Official Air Force Aerospace Medicine Approved Medications

Effective: 15 Mar 2016

(Note: This list supersedes the medication list dated 02 Feb 2016)

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. Drugs for acute conditions generally fall under one of the first two categories, while medications for chronic conditions commonly fit into the last category. At the end of the document are listed a number of drugs which are known to be unacceptable for all flying and special operational duty (SOD) classes. Request for waiver of such drugs is highly unlikely.

In general, for all 1042/2992 holders use of any medication whose known actions may affect alertness, judgment, cognition, special sensory function, mood, or coordination requires DNIF/DNIC or appropriate duty restriction.

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 flying or SOD duty, with the member returning to operational 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 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 to AFMSA/SG3/5PF through the appropriate MAJCOM/SG (for rated officers and non-rated personnel). Such requests are not delegated for initial or renewal waivers. The process for approval of such drugs is much more complicated because of the thorough review required. Note: Waivers for non-FDA approved medications will not be considered. All medications and immunizations used by flying and SOD personnel must be FDA approved.

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

Members pending waiver action must remain DNIF/DNIC until waiver has been granted. Verbal waivers are NOT authorized. Consult Aerospace Medicine Waiver Guide prior to waiver submission.

For flying/SOD personnel, the following medications require ground testing, documented IAW AFI 48-123 paragraph 1.6., on the individual's DD form 2766 under "Medications" block on Page 1, IAW AF and MAJCOM guidance and restrictions (KX Operational/Flight Medicine): Ciprofloxacin (mandatory ground test), Temazepam/ zolpidem/zaleplon (no-go pills) and dextroamphetamine/modafinil (go pills) must be ground tested (if member is eligible for use) OR declination of ground test must be documented. Ground testing results (or declination) must also be updated in ASIMS. Once successfully ground tested, the operational use of go/no-go medications does not require DNIF/DNIC. Clinical use of go/no-go medications DOES require DNIF/DNIC, despite prior ground testing. Only aircrew/SOD designated in current AF/SG, AF/A3O and MAJCOM guidance are eligible for ground testing and operational use of hypnotics (no-go pills) or stimulants (go pills).

SUMMARY OF CHANGES:
02 Feb 2016 Clarifies DNIF policy for doxycycline use. Adds metoprolol to approved medication list.

Category	Medication		Diagnosis or Utilization	No DNIF	DNIF (No Waiver Required)		DNIF (Waiver Required)		Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
Gen	Acetaminophen	Tylenol	Pain (acute condition use)			X			DNIF until the underlying condition will not interfere with flying duties and there are no adverse side effects. Usage is for acute conditions, less than 4 weeks, and condition does not require waiver.
Gen	Acetaminophen	Tylenol	Pain (chronic use)				X	X	Submit for waiver after potential idiosyncratic reaction has been ruled out and control is maintained.
Gen	Acetazolamide	Diamox	Prevention of acute altitude sickness		X*				*Only if approved by MAJCOM protocol, for only those career fields noted by AFPD 10-35 to be "Battlefield Airmen". Dose approved 125-250 mg by mouth two to three times a day (see Acetazolamide Paper). Must ground test for three days prior to operations. Do not take with aspirin containing products or if previous hypersensitivity to sulfa-containing compounds.
Gen	Acupuncture	Seirin needle, ASP needle	Pain (acute condition use)	X					Minimum of 2 hours ground trial at initiation of therapy to ensure idiosyncratic reaction is ruled out. After initial ground trial, no DNIF required unless underlying condition interferes with flying duties. Auricular ASP needles may be retained during duty performance for RPA/GBC/ATC/MOD only. No retained needles for aircrew for in-flight operations.
Gen	Acupuncture	Seirin needle, ASP needle	Pain (chronic use)	X					
Gen	Acupuncture	Seirin needle, ASP needle	Chronic medical condition (i.e. PTSD, OA)	X					
Derm	Acyclovir	Zovirax	HSV (treatment or suppression)		X	X			DNIF until the underlying condition will not interfere with flying duties and there are no adverse side effects (minimum 72 hours). **Note:** For ≥10 recurrent episodes per year, treat with acyclovir 400 mg Q12.
Derm	Acyclovir (topical)	Zovirax (topical)	HSV	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
Gen	Adalimumab	Humira	Reactive Arthritis/ Rheumatoid Arthritis/ Psoriasis and Psoriatic Arthritis/ Ankylosing Spondylitis/ Ulcerative Colitis*, Crohns*				X	X	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 life support gear or flying duties. Adapalene Background Paper
MS	Alendronate	Fosamax	Osteoporosis (prophylaxis and treatment)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Take on non-flying days, if possible. See Alendronate Background Paper.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
GU	Alfuzosin	Uroxatral	BPH				X*	X	Max dose 10 mg daily. *Not waiverable for FCI. Limited to FCIIA (restriction from high performance aircraft and fly with another qualified pilot during critical phases of flight), FC III and GBC. All alfuzosin waivers for FCII require AFMSA waiver, for all FCIII and GBC the MAJCOM may disposition. Alfuzosin may be used with finasteride with appropriate waiver authority noted for alfuzosin. See Alfuzosin Paper.
MS	Allopurinol	Zyloprim	Gout and Urolithiasis				X	X	For urolithiasis either alone or in combination with thiazide (hydrochlorothiazide or chlorothiazide). Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Amlodipine	Norvasc	Hypertension and Raynaud's				X	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. Approved for FC IIA/IIU and FC III waivers.
Antibiotic	Amoxicillin	Amoxil	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Antibiotic	Ampicillin	Polycillin	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
GU	Ampicillin	Polycillin	Suppressive Therapy for Chronic or Recurrent Prostatitis / Cystitis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Anesthetic Agents (local or regional)		Surgical Procedures			X			Aircrew/SOD members cannot fly for at least 8 hours after receiving a local or regional anesthetic agent.
Derm	Antibiotics (topical)		Acne	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
Derm	Antifungals (topical)	Tinactin Lamisil Lotrimin	Tinea pedis Tinea cruris Tinea corporis			X			DNIF not required unless condition or medication interferes with life support gear or flying duties.
Derm	Anti-infectives/ Antiseptics	Silvadene Neosporin	Acute Injury (burns, abrasions)			X			DNIF not required unless condition or medication interferes with life support gear or flying duties.
Gen	Aspirin	Bayer Aspirin	Cardiovascular 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) continue to require waiver.
Gen	Aspirin	Bayer Aspirin, Ecotrin	Pain, Anti-inflammatory (acute use)			X			DNIF until the underlying condition will not interfere with flying duties and there are no adverse side effects. Usage is for acute conditions, less than 4 weeks, and condition does not require waiver.
Gen	Aspirin	Bayer Aspirin Ecotrin	Pain (chronic use)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Atenolol		Hypertension (2nd line), Atrial Arrhythmia				X	X	Limited to a FC IIA or IIU waiver initially by AFMSA/SGP and renewals may not be delegated down by MAJCOM/SGPA.

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Gen	Atorvastatin	Lipitor	Hyperlipidemia		X				Waiver not required if on single approved statin medication for hyperlipidemia.. Approved medications include simvastatin, pravastatin, and lovastatin up to 40mg/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 with accepted practice standards.
							X*	X*	Combination therapy with Gemfibrozil is limited to a FC IIA waiver by MAJCOM/SGPA or IIU (AFMSA) and may not be further delegated.
Gen	Atovaquone/ Proguanil (combination)	Malarone	Malaria Prophylaxis		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	X	Minimum 72 hours ground trial at initiation of therapy and adequate control of rhinitis is required. Requires FCIIC (with another qualified pilot) waiver by AFMSA.
Antibiotic	Azithromycin	Zithromax	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Gen	Benazepril	Lotensin	Hypertension			X			Waiver not required for monotherapy. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with HCTZ or other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII - see HTN Waiver Guide.
Ophth	Betaxolol (ophth drops)	Betoptic	Glaucoma				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Psych	Buproprion	Wellbutrin SR or XL	Depression or other waiverable diagnoses				X*	X	Max dose 450 mg/day. *Not waiverable for FCI. Limited to FCIIC (multicrew aircraft, except for B-2), GBC, and FCIII. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months. All FCII and FCIII listed (Boom Operator, Flight Engineer, Loadmaster, Aerial Gunner, Combat Control) require ACS evaluation and AFMSA waiver. All other FCIII AFSCs, ACS evaluation is encouraged and MAJCOM dispositions waiver.
Derm	Calcipotriene 0.005% Ointment (topical)	Dovonex	Psoriasis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Doses limited to 100 gm of ointment per week. Calcipotriene Background Paper
Gen	Celecoxib	Celebrex	Pain (chronic use)		X	X			Approved for pain and inflammation with no waiver required as long as underlying condition does not require waiver. Member will be DNIF/DNIC until pain/inflammation control is achieved AND for seven days following the final dosage adjustment.
Gen	Celecoxib	Celebrex	Pain (acute condition use)			X			DNIF until the underlying condition will not interfere with flying duties and there are no adverse side effects. Usage is for acute conditions, less than 4 weeks, and condition does not require waiver.
Antibiotic	Cephalexin	Keflex	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.

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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.)**
Gen	Chlorothiazide	Diuril	Hypertension			X			For hypertension: either alone or in combination with triamterene does not require waiver. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with ACEi, ARB, and other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII – see HTN Waiver Guide.
Gen	Chlorothiazide	Diuril	Urolithiasis				X	X	For urolithiasis: either alone or in combination with allopurinol or oral potassium supplements. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Cholestyramine	Questran	Hyperlipidemia		X				DNIF until potential for idiosyncratic reaction has been ruled out.
Derm	Ciclopirox (topical)	Loprox	Seborrheic Dermatitis	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
Antibiotic	Ciprofloxacin	Cipro	**BW Prophylaxis Only**		X				**Neurotoxicity risk precludes usage in non-BW environment**. Ciprofloxacin may be used operationally after monitored ground trial (500 mg every 12 hours for 2 doses with 48 hours DNIF documented in medical records) in event of BW incident for **post-exposure treatment and prophylaxis for inhalational anthrax only.** Cipro Policy Letter.
Psych	Citalopram	Celexa	Depression or other waiverable diagnoses				X*	X	Max dose 40 mg/day. *Not waiverable for FCI. Limited to FCIIC (multicrew aircraft, except for B-2), GBC, and FCIII. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months. All FCII and FCIII listed (Boom Operator, Flight Engineer, Loadmaster, Aerial Gunner, Combat Control) require ACS evaluation and AFMSA waiver. All other FCIII AFSCs, ACS evaluation is encouraged and MAJCOM dispositions waiver.
Derm	Clindamycin (topical)	Cleocin T	Acne	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
GU	Clomiphene	Clomid	Infertility				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out.
Gen	Colestipol	Colestid	Hyperlipidemia		X				DNIF until potential for idiosyncratic reaction has been ruled out.
GU	Contraceptives (oral)		Contraception		X				Minimum of 7-days ground trial is required. Changes of dosage or preparation requires an additional 7-day observation period.
GU	Contraceptives (transdermal)		Contraception		X				Minimum of 7-days ground trial is required. Changes of dosage or preparation requires an additional 7-day observation period.
GU	Contraceptives (subdermal)	Implanon	Contraception		X				Minimum of 7-days ground trial is required.
ENT	Cromolyn (nasal)	Crolom	Mild Allergic, Non-allergic, or Vasomotor Rhinitis			X			Length of DNIF dictated by time required for adequate control of underlying symptoms.

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Ophth	Cyclosporine	Restasis	Dry Eye				X*	X*	*Waiverable for FCII/III (trained assets only) and based on severity as specified in the waiver guide
Ops	Dextroamphetamine	Dexadrine	Fatigue Management (go pill)		X				OPERATIONAL USE ONLY: NOTE: Only "Immediate Release" is approved for operational use. (See AFI 48-149 Section 7.4, AFI 11-202V3 Section 9.12.1.3., and MAJCOM Guidance.) Check with MAJCOM/SGP prior to prescribing. Ground trial (10 mg every 4 hours for 2 doses, documented in the medical record) with mandatory DNIF required prior to operational use. The normal dose for operational use is 10 mg PO q 4 hours PRN, not to exceed 20 mg in 24 hours. Dextroamphetamine is not authorized for routine clinical use in flyers/special duty personnel.
Ops	Dextroamphetamine (oral gel)	Geldex	Fatigue Management (go gel) **U-2S Pilots Only**						OPERATIONAL USE ONLY: Go Gel specially prepared for U-2S pilots when conducting U-2S operational sorties IAW applicable guidance. (See AFI 48-149 Section 7.4, AFI 11-202V3 Section 9.12.1.3., and MAJCOM Guidance.) Check with MAJCOM/SGP prior to prescribing. Ground trial (10 mg every 4 hours for 2 doses, documented in the medical record) with mandatory DNIF required prior to operational use. Dextroamphetamine is not authorized for routine clinical use in flyers/special duty personnel.
Gen	Dextroamphetamine/ Scopolamine	Dex/Scop	Airsickness	X					Alone or in combination with dextroamphetamine for airsickness **in formal training programs only**. *Not authorized for solo flight (see AETCI 48-102).
Gen	Dietary/ Herbal/ Nutritional Supplements		Wellness		X				**Dietary, herbal, and nutritional supplements can only be used with the approval of a flight surgeon.** The flight surgeon should consider aeromedical implications of the supplement. In general, the use of nutritional supplements is not recommended. Nutritional Supplement Policy Letter, Ephedra Policy Letter, SF 600 Overprint (optional tool for convenience) http://hprc-online.org/dietary-supplements/dietary-supplement-classification-system-1
Antibiotic	Dicloxacillin	Dynapen	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Derm	Doxycycline	Vibramycin	Acne			X			DNIF until potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties. If previous ground trial has been accomplished and documented, no DNIF is required.
Antibiotic	Doxycycline	Vibramycin	Acute Infection			X			
Preventive	Doxycycline	Vibramycin	Acute Mild Diarrhea			X			
Preventive	Doxycycline	Vibramycin	BW Prophylaxis (2nd line)	X					
Preventive	Doxycycline	Vibramycin	Malaria Prophylaxis	X					
Preventive	Doxycycline	Vibramycin	Prophylaxis Against Diarrhea	X					

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GU	Doxycycline	Vibramycin	Suppressive Therapy for Chronic or Recurrent Prostatitis/ Cystitis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Endo	Eplerenone	Inspra	Hyper-aldosteronism				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. FCIIA/IIU waiver only. Eplerenone and Spironolactone Background Paper.
Derm	Erythromycin	E-mycin	Acne				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Antibiotic	Erythromycin	E-mycin	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Derm	Erythromycin (topical)	T-Stat	Acne	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
Psych	Escitalopram	Lexapro	Depression or other waiverable diagnoses				X*	X	Max dose 20 mg/day. * Not waiverable for FCI. Limited to FCIIC (multicrew aircraft, except for B-2), GBC, and FCIII. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months. All FCII and FCIII listed (Boom Operator, Flight Engineer, Loadmaster, Aerial Gunner, Combat Control) require ACS evaluation and AFMSA waiver. All other FCIII AFSCs, ACS evaluation is encouraged and MAJCOM dispositions waiver.
Gen	Esomeprazole	Nexium	GERD			X			DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
Gen	Esomeprazole	Nexium	Peptic Ulcer Dz				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Authorized under a single waiver with the other approved proton pump inhibitors (PPIs) esomeprazole, omeprazole, rabeprazole, lansoprazole and pantoprazole. Medication change between the approved PPIs at the base level, while still requiring a mandatory 3-day ground observation period, does not necessitate notification of the waiver authority. These changes should be documented in AIMWTS at the time of waiver renewal.
Endo	Estrogen (alone or with progestin or testosterone)		Contraception/ Hormone Replacement Therapy		X	X			Minimum of 7-days ground trial is required. Changes of dosage or preparation requires an additional 7-day observation period.
Endo	Estrogen (alone or with progestin) (topical)		Contraception/ Hormone Replacement Therapy		X	X			Minimum of 7-days ground trial is required. Changes of dosage or preparation requires an additional 7-day observation period.

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Gen	Etanercept	Enbrel	Reactive Arthritis/ Rheumatoid Arthritis/ Psoriasis and Psoriatic Arthritis/ Ankylosing Spondyltits				X	X	Requires refrigeration at 36-46 degrees F. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. FCIIC waiver by AFMSA/SGPA. Restricted Deployability, see Waiver Guide. Etanercept Background Paper
Endo	Etonogestrel/Ethinyl Estradiol (vaginal ring)	NuvaRing	Contraception		X				Minimum of 7 days ground trial is required. Changes of dosage or preparation requires an additional 7-day observation period.
Gen	Ezetimibe	Zetia	Hyperlipidemia (2nd line)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out (minimum 3 days) and control is maintained. Ezetimibe Background Paper.
Gen	Ezetimbe/Simva-statin	Vytorin	Hyperlipidemia				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out (minimum 5 days) and control is maintained. Ezetimibe Background Paper.
Gen	Fenofibrate	Tricor	Hyperlipidemia				X	X	Combination therapy with approved statin for hyperlipidemia is limited to FCIIA waiver by MAJCOM/SGPA or IIU (AFMSA) and may not be further delegated. See Fenofibrate Background paper.
Gen	Ferrous Sulfate		Iron Deficiency Anemia				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out.
ENT	Fexofenadine	Allegra	Mild Allergic Rhinitis			X			Minimum 72 hours ground trial at initiation of therapy and adequate control of rhinitis is required.
GU	Finasteride	Proscar	Benign Prostatic Hyperplasia				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out (minimum 3 days) and condition does not interfere with flying duties. DoD policy prohibits purchase of this drug for treatment hair loss using DoD funds (see Finasteride Background Paper). If used in combination with silodosin, follow silodosin requirement.
GU	Finasteride (1 mg)	Propecia	Hair Loss		X				DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days). DoD policy prohibits purchase of this drug for treatment hair loss using DoD funds.
GI	Folate		Sprue				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Gemfibrozil	Lopid	Hyperlipidemia				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out. *Combination therapy of Gemfibrozil with an approved statin (lovastatin, pravastatin, simvastatin, or atorvastatin) is limited to a FCIIA waiver by MAJCOM/SGPA or IIU (AFMSA) and may not be further delegated.
GI	Hemorrhoidal suppository		Hemorrhoids			X			DNIF is not required once symptoms relieved.

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Gen	Hyaluronate derivatives	Synvisc, Synvisc-One, Euflexxa, Hyalgan, Orthovisc	Osteoarthritis pain			X			For intra-articular injection only. 48 hour post-injection DNIF required. Use of this medication does not require waiver. However, depending on severity, underlying condition MAY require waiver.
Gen	Hydrochlorothiazide	Hydrodiuril	Hypertension			X			For hypertension: either alone or in combination with triamterene does not require waiver. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with ACEi, ARB, and other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII – see HTN Waiver Guide.
Gen	Hydrochlorothiazide	Hydrodiuril	Urolithiasis				X	X	For urolithiasis: either alone or in combination with allopurinol or oral potassium supplements. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Hydroxychloroquine	Plaquenil	Arthritis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Ibuprofen	Motrin	Pain (chronic use)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Ibuprofen	Motrin	Pain (acute condition use)			X			DNIF until the underlying condition will not interfere with flying duties and there are no adverse side effects. Usage is for acute conditions, less than 4 weeks, and condition does not require waiver.
Derm	Imiquimod (topical)	Aldara, Zyclara	Warts, Actinic Keratosis, Basal Cell CA			X			DNIF not required unless condition or medication interferes with life support gear or flying duties. Localized inflammatory reactions at the site of application are common, and should be considered prior to initiation of therapy.
Gen	Infliximab	Remicade	Ankylosing Spondylitis, Psoriatic Arthritis, Psoriasis#, Ulcerative Colitis*/Crohns*				X*	X*	*No initial flying class 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.
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	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Once waiver has been granted, a 4-hour verbal DNIF is required for aircrew/SOD after each injection. DNIF not required for ground operators. Aircrew/SOD will not deploy on immunotherapy.
Pulm	Isoniazid (INH)	Nydrazid	TB Prophylaxis		X				For tuberculin converters who do not have active TB, minimum 72 hours ground trial.
Gen	Ketamine	Ketalar	Anesthesia			X			Minimum 3-week DNIF required.

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Category	Medication		Diagnosis or Utilization	No DNIF	DNIF (No Waiver Required)		DNIF (Waiver Required)		Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
GI	Lansoprazole	Prevacid	GERD			X			DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
GI	Lansoprazole	Prevacid	Peptic Ulcer Disease				X	X	DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days and symptom control is maintained. Authorized under a single waiver along with the other approved proton pump inhibitors (PPIs) esomeprazole, omeprazole, rabeprazole, lansoprazole and pantoprazole. Medication change between approved PPIs at the base level, while still requiring a mandatory 3 day ground observation period, does not necessitate notification of the waiver authority. These changes should be documented in AIMWTS at the time of waiver renewal.
Ophth	Latanoprost (ophth drops)	Xalatan	Glaucoma				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Ophth	Levobunolol (ophth drops)	Betagan	Glaucoma				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Levothyroxine	Synthroid	Hypothyroidism or Thyroid Suppression				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Lisinopril	Zestril	Hypertension			X			Waiver not required for monotherapy. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with HCTZ or other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII - see HTN Waiver Guide.
ENT	Loratadine	Claritin	Allergy			X			Minimum 72 hours ground trial at initiation of therapy and adequate control of rhinitis is required. Maximum dosage is limited to 10 mg per day.
Gen	Losartan	Cozaar	Hypertension			X			Waiver not required for monotherapy. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with HCTZ or other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII - see HTN Waiver Guide.
Gen	Lovastatin	Mevacor	Hyperlipidemia		X				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.
							X*	X*	*Combination therapy with Gemfibrozil is limited to a FCIIA or IIU (AFMSA for waiver and may not be further delegated).
Gen	Meloxicam	Mobic	Pain, inflammation (chronic use)		X	X			Approved for pain and inflammation up to a dose of 15 mg per day, no waiver required. Member will be DNIF/DNIC until pain/inflammation control is achieved AND for seven days following the final dosage adjustment.
Gen	Mesalamine (complexed with methyl/methacrylic acid resin)	Asacol, Delizicol	Inflammatory Bowel Disorder				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
Gen	Mesalamine (delayed release via polymer)	Lialda	Inflammatory Bowel Disorder				X	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	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide.
Gen	Mesalamine (enema/suppositories)	Rowasa	Inflammatory Bowel Disorder				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide.
Gen	Metformin	Glucophage	Diabetes Mellitus, pre-diabetes (includes impaired fasting glucose)				X	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. Note: initial waiver for the diagnosis of Diabetes still resides at AFMSA.
GU	Metformin	Glucophage	Polycystic Ovarian Syndrome				X	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.
Gen	Metoprolol	Toprol, Lopressor	Hypertension (2nd line), Atrial Arrhythmia				X	X	Limited to a FC IIA or RPA Pilot waiver initially by AFMSA/SGP3F and renewals may not be delegated down by MAJCOM.
Derm	Metronidazole (topical)	Flagyl	Rosacea	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
GU	Metronidazole (topical)	Flagyl	Vaginitis			X			DNIF is not required unless condition is symptomatic.
GI	Minocycline (microspheres)	Arestin	Adjunct to dental scaling/root planing	X					Used alone, no DNIF, but DNIF is indicated for associated use of associated anesthetics or any adverse effects of the procedure.
Ops	Modafinil	Provigil	Fatigue Management (go pill)		X				OPERATIONAL USE ONLY: See AFI 48-149 Section 7.4, AFI 11-202V3 Section 9.12.1.3., and MAJCOM Guidance. Check with MAJCOM/SGP prior to prescribing. Ground trial (200 mg every 8 hours for 2 doses) required. See Modafinil Policy Letter. Modafinil is not authorized for routine clinical use in flyers/special duty personnel.
ENT Derm Pulm	Montelukast	Singulair	Allergic Rhinitis, Urticaria Asthma			X*			*While the medication itself does not require a waiver, the condition might. If waiver is required, submit for waiver when symptom control is achieved. Montelukast Background Paper.
Gen	Naproxen	Naprosyn	Pain (acute use)			X			DNIF until underlying condition will not interfere with flying duties and there are no adverse side effects. Usage is for acute conditions, less than 4 weeks, and condition does not require waiver.
Gen	Naproxen	Naprosyn	Pain (chronic use)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Nifedipine Coat Core Nifedipine GITS	Adalat CC Procardia XL	Hypertension and Raynaud's				X	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. Approved for FCIIA/IIU and FCIII waivers. **NOTE: NO OTHER FORMULATIONS OF NIFEDIPINE ARE COVERED UNDER THIS POLICY.** **Nifedipine Background Paper**

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Gen	Nicotine Inhaler	Nicotrol	Tobacco Addiction	X					Not for use while in flight.
Ophth	Olopatadine	Patanol	Allergic Conjunctivitis			X			Do not prescribe if member uses contact lenses. DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
GI	Omeprazole	Prilosec	GERD			X			DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
Anti-emetic	Ondansetron 8 mg	Zofran	Motion sickness		X*				*Only as approved by MAJCOM protocol. Specifically for prevention and treatment for motion sickness on sea operations for pararescue, combat rescue officers, special tactics officers and combat controllers. Must ground test for one dose prior to operations. Contraindicated in patients with a history of congenital QT prolongation and caution must be exercised in patients with other underlying cardiac disease.
Gen	Oseltamivir	Tamiflu	Influenza Prophylaxis (2nd line)		X				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			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic. Oseltamivir Background Paper.
Antibiotic	Oxacillin	Bactocill	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
ENT	Oxymetazoline (nasal)	Afrin	Eustachian Tube Dysfunction/ Sinus Block			X			May be used as a "get me down" for unexpected ear/sinus blocks during flight or while in a critical phase of decompressive dive duties. Not for treatment of symptoms existing prior to flight.
GI	Pantoprazole	Protonix	GERD			X			DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
GI	Pantoprazole	Protonix	Peptic Ulcer Dz				X	X	DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained. Authorized under a single waiver along with the other approved proton pump inhibitors (PPIs) esomeprazole, omeprazole, rabeprazole, lansoprazole and pantoprazole. Medication change between the approved PPIs at the base level, while still requiring a mandatory 3-day ground observation period, does not necessitate notification of the waiver authority. These changes should be documented in AIMWTS at the time of waiver renewal.
Antibiotic	Penicillin	Pen-Vee-K	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
ENT	Phenylephrine (nasal)		Eustachian Tube Dysfunction/ Sinus Block			X			May be used as a "get me down" for unexpected ear/sinus blocks during flight or while in a critical phase of decompressive dive duties. Not for treatment of symptoms existing prior to flight.
Derm	Pimecrolimus 1% Cream (topical)	Elidel	Atopic Dermatitis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Pimecrolimus Background Paper.
Derm	Podofilox (topical)	Condylox	Warts			X			DNIF not required unless condition or medication interferes with life support gear or flying duties.
GU	Potassium Citrate	Urocit-K	Urolithiasis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
Gen	Pravastatin	Pravacor	Hyperlipidemia		X				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.
							X*	X*	*Combination therapy with Gemfibrozil is limited to a FCIIA waiver by MAJCOM/SGPA or IIU (AFMSA) and may not be further delegated.
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				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Potassium Iodide	Thyroshield, ThyroSafe, Iostat	Radiation chemoprophylaxis		X				8 hour ground trial prior to first expected use (as operations allow). Do not prescribe for members 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 PIMR.
GU	Progestin (injectable)	Depo-Provera	Contraception		X				Minimum of 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 of 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 (2nd 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.
Neuro	Pyridostigmine	Mestinon	CW Prophylaxis		X				DNIF until potential idiosyncratic reactions has been ruled out. Use **IAW with operational guidance**, single dose ground trial advised.
GI	Rabeprazole	Aciphex	GERD			X			DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
GI	Rabeprazole	Aciphex	Peptic Ulcer Dz				X	X	DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained. Authorized under a single waiver along with the other approved proton pump inhibitors (PPIs) esomeprazole, omeprazole, rabeprazole, lansoprazole and pantoprazole. Medication change between the approved PPIs at the base level, while still requiring a mandatory 3-day ground observation period, does not necessitate notification of the waiver authority. These changes should be documented in AIMWTS at the time of waiver renewal.
Onc	Raloxifene	Evista	Breast Cancer prophylaxis				X	X	Use for breast cancer chemoprophylaxis in coordination with a specialist experienced in breast cancer chemoprophylaxis only. All other uses require review on case-by-case basis. Submit for waiver after at least 1 month and stable on therapy. See Raloxifene Paper.

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Gen	Ramipril	Altace	Hypertension (2nd line)			X			Waiver not required for monotherapy. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters. Dosage restriction: 5 to 20 mg. Ramipril Background Paper.
							X*	X*	*Combination therapy with ACEi, ARB, and other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII - see HTN Waiver Guide.
GI	Ranitidine	Zantac	GERD			X			DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained,.
Gen	Resin Binding Agent		Hyperlipidemia		X				DNIF until potential for idiosyncratic reaction has been ruled out.
Pulm	Rifampin		TB Prophylaxis		X				For tuberculin converters who do not have active TB, minimum 72 hours ground trial.
Gen	Rosuvastatin	Crestor	Hyperlipidemia		X				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.
							X*	X*	*Combination therapy with Gemfibrozil is limited to a FCIIA or IIU waiver by MAJCOM/AFMSA and may not be further delegated.
Psych	Sertraline	Zoloft	Depression or other waiverable diagnoses				X*	X	Max dose 200 mg/day. *Not waiverable for FCI. Limited to FCIIC (multicrew aircraft, except for B-2), GBC, and FCIII. Waiver will not be considered until member is on medication with stable dose and clinically asymptomatic for at least six months. All FCII and FCIII listed (Boom Operator, Flight Engineer, Loadmaster, Aerial Gunner, Combat Control) require ACS evaluation and AFMSA waiver. All other FCIII AFSCs, ACS evaluation is encouraged and MAJCOM dispositions waiver.
GU	Sildenafil	Viagra	Erectile Dysfunction		X*				*24 hours DNIF required after each dosage, verbal DNIF acceptable. *Not authorized for daily use.
GU	Silodosin	Rapaflo	BPH				X*	X	Maximum dose 8 mg daily. *Not waiverable for FCI. Limited to FCIIA (restricted to non-high performance aircraft), FCIII and GBC. All silodosin waivers for FCII require AFMSA waiver, for all FCIII and GBC MAJCOM may disposition. Silodosin may be used with finasteride with appropriate waiver authority noted for silodosin. See Silodosin Paper.
Gen	Simvastatin	Zocor	Hyperlipidemia		X				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.
							X*	X*	*Combination therapy with Gemfibrozil is limited to a FCIIA or IIU waiver by MAJCOM/AFMSA and may not be further delegated.

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Endo	Sitagliptin	Januvia	Diabetes with normal renal function				X*	X	Max dose 100 mg daily. *Not waiverable for FCI. Only approved for FCIIC (no single-seat aircraft). 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. All FCII require AFMSA waiver. For all FCIII and GBC MAJCOM may disposition the waiver. Note: initial waiver for the diagnoses still resides at AFMSA. See sitagliptin paper.
Gen	Spironolactone	Aldactone	Hirsutism, Hyper-aldosteronism (2nd line)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. FCIIA or IIU waiver only. Eplerenone and Spironolactone Background Paper.
ENT	Steroids (nasal)		Mild Allergic, Non-allergic, or Vasomotor Rhinitis			X			Length of DNIF dictated by time required for adequate control of underlying symptoms.
Derm	Steroids (topical)		Rash or Skin Disease (acute usage)			X			DNIF until potential for idiosyncratic reaction has been ruled out and condition does not interfere with flying duties. Usage is for acute conditions, less than 4 weeks, and condition does not require waiver.
Derm	Steroids (topical)		Rash or Skin Diseases (chronic usage)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Pulm	Steroids (inhaled orally)		Asthma				X	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.
GI	Steroids (metered-dose inhaler)		Eosinophilic Esophagitis				X	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 EoE Waiver Guide.
GI	Sucralfate	Carafate	Prevention of Recurrent, Uncomplicated Duodenal Ulcer				X	X	1 gram once daily. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Rheum	Sulfasalazine	Azulfidine	Reactive Arthritis Rheumatoid Arthritis				X	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.
Onc	Tamoxifen	Soltamox, Nolvadex	Breast Cancer prophylaxis				X	X	Use for breast cancer chemoprophylaxis in coordination with a specialist experienced in breast cancer chemoprophylaxis only. All other uses require review on case-by-case basis. Submit for waiver after at least 1 month and stable on therapy. See Tamoxifen Paper.

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GU	Tamulosin	Flomax	BPH				X*	X	Max dose 0.4 mg daily, take 30 minutes after same meal daily. *Not waiverable for FCI. Limited to FCIIA (restriction from high performance aircraft and fly with another qualified pilot during critical phases of flight), FCIII and GBC. All tamulosin waivers for FCII require AFMSA waiver. For all FCIII and GBC the MAJCOM may disposition. Tamulosin may be used with finasteride with appropriate waiver authority noted for tamulosin. See Tamulosin Paper.
Derm	Tazarotene 0.1% Gel (topical)	Tazorac	Acne Vulgaris	X					DNIF not required unless condition or medication interferes with life support gear or flying duties. Tazarotene Background Paper
Derm	Tazarotene 0.05% and 0.1% Gel (topical)	Tazorac	Psoriasis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Tazarotene Background Paper
Gen	Telmisartan	Micardis	Hypertension			X			Waiver not required for monotherapy. Minimum 7-day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP <140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with HCTZ or other antihypertensive requires waiver. Combo therapy requires categorical restriction for FCII – see HTN Waiver Guide.
Ops	Temazepam	Restoril	No-Go		X				OPERATIONAL USE: For the safe performance of mission **IAW AF and MAJCOM policy.** Requires ground trial (DNIF for 12 hours after a single dose up to 30 mg) documented in medical records prior to operational use. Furthermore, verbal DNIF for 12 hours before resumption of duties is required after each dosage. Max 7 consecutive days, not to exceed 20 days/60 day period. No-Go Pill Policy Letter. CLINICAL USE: Requires DNIF for treatment period.
Derm	Terbinafine	Lamisil	Fungal Infection Onychomycosis		X				For treatment of fungal culture or formal histopathologically confirmed fungal infections only (positive KOH is not acceptable). DNIF for 72 hours ground trial and obtain baseline LFTs. For pedal onychomycosis: 250 mg daily for 12 weeks. Terbinafine Background Paper.
GU	Testosterone and Estrogen (combination)	Estratest	Hormone Replacement Therapy (menopause)		X	X			Minimum of 7-days ground trial is required. Changes of dosage or preparation requires an additional 7-day observation period.
GU	Testosterone (injectable)		Hormone Replacement Therapy				X	X	Appropriate urological work-up is required prior to starting medication. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained (minimum 7-day observation after last dose adjustment). A change of dosage 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	X	Appropriate urological work-up is required prior to starting medication. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained (minimum 7-day observation after last dose adjustment). A change of dosage 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	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Antibiotic	Tetracycline	Sumycin	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.

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(3) Verbal waivers are NOT authorized.
(4) Waivers for non-FDA approved medications will not be considered.

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Category	Medication		Diagnosis or Utilization	No DNIF	DNIF (No Waiver Required)		DNIF (Waiver Required)		Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
GU	Tetracycline	Sumycin	Suppressive Therapy for Chronic or Recurrent Prostatitis/ Cystitis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Ophth	Timolol (ophth drops)	Timoptic	Glaucoma				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Derm	Tretinoin (topical)	Retin-A	Acne	X					DNIF not required unless condition or medication interferes with life support gear or flying duties.
Gen	Triamterene	Dyrenium	Hypertension			X			Monotherapy, or in combination with thiazide diuretic no longer requires waiver. Minimum 7 – day DNIF observation period at initial treatment and subsequent dose adjustments. Symptom control = BP < 140/90. See HTN Waiver Guide for treatment parameters.
							X*	X*	*Combination therapy with ACEi, ARB, or other antihypertensive requires waiver . Combo therapy requires categorical restriction for FCII – see HTN Waiver Guide.
Antibiotic	Trimethoprim-Sulfamethoxazole	Bactrim	Acute Infection			X			DNIF until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Derm	Trimethoprim-Sulfamethoxazole	Bactrim	Acne				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
GU	Trimethoprim-Sulfamethoxazole	Bactrim	Suppressive Therapy for Chronic or Recurrent Prostatitis / Cystitis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
GU	Vaginal Preparation (creams and suppositories)		Vaginitis			X			DNIF is not required for occasional OTC use to provide relief from minor self-limiting conditions unless underlying condition is symptomatic.
Derm	Valacyclovir	Valtrex	HSV (suppression)		X				DNIF until the underlying condition will not interfere with flying duties and there are no adverse side effects (minimum 72 hours). For suppression of HSV recurrence following regimens recommended: 1. For <10 recurrent episodes per year – valacylcovir 500 mg q.d. 2. For ≥10 recurrent episodes per year valcyclovir 250 mg bid.
GU	Vardenafil	(Levitra®)	Erectile Dysfunction		X*				*24 hour DNIF after each dosage (verbal DNIF acceptable). *Not authorized for daily use.
Ops	Zaleplon	Sonata	No-Go		X				OPERATIONAL USE: For the safe performance of mission **IAW AF and MAJCOM policy.** Requires ground trial (DNIF for 4 hours after a single dose up to 10 mg) documented in medical records prior to operational use. Furthermore, verbal DNIF for 4 hours before resumption of duties is required after each dosage. Max 10 consecutive days, not to exceed 28 days/60 day period. No-Go Pill Policy Letter. CLINICAL USE: Requires DNIF for treatment period.

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Category	Medication		Diagnosis or Utilization	No DNIF	DNIF (No Waiver Required)		DNIF (Waiver Required)		Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not All Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
Ops	Zolpidem	Ambien	No-Go		X				OPERATIONAL USE: For the safe performance of mission **IAW MAJCOM and AF policy**. Requires ground trial (DNIF for 6 hours after a single dose up to 10 mg for males, 5 mg for females) documented in medical records prior to operational use. If female aviator ground tested the 10 mg dose prior to 15 May 2013, aviator may continue with verification of ground testing in medical record. Furthermore, verbal DNIF for 6 hours before resumption of duties is required after each dosage. Max 7 consecutive days, not to exceed 20 days/60 day period. Not authorized for use during routine training missions. No-Go Pill Policy Letter. CLINICAL USE: Requires DNIF for treatment period.

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Air Force Approved Air Sickness Management Program Medications

Over the Counter (OTC) Medications NOT Allowed Without Flight Surgeon Approval

The USAF Airsickness Management Program (AMP) is described in AETC Instruction 48-102. All medication must be taken in accordance with the directions on the package. No other medications may be taken without consultation with a flight surgeon. These medications may be augmented by natural and non-pharmacologic techniques in coordination with the flight surgeon. Medication use, efficacy, and side effects should be documented clearly in the medical record and in the AMP reporting tools. Additionally, final outcome of each case should be documented and tracked for annual reporting to AETC/SGP.

MEDICATION FOR USE BY AIRCREW/SOD IN STUDENT STATUS ONLY, FOR THE TREATMENT OF AIRSICKNESS, AND ONLY WHILE UNDER DIRECT SUPERVISION. THESE MEDS WILL NOT BE USED FOR TRAINED PERSONNEL.

Category	Medication		Diagnosis or Utilization	No DNIF	DNIF (No Waiver Required)		DNIF (Waiver Required)		Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)	Flying I/II	Flying III	
Anti-emetic/ Stimulant	Scopolamine	Scopolamine	Airsickness	X					May be used in conjunction with non-pharmacologic interventions for airsickness **in formal training programs**. *Not authorized for solo flight (see AETCI 48-102). DNIF is not required for dual pilot training sorties. May not be used within 5 sorties of solo flight.
Anti-emetic/ Stimulant	Scopolamine/ Dextroamphetamine	Transderm-Scop, Scopace, Dexedrine	Airsickness	X					Alone or in combination with dextroamphetamine or in conjunction with non-pharmacologic interventions for airsickness **in formal training programs**. *Not authorized for solo flight (see AETCI 48-102). DNIF is not required for dual pilot training sorties. May not be used within 5 sorties of solo flight.
Anti-emetic/ Stimulant	Promethazine 25mg/ dextroamphetamine 5 mg	Phenergan, Dexedrine, ProCentra	Airsickness	X					Specifically for airsickness in formal AETC aircrew training programs. DNIF is not required for dual pilot training sorties. May not be used within 5 sorties of solo flight. May be used in conjunction with non-pharmacologic interventions. *Not authorized for solo flight (see AETCI 48-102).
Anti-emetic/ Stimulant	Promethazine 25 mg/ Ephedrine 25 mg	Phenergan, Ephedra, Herb má huáng	Airsickness	X					Specifically for airsickness in formal AETC aircrew training programs. DNIF is not required for dual pilot training sorties. May not be used within 5 sorties of solo flight. May be used in conjunction with non-pharmacologic interventions. *Not authorized for solo flight (see AETCI 48-102).

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Non-Waiverable Medications On This Page

Toxin	⊘ **Botulinum Toxin**	⊘ **Botox**	Cosmetic						When used for facial cosmetic purposes, side effects may include visual blurring, ptosis, corneal ulceration, diplopia. For treatment of non-cosmetic issues, ACS eval is required.
Gen	⊘ Bupropion	⊘ Zyban	Smoking Cessation						Approved Jan 2012 for use with waiver in FCIII for depression. Use in smoking cessation not approved.
Antibiotic	⊘ Ciprofloxacin	⊘ Cipro	Other Than BW Prophylaxis						Unacceptable CNS excitability. DNIF during treatment. BW prophylaxis against inhalational anthrax authorized only (risk/benefit compared with CNS excitability must be considered at the operational level). Cipro Policy Letter
Gen	⊘ Depo-Medrol	⊘	Allergy						Condition requiring injectable steroid is reasons for grounding.
Derm	⊘ Isotretinoin	⊘ Accutane	Acne						Anxiety, irritability, anger, or depression.
Derm	⊘ Itraconazole	⊘ Sporanox	Fungal Infection						Negative ionotropic effects. Aviators using this fungistatic medication must be grounded for the duration of therapy plus 1 week for the wash out period due to its long half life. Pulse therapy requires 2 week grounding per pulse (1 week during treatment plus 1 week wash out period)
Gen	⊘ Mefloquine	⊘ Lariam	Malaria Prophylaxis						Adverse effects include but not limited to: optic neuritis, cataracts, decreased night vision, blurred vision and photosensitivity, seudotumor cerebri, depression, psychosis, and suicide.
Gen	⊘ Melatonin	⊘	Insomnia						Nightmares, headaches, morning grogginess, and mild depression.
Derm	⊘ Minocycline	⊘ Minocin	Acne						Unacceptable (up to 70%) incidence of vestibular side-effects.
Derm	⊘ Minoxidil	⊘ Rogaine	Hair Loss						Hypotension.
Gen	⊘ Niacin	⊘	Hyperlipidemia						Dizziness, headache, shortness of breath.
Gen	⊘ Steroid (systemic)	⊘	Inflammatory Diseases						DNIF for duration of therapy – any regimen in excess of three weeks requires documentation of intact adrenal axis. See waiver guide for additional details.
Gen	⊘ Varenicline	⊘ Chantix	Smoking Cessation						While primarily thought to be a nicotine agonist, also has dopaminergic activity. FDA issued and Early Communication (Nov 2007) about an ongoing safety review after receiving reports of suicidal thoughts and aggressive and erratic behavior in patients who had taken Chantix.

Not Waiverable

Not Waiverable

Not Waiverable

Not Waiverable

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