Official Air Force
Ground Based Operator (GBO) Approved Medications
Quick Reference List
Effective: 10 May 2022
(Note: Ground Based Operator Medications list shall be reviewed prior to initiation of new medications; this list supersedes the GBO medication list dated 1 February 2022)

This Approved Medication List applies to Missile Operators (MOD, 13N) RPA Pilots (11UX) after they have completed Undergraduate RPA Training (URT) and are operating solely from the ground, and RPA Sensor Operators (1U0X1), which collectively be known as Ground Based Operators (GBO) for the purpose of medical standards and this medication list.

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 DOWN, 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 GBO. 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 GBO duty, with the GBO 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 GBO 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 MAJCOM/SGP to AFMRA. Such requests are not delegated for initial or renewal waivers. All medications and immunizations use by GBO personnel must be FDA vetted. For Over the Counter (OTC) Medications, FDA-approved OTC medications and commercially available (in the United States) substances, to include herbal and nutritional supplements, may generally be used by GBO 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. GBO personnel are required to consult with the flight surgeon whenever: the member is within 12 hours of reporting for GBO and will be using the product for the very first time; or member experiences adverse reactions which may affect the member's ability to perform GBO.

Members pending waiver action must be DOWN 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:
1. Removed topiramate 2. Calcium channel blockers for headache and hypertension clarified.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (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. DOWN 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 DOWN period.
Gen	Acetaminophen	Tylenol	Pain (Acute Use)	X				DOWN is not required for occasional OTC use to provide relief from minor self-limiting conditions.
Gen	Acetaminophen	Tylenol	Pain (chronic use)			X		DOWN 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 DOWN required unless underlying condition interferes with GBO duties. Auricular ASP needles may be retained during GBO 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			DOWN until potential for idiosyncratic reaction has been ruled out.
Derm	Acyclovir (Topical)	Zovirax (Topical)	HSV	X				DOWN not required unless condition or medication interferes duties.
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				DOWN not required unless condition or medication interferes with GBO duties. Adapalene Background Paper
Pulm	Albuterol	Proventil	Asthma				X	Requires IRILO/MEB submission prior to waiver.
MS	Alendronate	Fosamax	Osteoporosis (Prophylaxis and Treatment)		X			DOWN 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.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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).
Derm	Aluminum Chloride Hexahydrate	Drysol	Hyperhidrosis			X		For hyperhidrosis. DOWN until the underlying symptoms will not interfere with flying duties and there are no adverse side effects.
Infect	Amantadine	Symmetrel	Antiviral use only			X		DOWN 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		DOWN for at least 8 hours after receiving a local or regional anesthetic agent. Verbal DOWN 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. DOWN 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. DOWN 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 DOWN period.
Card	ARB + Diuretic		Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DOWN 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 DOWN period.
Infections	Antibiotics (All oral, topical, otic and ophthalmic **except Minocycline**)		Acute or chronic infection			X		DOWN 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				DOWN not required unless condition or medication interferes with GBO duties.
Derm	Antifungals (Topical)		Dermatomycosis	X				DOWN not required unless condition or medication interferes with duties.
Infections	Antiparasitic	Albenza, Vermox				X		DOWN for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Derm	Antiseptics (Topical)		Acute Injury	X				DOWN not required unless condition or medication interferes with duties.
Gen	Aspirin	Ecotrin	Pain	X				DOWN 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				DOWN 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. DOWN 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 DOWN period.
Card	Betablockers	Tenormin, Lopressor, Inderal, Toprol, Coreg	Headaches				X	For use as a single agent or in combination with other approved antihypertensive. DOWN 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 DOWN period.
Ophthal	Betaxolol Drops	Betoptic	Glaucoma			X		DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.
Derm	Botulinum Toxin A	BoTox	Hyperhidrosis, cosmetic purposes			X		Only approved for use in *axillary* hyperhidrosis, cosmetic purposes. DOWN for 7 days monitoring time period. RTCS if the member tolerates the medication and symptom improvement noted. Use for palmar hyperhidrosis and other non-cosmetic purposes is not approved, and requires ACS review/AFMRA approval
Psych	Buproprion	Wellbutrin SR or XL	Waiverable Mental Health Diagnoses				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.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Gen	Bupropion	Zyban	Smoking Cessation		X			Two week ground trial to evaluate for irritability/aggression, attention deficit, SI/HI, seizure, sleep, and any cardiac side effects. Encourage alcohol abstinence to prevent seizures and completion of 90 minute tobacco cessation (online or in person) program to maximize efficacy. *Must screen for depression when used for this indication. Follow Wellbutrin waiver requirements if Zyban is used >12 weeks.
Card	Calcium Channel Blockers	Norvasc, Plendil, Cardene, Adalat, Procardia, Cardizem, Calan	Headaches			~~X~~	X	DOWN for first 7 days of use (minimum) until potential for idiosyncratic reaction has been ruled out. A dose adjustment also requires a 7 day DOWN period.
Card	Calcium Chanel Blockers	Norvasc, Plendil, Cardene, Adalat, Procardia, Cardizem, Calan	Hypertension			X	~~X~~	For use as a single agent or in combination with other approved antihypertensive. DOWN 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 DOWN period.
Derm	Calciprotriene Ointment	Dovonex	Psoriasis		X			DOWN 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				DOWN not required unless condition interferes with duties.
Gen	Cholestyramine	Questran	Hyperlipidemia		X			DOWN until potential for idiosyncratic reaction has been ruled out.
Derm	Ciclopirox (Topical)	Loprox	Dermatomycoses, seborrheic dermatitis	X				DOWN 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 DOWN documented in medical records) in event of BW incident for **post-exposure treatment and prophylaxis for inhalational anthrax; Cipro Policy Letter.**
Psych	Citalopram	Celexa	Waiverable Mental Health 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			DOWN 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.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
GU	Contraceptives (Implantable)	Norplant, Implanon, Mirena	Contraception		X			DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Contraceptives (Injectable)	DepoProvera	Contraception		X			DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Contraceptives (Insertable)	Nuvaring	Contraception		X			DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Contraceptives (Oral)		Contraception		X			DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Contraceptives (Transdermal/ subdermal)		Contraception		X			DOWN until potential for idiosyncratic reaction has been ruled out.
ENT	Cromolyn (Nasal)	Crolom	Mild Allergic, Non-allergic, or Vasomotor Rhinitis	X				Underlying symptoms may require DOWN.
Ophthal	Cyclosporine Drops	Restasis			X			Per MSD not disqualifying for GBO; underlying symptoms may require DOWN.
Gen	Dextroamphetamine/ Scopolamine	Dex/Scop	Airsickness		X			For airsickness during transport to launch facility.
Gen	Diclofenac Topical	Voltaren	Arthritis	X				Topical use approved for short term usage (less than 30 days) without a DOWN/waiver. Long term use would, or underlying condition might, require a waiver.
Gen	Dietary/ Herbal/ Nutritional Supplements Multivitamin Folate		Wellness	X				Dietary, herbal, and nutritional supplements may generally be used by GBO 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. GBO personnel are required to consult with the flight surgeon whenever the member experiences adverse reactions which may affect the member's ability to perform GBO. **Nutritional Supplement Policy Letter**; **Ephedra Policy Letter**; **SF 600 Overprint** (optional tool for convenience) Human Performance Resource Center
Card	Diuretics	Chlorthalidone, Hydrochlorothazide or HCTZ in combination with triamterene	Hypertension			X		For use as a single agent or in combination with other approved antihypertensive. DOWN 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 DOWN period.
Card	All other Diuretics or Diuretic Combinations		Hypertension				X	For use as a single agent or in combination with other approved antihypertensive. DOWN 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 DOWN 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 DOWN period. Rapaflo is first line agent not requiring a waiver.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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).
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		DOWN until potential for idiosyncratic reaction has been ruled out and control is maintained.
Preventive	Emtricitabine/Tenofovir Disoproxil Fumarate	Truvada	HIV Pre-exposure prophylaxis (PrEP)				X	Submit for waiver (to MAJCOM) after potential for idiosyncratic reaction has been ruled out and control is maintained, minimum of 30 days. Note, use of this medication for active HIV infection is not approved for aircrew. See Pre-Exposure Prophylaxis (PrEP) waiver guide.
Preventive	Emtricitabine/Tenofovir Alafenamide	Descovy	HIV Pre-exposure prophylaxis (PrEP)				X	Submit for waiver (to MAJCOM) after potential for idiosyncratic reaction has been ruled out and control is maintained, minimum of 30 days. Note, use of this medication for active HIV infection is not approved for aircrew. See Pre-Exposure Prophylaxis (PrEP) waiver guide.
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	Waiverable Mental Health 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		DOWN until potential for idiosyncratic reaction has been ruled out.
Endo	Estrogen (Alone or with Progestin) (Topical)		Contraception/ Hormone Replacement Therapy		X	X		DOWN until potential for idiosyncratic reaction has been ruled out.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Gen	Etanercept	Enbrel	Rheumatological Diseases				X	Restricted deployability. 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			DOWN until potential for idiosyncratic reaction has been ruled out.
Gen	Ezetimibe	Zetia	Hyperlipidemia (2nd Line)		X			DOWN for 3 days to rule out potential for idiosyncratic reaction; **Ezetimibe Background Paper.**
Gen	Ezetimibe/Simvastatin	Vytorin	Hyperlipidemia		X			DOWN 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 DOWN period.
Gen	Ferrous Sulfate		Iron Deficiency Anemia	X				Underlying conditions or symptoms may require waiver.
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			DOWN until potential for idiosyncratic reaction has been ruled out (minimum 3 days). Underlying conditions or symptoms may require waiver.
GU	Finasteride (1mg)	Propecia	Hair Loss		X			DOWN 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 (see Finasteride Background Paper).
Derm	Fluconazole	Diflucan	Fungal infection		X			
Ophth	Fluoromethalone (and prednisolone, difluprednate, loteprednol etabonate)		Anti-Inflammatory	X				All steroid drops used to treat inflammation after approved CRS are not DOWNing in and of themselves. Underlying condition requiring use of steroid drops, including CRS, may require DOWN. See CRS Waiver Guide for information about DOWN time period after CRS.
GI	Folate		Sprue				X	DOWN until potential for idiosyncratic reaction has been ruled out and control is maintained, then submit for waiver.
Psych	Fluoxetine	Prozac	Waiverable Mental Health Diagnoses				X	Max dose 80 mg/day. Waiver will not be considered until member is asymptomatic and shows clinical stability. ACS review is encouraged and MAJCOM dispositions waiver
Gen	Gemfibrozil	Lopid	Hyperlipidemia		X			DOWN until potential for idiosyncratic reaction has been ruled out.
GI	H-2 Blockers and PPI's	Aciphex, Nexium, Pepcid, Prevacid, Prilosec, Protonix, Tagamet, Zantac	GERD			X		DOWN until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptoms controlled.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
GI	H-2 Blockers and PPI's	Aciphex, Nexium, Pepcid, Prevacid, Prilosec, Protonix, Tagamet, Zantac	PUD				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
GI	Hemorrhoidal suppository		Hemorrhoids			X		DOWN is not required once symptoms relieved.
Gen	Hyaluronate Derivatives	Synvisc, Synvisc-One, Euflexxa, Hyalgan, Orthovisc	Osteoarthritis pain			X		For intra-articular injection only. 48hrs post-injection DOWN 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	DOWN 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				DOWN 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 DOWN is required after each injection; GBO crew will not deploy on immunotherapy.
Gen	Infliximab	Remicade	Ankylosing spondylitits, psoriatic arthritis, IBD, psoriasis				X	No initial GBO 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.

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	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Derm	Isotretinoin	Acutane	Severe Acne		X			Minimum 2 week ground trial to ensure tolerance of the medication. See Acne Waiver Guide for full details.
Gen	Ketamine	Ketalar	Anesthesia			X		Minimum 48hr DOWN 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		DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.
Ophthal	Levobunolol Drops	Betagan	Glaucoma			X		DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.
Pulm	Levalbuterol	Xopenex	Asthma				X	DOWN 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		DOWN 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	Melatonin	Melatonin	Circadian Rhythm Disorders		X			Approved for use in all classes to be used for Circadian Rhythm Disorders (eg shift work changes, time zone changes) only. May only be used at physiologic doses not to exceed 5 mg/dose. Melatonin used may only be from USP verified formulation with NDC number to be ordered by TRICARE Prime vendor/pharmacy. May not be used for primary insomnia.
Gen	Mesalamine (complexed with methyl/methacrylic acid resin)	Asacol	Inflammatory Bowel Disorder				X	DOWN until symptoms are controlled and minimum observation period is met for level of disease (see AMCB Minutes Paragraph 4g), then submit for waiver.
Gen	Mesalamine (delayed release via polymer)	Lialda	Inflammatory Bowel Disorder				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide.
Gen	Mesalamine (complexed with ethyl cellulose)	Pentasa	Inflammatory Bowel Disorder				X	DOWN 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	DOWN until symptoms are controlled and minimum observation period is met for level of disease (see AMCB Minutes Paragraph 4g), then submit for waiver.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
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		DOWN until potential for idiosyncratic reaction has been ruled out and symptoms are well controlled.
Derm	Metronidazole (Topical)	Flagyl	Rosacea	X				DOWN not required unless condition or medication interferes with duties.
GU	Metronidazole (Topical)	Flagyl	Vaginitis	X				DOWN 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. DOWN 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		DOWN 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. Celebrex Background Paper Mobic Background Paper
Gen	NSAIDs (not Toradol)	Same as for Chronic pain	Pain (acute use)	X				DOWN 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. DOWN until potential for idiosyncratic reaction has been ruled out (minimum 3 days) and symptom control is maintained.
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		DOWN until the potential for idiosyncratic reaction has been ruled out and underlying condition does not interfere with duties; Oseltamivir Background Paper

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Derm	Pediculicide/ Scabicide	Elimite, Eurax, Lindane cream	Scabies			X		DOWN 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				DOWN not required unless condition or medication interferes with duties Pimecrolimus Background Paper.
Derm	Podofilox (Topical)	Condylox	Warts	X				DOWN 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); DOWN 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			DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Progestin (Implantable Timed Released)	Mirena	Contraception		X			DOWN until potential for idiosyncratic reaction has been ruled out.
Gen	Proguanil/ Atovaquone (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
Neuro	Pyridostigmine	Mestinon	CW Prophylaxis		X			DOWN 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.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Gen	Resin Binding Agent		Hyperlipidemia		X			DOWN 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	DOWN 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	Waiverable Mental Health Diagnoses				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 DOWN 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.
Pulm	Long acting beta agonist + inhaled corticosteroid combination	Advair Dulera	Asthma				X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Requires IRILO/MEB submission prior to waiver.
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		DOWN until potential for idiosyncratic reaction has been ruled out and control is maintained.

Category	Medication		Diagnosis or Utilization	No DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (Waiver Required)	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise)	Trade Name (Not Inclusive)			For Ground Trial	Symptoms Controlled (No Side Effect)		
Derm	Steroids (Topical)		Rash or Skin Diseases	X				DOWN 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; DOWN 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.
Derm	Tacrolimus 0.1% Cream (Topical)	Protopic	Atopic Dermatitis	X				DOWN not required unless condition or medication interferes with duties
GU	Tadalafil	Cialis	Erectile Dysfunction		X			24 hours grounding required after each dosage (Verbal DOWN 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); DOWN 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 DOWN status Or Waiver	DOWN status (No Waiver Required)		DOWN status (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			DOWN 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		DOWN until potential for idiosyncratic reaction has been ruled out and control is maintained.
Ophthal	Timolol Drops	Timoptic	Glaucoma			X		DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.
~~Neuro~~	~~Topiramate~~	~~Topamax~~	~~Migraines (only)~~				~~X~~	~~DOWN 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				DOWN 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		DOWN 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			DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Vardenafil	Levitra	Erectile Dysfunction		X			24 hours grounding required after each dosage (Verbal DOWN acceptable). Not authorized for daily use.
Gen	Varenicline	Chantix	Tobacco Cessation		X			Two week ground trial to evaluate for irritability/aggression, attention deficit, SI/HI, seizure, sleep and any cardiac side effects. Encourage alcohol abstinence to prevent seizures and completion of 90 minute tobacco cessation (online or in person) program to maximize efficacy.

Non-Waiverable Medications On This Page

Category	Medication		Diagnosis or Utilization	No DOWN or Waiver	DOWN (No Waiver Required)			DOWN (Waiver Required)	Not Waiverable	Notes
	Generic Name (Oral Preparation Unless Specified Otherwise	Trade Name (Not Inclusive			For Ground Trial	Symptoms Controlled (No Side Effect)				
Gen	Depo-Medrol		Allergy						X	Conidition requiring injectable steroid is reasons for grounding.
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
Derm	Minocycline	Minocin	Acne						X	Unacceptable (up to 70%) incidence of vestibular side-effects

Not Waiverable