Official Air Force
Missile Operator Duty (MOD – 13N) Approved Medications
Quick Reference List
Effective: 24 MAY 2018
(Note: Missile Operator Medications list shall be reviewed prior to initiation of new medications; this list supersedes the medication list dated 1 July 2015)

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 prescribed without DNIA/C, may be prescribed by the flight surgeon without a waiver, or require a 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.

A large number of FDA-approved prescription 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 MOD member 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 to AFMSA. Such requests are not delegated for initial or renewal waivers. All medications and immunizations use by MOD personnel must be FDA approved. MOD will use the "Official Air Force Aerospace Medicine Approved Medications: Over the Counter (OTC) Medications Aircrew Are Allowed to Take Without Flight Surgeon Approval" for OTC medications.

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.

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

SUMMARY OF CHANGES:
All ophthalmic drops no longer require waiver for medication use alone. Underlying condition may still require waiver. MOD will use the "Official Air Force Aerospace Medicine Approved Medications: Over the Counter (OTC) Medications Aircrew Are Allowed to Take Without Flight Surgeon Approval" for OTC medications. Minor spelling and format updates.

Category	Medication		Diagnosis or Utilization	No DNIA/C Or Waiver	DNIA/C (No Waiver Required)		DNIA/C (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Card	ACE Inhibitors	Lotensin, Capoten, Vasotec, Monopril, Zestril, Altase	Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.
Gen	Acetaminophen	Tylenol	Pain (Acute Use)	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.
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 DNIA/C required unless underlying condition interferes with MOD duties. Auricular ASP needles may be retained during MOD duty performance.
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 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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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Gen	Adalimumab	Humira	Reactive Arthritis/ Rheumatoid Arthritis/ Psoriasis and Psoriatic Arthritis/ Ankylosing Spondylitis/ Ulcerative Colitis*, Crohns*				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. 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. Adapalene Background Paper
Pulm	Albuterol	Proventil	Asthma				X	Requires IRILO/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	BPH				X	Max dose 10 mg daily. Rapaflow is first line agent and does not require waiver. See Alfuzosin Paper.
MS	Allopurinol	Zyloprim	Gout and Urolithiasis			X		For urolithiasis either alone or in combination with thiazide (hydrochlorothiazide or chlorothiazide).
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/Dental 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 Receptor Blocker (ARB)	Atacand, Avapro, Cozaar, Micardis, Diovan	Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100.
Card	ARB + Calcium Channel Blocker		Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Card	ARB + Diuretic		Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.
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. Chronic underlying condition my require waiver.
Derm	Antibiotics (Topical)		Acne	X				DNIA/C not required unless condition or medication interferes with MOD duties.
Derm	Antifungals (Topical)		Dermatomycosis	X				DNIA/C not required unless condition or medication interferes with duties.
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	Atovaquone/ Proguanil (Combination)	Malarone	Malaria Prophylaxis (2^{nd} 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 Optivar	Vasomotor Rhinitis Allergic-Conjunctivitis			X		Third line agent, trial of nasal steroid and Claritin/Allegra first. Minimum 72 hours ground trial at initiation of therapy and adequate control of rhinitis is required.
Derm	Benzyl Peroxide (Topical)		Acne	X				DNIA/C not required unless condition or medication interferes with duties.
Card	Betablockers	Tenormin, Lopressor, Inderal, Toprol, Coreg	Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.
Card	Betablockers	Tenormin, Lopressor, Inderal, Toprol, Coreg	Headaches				X	For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Ophthal	Betaxolol Drops	Betoptic	Glaucoma			X		DNIA/C until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DNIA/C until waiver approved.
Psych	Buproprion	Wellbutrin SR or XL	Depression or other waiverable diagnosis				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			Two week ground trial required.
Card	Calcium Channel Blockers	Norvasc, Plendil, Cardene, Adalat, Procardia, Cardizem, Calan	Headaches			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	Calcium Chanel Blockers	Norvasc, Plendil, Cardene, Adalat, Procardia, Cardizem, Calan	Hypertension				X	For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.
Derm	Calciprotriene Ointment	Dovonex	Psoriasis		X			DNIA/C until potential for idiosyncratic reaction has been ruled out.
ENT	Cetirizine	Zyrtec	Mild Allergic Rhinitis			X		Minimum 72 hrs ground trial at initiation of therapy. Third line agent, trial of nasal steroid and Clartin/Allegra required first.
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.
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		X			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			DNIA/C until 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.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
GU	Contraceptives (Injectable)	DepoProvera	Contraception		X			Minimum of 7-days ground trial is required.
GU	Contraceptives (Insertable)	Nuvaring	Contraception		X			Minimum of 7-days ground trial is required.
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/ subdermal)		Contraception		X			Minimum of 7-days ground trial is required.
ENT	Cromolyn (Nasal)	Crolom	Mild Allergic, Non-allergic, or Vasomotor Rhinitis	X				Underlying symptoms may require DNIA/C.
Ophthal	Cyclosporine Drops	Restasis			X			Per MSD not disqualifying for MOD; underlying symptoms may require DNIA/C.
Gen	Dextroamphetamine/ Scopolamine	Dex/Scop	Airsickness		X			For airsickness during transport to launch facility.
Gen	Dietary/ Herbal/ Nutritional Supplements Multivitamin Folate		Wellness	X				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. MOD personnel are required to consult with the flight surgeon whenever the member experiences adverse reactions which may affect the member's ability to perform MOD. **Nutritional Supplement Policy Letter**; **Ephedra Policy Letter**; **SF 600 Overprint** (optional tool for convenience) Human Performance Resource Center
Card	Diuretics	Hydrochlorothazide or HCTZ in combination with triamterene	Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.
Card	All other Diuretics or Diuretic Combinations		Hypertension				X	For use as a single agent or in combination with other approved antihypertensive. DNIA/C for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out and average blood pressure is < 160/100. A dose adjustment also requires a 7 day DNIA/C period.
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. Rapaflo is first line agent not requiring a waiver.
Prophylax	Doxycycline	Vibramycin	BW Prophylaxis (2nd Line)	X				Should the individual develop an idiosyncratic reaction to Ciprofloxin; Doxycycline (100 mg, twice daily) is the recommended prophylaxis of choice (in the absence of contraindications).

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Prophylax	Doxycycline	Vibramycin	Malaria Prophylaxis	X				100 mg daily beginning 1-2 days prior to travel; ending 4 weeks after exposure **(Reminder: last 2 weeks should be taken with primaquine)**
Prophylax	Doxycycline	Vibramycin	Prophylaxis Against Diarrhea	X				100 mg administered daily during period of exposure and for at least 2 days following exposure for prophylaxis against diarrhea in deployed personnel; total period of use not to exceed 2 weeks.
GU	Doxycycline	Vibramycin	Suppressive Therapy for Chronic or Recurrent Prostatitis / Cystitis			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained.
Endo	Eplerenon	Inspra	Hyperaldosteronism				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. **Eplerenone and Spironolactone Background Paper.**
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	X		Minimum of 7-days ground trial is required. Changes of dosage or preparation requires an additional 7-day DNIA/C 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 DNIA/C period.
Gen	Etanercept	Enbrel	Rheumatological Diseases				X	Nondeployable medication. Requires IRILO/MEB prior to waiver submission. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. **Etanercept Background Paper**
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 DNIA/C period.
Gen	Ezetimibe	Zetia	Hyperlipidemia (2nd 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. Changes of dosage or preparation requires an additional 7-day DNIA/C period.
Gen	Ferrous Sulfate		Iron Deficiency Anemia	X				Underlying conditions or symptoms may require waiver.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
ENT	Fexofenadine	Allegra	Mild Allergic Rhinitis			X		Minimum 72 hrs ground trial at initiation of therapy and adequate control of symptoms.
GU	Finasteride	Proscar	Benign Prostatic Hyperplasia	X				Underlying conditions or symptoms may require waiver.
GU	Finasteride (1mg)	Propecia	Hair Loss		X			DoD policy prohibits purchase of this drug for treatment hair loss using DoD funds. DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver. **Finasteride Background Paper**
Derm	Fluconazole	Diflucan	Fungal infection		X			
GI	Folate		Sprue				X	DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver.
Gen	Gemfibrozil	Lopid	Hyperlipidemia		X			DNIA/C until potential for idiosyncratic reaction has been ruled out.
GI	H-2 Blockers and PPI's	Aciphex, Nexium, Pepcid, Prevacid, Prilosec, Protonix, Zantac	GERD			X		DNIF until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptoms controlled.
GI	H-2 Blockers and PPI's	Aciphex, Nexium, Pepcid, Prevacid, Prilosec, Protonix, Zantac	PUD				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Gen	Hyaluronate Derivatives	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	Hydrochlorothiazide	Hydrodiuril	Urolithiasis				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	DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver.
Derm	Imiquimod (Topical)	Aldara, Zyclara	Warts, actinic keratosis, basal cell cancer	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.
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			A 4-hour verbal DNIA/C is required after each injection; MOD crew will not deploy on immunotherapy.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Gen	Infliximab	Remicade	Ankylosing spondylitits, psoriatic arthritis, IBD, psoriasis				X	No initial MOD waivers. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. 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	INH-Rifapentine	Priftin	Latent TB				X	Directly Observed Therapy regimens only, IAW CDC/IDSA recommendations. Prior to deployment ensure PH clearance for completion of DOT.
Pulm	Ipratropium	Atrovent	Asthma				X	Requires IRILO/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 hrs ground trial.
Gen	Ketamine	Ketalar	Anesthesia			X		Minimum 48hr DNIA/C required. Counsel members prior to elective dental or surgical procedures to request a alternate anesthetic.
Ophth	Ketotifen	Zaditor	Itching and redness in the eyes due to allergies			X		
Ophthal	Latanoprost Drops	Xalatan	Glaucoma			X		DNIA/C until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DNIA/C until waiver approved.
Ophthal	Levobunolol Drops	Betagan	Glaucoma			X		DNIA/C until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DNIA/C until waiver approved.
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	Hypothyroidism or Thyroid Suppression			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and all symptoms resolved. IRILO and waiver required if hypothyroidism is due the thyroid cancer treatment.
ENT	Loratadine	Claritin	Allergy			X		Minimum 72 hrs ground trial at initiation of therapy and symptoms controlled. Maximum dosage is limited to 10 mg per day.
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.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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 AMCB Minutes Paragraph 4g), 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 AMCB Minutes Paragraph 4g), 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.
GU	Metformin	Glucophage	Polycystic Ovarian Syndrome			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and symptoms are well controlled.
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 (Topical)	Rogaine	Hair loss	X				Topical use only.
ENT	Montelukast	Singulair	Allergic Rhinitis Urticaria			X		Third line agent after non-sedating antihistamines and nasal steroid spray. DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained.
ENT	Montelukast	Singulair	Asthma, broncho-constriction				X	IRILO/MEB required for asthma, then submit waiver.
Gen	Nicotine Gum	Nicorette	Tobacco Addiction	X				
Gen	Nicotine Inhaler	Nicotrol	Tobacco Addiction	X				
Gen	Nicotine Patch	NicoDerm	Tobacco Addiction	X				
Gen	Nifedipine Coat Core Nifedipine GITS	Adalat CC Procardia XL	Hypertension				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
Gen	NSAIDs (not Toradol)	Celebrex, Daypro, Indocin, Lodine, Mobic, Motrin, Relafen, Voltaren	Pain (chronic use)			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and pain/inflammation control is achieved. Consider underlying condition and potential for distraction due to pain.
Gen	NSAIDs (not Toradol)	Same as for Chronic pain	Pain (acute use)	X				DNIA/C is not required for occasional (not regularly scheduled) use to provide relief from **minor** self-limiting conditions.
Ophthal	Olopatadine Eye Drops	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.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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		DNIA/C until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties; Oseltamivir Background Paper
Derm	Pediculicide/ Scabicide	Elimite, Eurax, Lindane cream	Scabies			X		DNIA/C until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties.
GU	Phenazopyridine	Pyridium	UTI	X				
Derm	Pimecrolimus 1% Cream (Topical)	Elidel	Atopic Dermatitis	X				DNIA/C not required unless condition or medication interferes with duties 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	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Minimum 7-day observation after last dose adjustment.
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 chemoprophylaxis		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.
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 (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

Category	Medication		Diagnosis or Utilization	No DNIA/C Or Waiver	DNIA/C (No Waiver Required)		DNIA/C (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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.
Onc	Raloxifene	Evista	Breast Cancer prophylaxis				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.
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.
Neuro	Ropinirole	Requip	Restless Legs Syndrome				X	DNIA/C for first 30 days of use (minimum).
Gen	Scopolamine/ Dextroamphetamine	Scop/Dex	Airsickness			X		Alone or in combination with dextroamphetamine for airsickness during transport to launch facility.
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	BPH			X		Maximum dose 8 mg daily. See Silodosin Paper. First line agent for BPH. No waiver required.
Gen	Spironolactone	Aldactone	Hirsutism, Hyperaldosteronism (2nd line)				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Eplerenone and Spironolactone Background Paper.
Gen	Statin Derivatives	Simvastatin, Pravastatin, Lovastatin, Rosuvastatin, Atorvastatin	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.
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 IRILO/MEB submission prior to waiver. Combination with long acting beta-agonists is not waiverable.

Category	Medication		Diagnosis or Utilization	No DNIA/C Or Waiver	DNIA/C (No Waiver Required)		DNIA/C (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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 EoE Waiver Guide.
ENT	Steroids (Nasal)		Allergic rhinitis, non-allergic nasal symptoms			X		DNIA/C until potential for idiosyncratic reaction has been ruled out and control is maintained.
Derm	Steroids (Topical)		Rash or Skin Diseases	X				DNIA/C not required unless condition or medication interferes with duties. If used for a chronic condition, the underlying diagnosis may require a waiver.
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. Requires IRILO/MEB.
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	BPH				X	Minimum 7-day ground trial. A dose adjustment also requires a 7 day observation period. Repaflo is first line agent not requiring waiver.
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
Derm	Terbinafine	Lamisil	Fungal Infection		X			For treatment of fungal culture or formal histopathologically confirmed fungal infections only (positive KOH is not acceptable); DNIA/C for 72 hrs ground trial and obtain baseline LFTs; 250 mg daily for 12 weeks; Terbinafine Background Paper.
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, requires IRILO/MEB prior to waiver approval, 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.**)

Category	Medication		Diagnosis or Utilization	No DNIA/C Or Waiver	DNIA/C (No Waiver Required)		DNIA/C (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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, requires IRILO/MEB prior to waiver approval, 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.
Ophthal	Timolol Drops	Timoptic	Glaucoma			X		DNIA/C until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DNIA/C until waiver approved.
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
Derm	Tretinoin (Topical)	Retin-A	Acne	X				DNIA/C not required unless condition or medication interferes with duties.
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.
Neuro	Triptan class of medicines	Maxalt Relpax Imitrex	Migraines				X	Non-injection formulations only. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Efficacy and tolerance of triptan on at least 2 migraine episodes must be documented. See Headache Waiver Guide for additional details.
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.

Category	Medication		Diagnosis or Utilization	No DNIA/C or Waiver	DNIA/C (No Waiver Required)			DNIA/C (Waiver Required)	Not Waiverable	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise	Trade Name (Not Inclusive			For Ground Trial	Symptoms Controlled (No Side Effect)				
Toxin	Botulinum Toxin	Botox	Cosmetic						X	When used for facial cosmetic purposes, side effects may include visual blurring, ptosis, corneal ulceration and diplopia. For treatment of non-cosmetic issues, ACS eval is required.
Gen	Depo-Medrol		Allergy						X	Conidition requiring injectable steroid is reasons for grounding.
Derm	Isotretinoin	Accutane	Acne						X	Anxiety, irritability, anger, and/or depression
Gen	Mefloquine	Lariam	Malaria Prophylaxis						X	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						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

Not Waiverable

Not Waiverable

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