ВРН				X	Maximum dose 8 mg daily. See Silodosin Paper.
Gen	Simvastatin	Zocor	Hyperlipidemia		X			A 5 day ground trial is required; Changing between approved statins requires an additional 5-day observation period.
Gen	Simvastatin	Zocor	Hyperlipidemia		Х			Waiver not required if on single approved statin medication for hyperlipidemia. Approved medications include simvastatin, pravastatin, lovastatin and rosuvastatin up to 40 mg/day and atorvastatin up to 80 mg/day. Higher doses or combination of medication requires waiver. Requires at least 5 day ground trail when starting medication or for any adjustments to dosage to rule out idiosyncratic reactions. Follow up of lipids and LFTs should conform to accepted practice standards.
Gen	Spironolactone	Aldactone	Hirsutism, Hyperaldostero nism (2nd line)				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. <u>Eplerenone and Spironolactone Background Paper</u> .
Gen	Statin	Simvastatin, pravastatin, lovastatin, rosuvastatin, atorvastatin	Hyperlipidemia		Х			Waiver not required if on single approved statin medication for hyperlipidemia. Approved medications include simvastatin, pravastatin, lovastatin and rosuvastatin up to 40 mg/day and atorvastatin up to 80 mg/day. Higher doses or combination of medication requires waiver. Requires at least 5 day ground trail when starting medication or for any adjustments to dosage to rule out idiosyncratic reactions. Follow up of lipids and LFTs should conform to accepted practice standards.
Pulm	Steroids (Inhaled orally)		Asthma				X	All inhaled corticosteroids approved for use in asthma by the FDA as of 13 May 2012 may be used. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Requires MEB submission prior to waiver.

	Modico	Medication			DNIA/C (No Waiver Required)			
Category	Wiedica	uon	Diagnosis or Utilization	No	( <u>No</u> Waive	r Required)	DNIA/C (Waiver Required)	
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)		DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)		Notes
GI	Steroids (metered-dose inhaler)		Eosinophilic Esophagitis				X	Topical corticosteroid therapy, administered via metered- dose inhaler (swallowed), is approved for treatment of eosinophilic esophagitis. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained – see <u>EoE Waiver Guide</u> .
ENT	Steroids (Nasal)		Allergic rhinitis, non- allergic nasal symptoms	X				
Gen	Steroid (Systemic)		Inflammatory Diseases (acute)			X		DNIA/C until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties; DNIA/C for at least 8 hours after each injection
Gen	Steroid (Systemic)		Inflammatory Diseases (chronic)				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and chronic inflammatory process is controlled, then submit waiver; DNIA/C for at least 8 hours after each injection
Derm	Steroids (Topical)		Rash or Skin Diseases	X				DNIA/C not required unless condition or medication interferes with duties.
Ophtho	Steroids (Eye Drops)		Post CR surgery			X		DNIC/DNIA for 2weeks w/o wavier. Must demonstrate and document 20/20 vision in at least one eye by OVT or optometry.
GI	Sucralfate	Carafate	Prevention of Recurrent, Uncomplicated Duodenal Ulcer			X		1 gram once daily; DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained
Rheum	Sulfasalazine	Azulfidine	Reactive Arthritis Rheumatoid Arthritis				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Only authorized for RA cases that show no progression of disease (only 10% of cases). Mesalamine is better choice for inflammatory bowel disease control.
Neuro	Sumatriptan	Imitrex	Migraines				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and migraines do not impact duty performance
GU	Tadalafil	Cialis	Erectile Dysfunction		X			24 hours grounding required after each dosage (Verbal DNIA/C acceptable). Not authorized for daily use.
GU	Tamsulosin	Flomax	ВРН			X		Minimum 7-day ground trial. A dose adjustment also requires a 7 day observation period.
Derm	Tazarotene 0.1% Gel (topical)	Tazorac	Acne Vulgaris		X			Tazarotene Background Paper
Derm	Tazarotene 0.05% and 0.1% Gel (topical)	Tazorac	Psoriasis		X			Tazarotene Background Paper

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Category	Medication		Diagnosis	No	DNIA/C ( <u>No</u> Waiver Required)		DNI 1/C	
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Derm	Terbinafine	Lamisil	Fungal Infection		Х			For treatment of fungal culture or formal histopathologically confirmed fungal infections only (positive KOH is <u>not</u> acceptable); DNIA/C for 72 hrs ground trial and obtain baseline LFTs; 250 mg daily for 12 weeks; <u>Terbinafine Background Paper</u>
GU	Testosterone and Estrogen (combination)	Estratest	Hormone Replacement Therapy (menopause)			X		Minimum of 7-days ground trial is required; changes of dosages and/or preparation requires an additional 7-day observation period.
GU	Testosterone (Injectable)		Hormone Replacement Therapy				X	Appropriate urological work-up is required prior to starting medication. Minimum of 7-days ground trial, control of manifested symptoms are maintained, then submit for waiver. A change of dosages and/or preparation requires an additional 7-day observation period. (Note: Testosterone has been classified as a Schedule 3 Controlled Drug)
GU	Testosterone (Transdermal)		Hormone Replacement Therapy				X	Appropriate urological work-up is required prior to starting medication. Minimum of 7-days ground trial, control of manifested symptoms are maintained, then submit for waiver. A change of dosages and/or preparation requires an additional 7-day observation period. (Note: Testosterone has been classified as a Schedule 3 Controlled Drug)
Derm	Tetracycline	Sumycin	Acne		X			DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained
GU	Tetracycline	Sumycin	Suppressive Therapy for Chronic or Recurrent Prostatitis / Cystitis			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained
ENT	Throat lozenges		Minor throat discomfort	X				
Neuro	Topiramate	Topamax	Migraines (only)				X	DNIA/C for first 30 days of use (minimum) and control is maintained and no side effects, then submit for waiver
Psych	Trazodone	Desyrel	Depression, Anxiety				X	DNIA/C for first 30 days of use (minimum) then, if symptoms controlled and <b>no side effects</b> , submit for waiver; When dose changes made after first 30 days then DNIA/C for 7 days (minimum) and <b>no side effects</b> . Refer to Waiver Guide for waiver requirements, as appropriate
Derm	Tretinoin (Topical)	Retin-A	Acne	X				DNIA/C not required unless condition or medication interferes with duties

Category	Medication		Diagnosis	No	DNIA/C ( <u>No</u> Waiver Required)			
,	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Psych	Tricyclic Antidepressants	Elavil, Norparamin, Pamelor, Surmontil, Tofranil, Vivactil	Chronic Headaches; Chronic Pain Syndromes				X	DNIA/C for first 30 days of use (minimum) then, if symptoms controlled and <b>no side effects</b> , submit for waiver; When dose changes made after first 30 days then DNIA/C for 7 days (minimum) and <b>no side effects</b> . Refer to Waiver Guide for waiver requirements, as appropriate
GU	Trimethoprim- Sulfamethoxazole (TMP/SMX)	Bactrim Septra	Suppressive Therapy for Chronic or Recurrent Prostatitis / Cystitis			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver
GU	Vaginal Preparation (Creams and Suppositories)		Vaginitis	X				DNIA/C is not required for occasional OTC use to provide relief from minor self-limiting conditions unless underlying condition is symptomatic and interferes with duties
Derm	Valacyclovir	Valtrex	HSV Suppression		X			DNIA/C until potential for idiosyncratic reaction has been ruled out
GU	Vardenafil	Levitra	Erectile Dysfunction		X			24 hours grounding required after each dosage (Verbal DNIA/C acceptable). Not authorized for daily use.
Ophthal	Azelastine	Optivar	Allergic conjunctivitis			X		
Ophthal	Cycloplegic Agents	Atropine, Cyclogel, Cyclopentolate, Homatropine						
Ophthal	Betaxolol Drops	Betoptic			X			
Ophthal	Cyclosporine Drops	Restasis			X			
Ophthal	Fluorometholone 0.1% Drops	FML			X			
Ophthal	Ganciclovir ophthalmic gel 0.15%	Zirgan			X			
Ophthal	Trifluridine Drops	Viroptic			X			
Ophthal	Pred Forte-steroid Drops				X			
Ophthal	Latanoprost Drops	Xalatan			X			
Ophthal	Levobunolol Drops	Betagan	_		X		_	
Ophthal	Lumigan Drops				X			
Ophthal	Trusopt Drops				X			
Ophthal	Cosopt Drops				X			
Ophthal	Pilocarpine Drops				X			
Ophthal	Muro-128 Drops				X			
Ophthal	Tobradex Drops	Timontio			X X			
Ophthal	Timolol Drops	Timoptic			X			

Category	Medication		Diagnosis	No	DNIA/C ( <u>No</u> Waiver Required)		D14.16	
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	or Utilization	DNIA/C Or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	DNIA/C (Waiver Required)	Notes
Ophthal	Ketorolac	Acular		X				
Ophthal	Bepotastine Besilate OphthSol 1.5%	Bepreve		X				
Ophthal	Ketotifen Drops	Zaditor		X				
Ophthal		Lacrilube		X				
Ophthal	Loteprednol etabonate ophth susp 0.2%, susp 0.5%	Alex, Lotemax		X				
Ophthal		Naphcon-A		X				
Ophthal	Olopatadine Eye Drops	Patanol		X				Do not use if member uses contact lenses
Ophthal	Polyvinol Alcohol	Artificial tears		X				
Ophthal	Carboxymethyl- cellulose	Refresh Plus, Refresh Celluvisc, artificial tears		X				
Ophthal		Vasocon-A		X				

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	Medicati	Medication		No	DNIA/C (No Waiver Required)			
Category	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)	Diagnosis or Utilization	DNIA/C or Waiver	For Ground Trial	Symptoms Controlled (No Side Effect)	Not Waiverable	Notes
Derm	Isotretinoin	Accutane	Acne				X	Anxiety, irritability, anger, and/or depression
Gen	Mefloquine	Lariam	Malaria Prophylaxis		Not W	aiverab	le <sub>x</sub>	Adverse effects include but not limited to: optic neuritis, cataracts, decreased night vision, blurred vision and photosensitivity, pseudotumor cerebri, depression, psychosis, and suicide
Gen	Melatonin		Insomnia				X	Nightmares, headaches, morning grogginess, and mild depression
Derm	Minocycline	Minocin	Acne		Not W	aiverab	le x	Unacceptable (up to 70%) incidence of vestibular side- effects
Gen	Varenicline	Chantix	Smoking Cessation				X	Irritability, suicidal ideation, aggressive and erratic behavior, cardiac dysrhythmias and sudden death

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## Non-Waiverable Medications On This Page