Official Air Force Aerospace Medicine Approved Medications

Effective: 16 Dec 2024

(Note: This list supersedes the medication list dated 6 Mar 2024)

This approved medication list shall be utilized for all aircrew on manned platforms and airmen performing Air Traffic Controller (ATC) duties. For MOD, RPA Pilots, RPA Sensor Operators, see the Approved Ground Based Operators (GBO) Medication List. (RPA Pilots in training who are flying manned aircraft will need to follow the guidance in this document until they graduate from training and are only operating from the ground. At that point, RPA Pilots will use the GBO Medication List) See DAFMAN 48-123 5.2.5 for policy details.

For Special Warfare Airmen, no approved medication list exists. All new medications provided to SWA must be carefully evaluated for potential side effects and impact on mission. If a medication known to potentially affect alertness, judgment, cognition, special sensory function, mood, or coordination, the member should be placed in DOWN status until the medication is discontinued.

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 classes. Waiver of such drugs is highly unlikely.

In general, for all 2992 holders use of any medication whose known actions may affect alertness, judgment, cognition, special sensory function, mood, or coordination requires placing members in a DOWN status 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 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 AFMEDCOM through the appropriate MAJCOM/SGP (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. Medications with frequent use and favorable risk profile will be considered for addition to this list.

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

Members pending waiver action must remain in a DOWN status until waiver has been granted. Verbal waivers are NOT authorized. Consult Aerospace Medicine Waiver Guide prior to waiver submission.

For flying personnel, the following medications require ground testing, documented IAW DAFMAN 48-123 paragraph 1.5.4.2., on the individual's DD form 2766 or in ASIMS: 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 DOWN status. Clinical use of go/no-go medications DOES require DOWN status, despite prior ground testing. Only aircrew 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).
IAW 48-110, FDA vetted vaccines do not require any down/up (DOWN/UP) change. Aircrew should have four hours access to health care.

SUMMARY OF CHANGES:
1. Added Acne as an approved indication for Yasmin.

Category	Medication		Diagnosis or Utilization	No DOWN Status	DOWN Status (No Waiver Required)		DOWN Status (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/ ATC	
Gen	Acetaminophen	Tylenol	Pain (acute condition use)			X			DOWN 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 DOWN required unless underlying condition interferes with flying duties. Auricular ASP needles may be retained during duty performance for ATC duties 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					

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(4) Waivers for non-FDA approved medications will not be considered.
(5) Initial (not renewal) categorical waivers approved for rated officers require MAJCOM coordination with AFMEDCOM

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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/ ATC	
Derm	Acyclovir	Zovirax	HSV (treatment or suppression)		X	X			DOWN 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.

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Derm	Acyclovir (topical)	Zovirax (topical)	HSV	X					DOWN not required unless condition or medication interferes with life support gear or flying duties.

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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. Consider categorical waiver. 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 life support gear or flying duties. Adapalene Background Paper

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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.
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 ATC. 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.
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.
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, and FC III waivers.
Antibiotic	Amoxicillin	Amoxil	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Antibiotic	Amoxicillin/clavulanate	Augmentin	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Antibiotic	Ampicillin	Polycillin	Acute infection			X			DOWN 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.

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Gen	Anesthetic Agents (local or regional)		Surgical procedures			X			Aircrew/SWA members cannot fly for at least 8 hours after receiving a local or regional anesthetic agent.
Derm	Antibiotics (topical)		Acne	X					DOWN 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			DOWN 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			DOWN 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			DOWN 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 waiver initially, renewals may not be delegated down by MAJCOM/SGP.
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 and may not be further delegated.~~ *Combination therapy with Gemfibrozil or Fenofibrate requires waiver.
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~~	~~X~~	Minimum 72 hours ground trial at initiation of therapy and adequate control of rhinitis is required.
Antibiotic	Azithromycin	Zithromax	Acute infection			X			DOWN 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 DOWN 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			DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.

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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. UP if the member tolerates the medication and symptom improvement noted (for hyperhidrosis). Use for palmar hyperhidrosis and other non-cosmetic purposes requires AFMRA review.
Psych	Bupropion	Wellbutrin SR or XL	Waiverable Mental Health Diagnoses				X*	X	Max dose 450 mg/day. *Not waiverable for FCI. Waiver will not be considered until member is asymptomatic and shows clinical stability. All FCII (except flight surgeons) require ACS evaluation and categorical consideration. All other flying classes, ACS review is encouraged and MAJCOM dispositions waiver
Gen	Bupropion	Zyban	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. *Must screen for depression when used for this indication. Follow Wellbutrin waiver requirements if Zyban is used >12 weeks.
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 DOWN until pain/inflammation control is achieved AND for seven days following the final dosage adjustment. Celebrex Background Paper
Gen	Celecoxib	Celebrex	Pain (acute condition use)			X			DOWN 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. Celebrex Background Paper
Antibiotic	Cephalexin	Keflex	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
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	Chlorthalidone	Thalitone	Hypertension			X			Waiver not required for monotherapy or combination therapy with triamterene. Minimum 7-day DOWN 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. See HTN Waiver Guide for treatment parameters. Combo therapy requires categorical restriction for FCII – see HTN Waiver Guide.
Gen	Chlorothiazide	Diuril	Hypertension			X			For hypertension: either alone or in combination with triamterene does not require waiver. Minimum 7-day DOWN 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.

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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				DOWN until potential for idiosyncratic reaction has been ruled out.
Derm	Ciclopirox (topical)	Loprox	Seborrheic dermatitis	X					DOWN not required unless condition or medication interferes with life support gear or flying duties.
GI	Cimetidine Esomeprazole Famotidine Lansoprazole Omeprazole Pantoprazole Rabeprazole ~~Ranitidine~~ Nizatidine	Tagament Nexium Pepcid Prevacid Prilosec Protonix Aciphex ~~Zantac~~ Axid	GERD			X			DOWN status is not required for occasional OTC use to provide relief from minor self-limiting heartburn (no more than 2 dosages per week and/or symptoms lasting beyond 48 hours). Usage beyond this level requires flight surgeon visit.
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 DOWN 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	Waiverable Mental Health Diagnoses				X*	X	Max dose 40 mg/day. *Not waiverable for FCI. Waiver will not be considered until member is asymptomatic and shows clinical stability. All FCII (except flight surgeons) require ACS evaluation and categorical consideration.–All other flying classes, ACS review is encouraged and MAJCOM dispositions waiver
Antibiotic	Clarithromycin	Biaxin	Acute Infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Derm	Clindamycin (topical)	Cleocin T	Acne	X					DOWN 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				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)		Contraception		X				DOWN until potential for idiosyncratic reaction has been ruled out.
GU	Contraceptives (subdermal)	Implanon	Contraception		X				DOWN until potential for idiosyncratic reaction has been ruled out.
ENT	Cromolyn (nasal)	Crolom	Mild allergic, non-allergic, or vasomotor rhinitis			X			Length of DOWN dictated by time required for adequate control of underlying symptoms.
Ophth	Cyclosporine	Restasis	Dry eye			X			Medication no longer requires waiver.

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Ops	Dextroamphetamine	Dexedrine	Fatigue management (go pill)		X				OPERATIONAL USE ONLY: NOTE: Only "Immediate Release" is approved for operational use. (See AFMAN 48-149 Section 6, AFMAN 11-202V3, 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 DOWN 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. Women who are pregnant, or might become pregnant, are at increased risk of having adverse side effects from the medication so non-pharmacologic options should be considered first prior to its use. Dextroamphetamine is not authorized for routine clinical use in flyers/special duty personnel.
Ops	Dextroamphetamine	Geldex, Procentra	Fatigue management **U-2S pilots only**						OPERATIONAL USE ONLY: Only approved for U-2S pilots when conducting U-2S operational sorties IAW applicable guidance. (See AFMAN 48-149 Section 6, AFMAN 11-202V3, 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 DOWN 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	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		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			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Derm	Doxycycline	Vibramycin	Acne			X			DOWN 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 DOWN 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 yherapy for chronic or recurrent prostatitis/ cystitis				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Preventive	Emtricitabine/Tenofovir Disoproxil Fumarate	Truvada	HIV Pre-exposure prophylaxis (PrEP)		X				DOWN until potential for idiosyncratic reaction has been ruled out (minimum 14 days).
Derm	Drospirenone/ ethinyl estradiol	Yasmin	Acne (Female only)			X			DOWN until potential for idiosyncratic reaction has been ruled out
Preventive	Emtricitabine/Tenofovir Alafenamide	Descovy	HIV Pre-exposure prophylaxis (PrEP)		X				DOWN until potential for idiosyncratic reaction has been ruled out (minimum 14 days).
Endo	Eplerenone	Inspra	Hyper-aldosteronism				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Eplerenone and Spironolactone Background Paper.
Derm	Erythromycin	E-mycin	Acne				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
Antibiotic	Erythromycin	E-mycin	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Derm	Erythromycin (topical)	T-Stat	Acne	X					DOWN not required unless condition or medication interferes with life support gear or flying duties.
Psych	Escitalopram	Lexapro	Waiverable Mental Health Diagnoses				X*	X	Max dose 20 mg/day. *Not waiverable for FCI. Waiver will not be considered until member is asymptomatic and shows clinical stability. All FCII (except flight surgeons) require ACS evaluation and categorical consideration. All other flying classes, ACS review is encouraged and MAJCOM dispositions waiver
GI	Esomeprazole	Nexium	Peptic ulcer disease				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			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.

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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/ ATC	
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. Waiver review requires categorical consideration. Restricted Deployability, see Waiver Guide. *Consult Waiver Guide for use in IBD patients.
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		~~X~~	~~X~~	DOWN until 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	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				DOWN until potential for idiosyncratic reaction has been ruled out (minimum 3 days). DoD policy prohibits purchase of this drug for hair loss treatment using DoD funds.
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.
Psych	Fluoxetine	Prozac	Waiverable Mental Health Diagnoses				X	X	Max dose 80 mg/day. *Not waiverable for FCI. Waiver will not be considered until member is asymptomatic and shows clinical stability. All FCII (except flight surgeons) require ACS evaluation and categorical consideration. All other flying classes, ACS review is encouraged and MAJCOM dispositions waiver
GI	Folate		Sprue				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained.
GU	Fosfomycin	Monurol	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
Gen	Gemfibrozil	Lopid	Hyperlipidemia				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out.
GI	Hemorrhoidal suppository		Hemorrhoids			X			DOWN 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 DOWN 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 DOWN 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			DOWN 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 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.
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			UP after potential for idiosyncratic reaction has been ruled out 4-hour verbal DOWN is required for aircrew/SWA after each injection. DOWN not required for ground operators. Aircrew/SWA will not deploy on immunotherapy.
ENT	Ipratropium (nasal)	Atrovent nasal	Mild allergic, non-allergic, or vasomotor rhinitis				X	X	Minimum 3 week ground trial to evaluate for vision and CNS changes.

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Pulm	Isoniazid (INH)	Nydrazid	TB prophylaxis		X				For tuberculin converters who do not have active TB, minimum 72 hours ground trial.
Derm	Isotretinoin	Acutane	Severe Acne		X*		X		See Acne Waiver Guide for full details. *Minimum 2 week ground trial. Electroretinogram not required.
Antibiotic	INH-Rifapentine	Priftin	Latent TB				X	X	Directly Observed Therapy regimens only, IAW CDC/IDSA recommendations. Prior to deployment ensure PH clearance for completion of DOT.
Gen	Ketamine	Ketalar	Anesthesia			X			Minimum 48 hour DOWN required after administration for surgery.
GI	Lansoprazole	Prevacid	Peptic Ulcer Disease				X	X	DOWN 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			DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.
Ophth	Levobunolol (ophth 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.
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	Liothyronine	Cytomel	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 DOWN 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 DOWN 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 or Fenofibrate requires waiver

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Gen	Melatonin	Melatonin	Ciracadian Rhythm Disorders		X				Approved for use in all classes to be used for Circadian Rhythm Disorders (e.g. 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	Meloxicam	Mobic	Pain, inflammation (chronic use)		X	X			Approved for use in chronic pain and inflammation up to a dose of 15 mg per day, no waiver required. Member will be DOWN until pain/inflammation control is achieved AND for seven days following the final dosage adjustment. Mobic Background Paper
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.
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.
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 waiver initially and renewals may not be delegated down by MAJCOM.
Derm	Metronidazole (topical)	Flagyl	Rosacea	X					DOWN not required unless condition or medication interferes with life support gear or flying duties.
GU	Metronidazole (topical)	Flagyl	Vaginitis			X			DOWN is not required unless condition is symptomatic.
Dental Procedure	Minocycline (microspheres)	Arestin	Adjunct to dental scaling/root planing	X					Used alone as one dose for dental procedure only does not require DOWN. DOWN is indicated for use of associated anesthetics or any adverse effects of the procedure.
Derm	Minoxidil 2-5% (topical)	Rogaine	Hair loss		X				DOWN until potential for idiosyncratic reaction has been ruled out (minimum 7 days). Orthostatics required for high-performance aviators pre/post ground trial. DoD policy prohibits purchase of this drug for hair loss treatment using DoD funds.

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Ops	Modafinil	Provigil	Fatigue management (go pill)		X				OPERATIONAL USE ONLY: See AFMAN 48-149 Section 6, AFMAN 11-202V3, and MAJCOM Guidance. Check with MAJCOM/SGP prior to prescribing. Ground trial (200 mg every 8 hours for 2 doses) required. Women who are pregnant, or might become pregnant, are at increased risk of having adverse complications (increased risk of teratogenic effects of medication) so non-pharmacologic options should be considered first prior to its use. 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.
Derm	Nicotinamide (niacinamide)		Skin cancer prevention	X					DOWN not required unless condition or medication interferes with duties. Nicotinamide may only be from USP verified formulation. This is NOT niacin/nicotinic acid.
Gen	Naproxen	Naprosyn	Pain (acute use)			X			DOWN 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 and FCIII waivers. **NOTE: NO OTHER FORMULATIONS OF NIFEDIPINE ARE COVERED UNDER THIS POLICY.** Nifedipine Background Paper
Gen	Nicotine Inhaler	Nicotrol	Tobacco addiction	X					Not for use while in flight.
GU	Nitrofurantoin	Macrodantin	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic. Pulmonary Note.
Ophth	Olopatadine	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.
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			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic. Oseltamivir Background Paper.
Antibiotic	Oxacillin	Bactocill	Acute infection			X			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.

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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	Peptic Ulcer Disease				X	X	DOWN 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			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
GU	Phenazopyridine	Pyridium	Pain (acute use)			X			DOWN 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.
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.
Ophth	Phenylephrine, all strengths/dosing (opto)		Eye dilation			X			Verbal DOWN for 8 hours, documented in the medical record is appropriate. No 2992 DOWN or Face to Face visit for UP is required for uncomplicated situations.
Derm	Pimecrolimus 1% Cream (topical)	Elidel	Rash or skin disease (acute usage)			X			DOWN 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	Pimecrolimus 1% Cream (topical)	Elidel	Rash or skin disease (chronic usage)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide for additional details.
Derm	Podofilox (topical)	Condylox	Warts			X			DOWN 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.
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 or Fenofibrate requires waiver
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.

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Gen	Potassium Iodide	Thyroshield, ThyroSafe, Iostat	Radiation prophylaxis		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				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.
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.
GI	Rabeprazole	Aciphex	Peptic Ulcer Disesae				X	X	DOWN 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.
Gen	Ramipril	Altace	Hypertension (2nd line)			X			Waiver not required for monotherapy. Minimum 7-day DOWN 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.
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.
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 or Fenofibrate requires waiver
Psych	Sertraline	Zoloft	Waiverable Mental Health Diagnoses				X*	X	Max dose 200 mg/day. *Not waiverable for FCI. Waiver will not be considered until member is asymptomatic and shows clinical stability. All FCII (except flight surgeons) require ACS evaluation and consideration of categorical waiver. All other flying classes, ACS review is encouraged and MAJCOM dispositions waiver
GU	Sildenafil	Viagra	Erectile dysfunction		X*				*24 hours DOWN required after each dosage, verbal DOWN acceptable. *Not authorized for daily use.

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Category	Medication		Diagnosis or Utilization	No DOWN Status	DOWN Status (No Waiver Required)		DOWN Status (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/ ATC	
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 ATC. 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 or Fenofibrate requires waiver
Endo	Sitagliptin	Januvia	Diabetes with normal renal function				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. 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. Eplerenone and Spironolactone Background Paper.
ENT	Steroids (nasal)		Mild allergic, non-allergic, or vasomotor rhinitis			X			Length of DOWN dictated by time required for adequate control of underlying symptoms.
Derm	Steroids (topical)		Rash or skin disease (acute usage)			X			DOWN 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.
Pulm	Long acting beta agonist + steroids combination inhaler		Asthma				X	X	All long acting beta agonist + steroid combination inhalers approved for use in asthma by the FDA 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.
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.

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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/ ATC	
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.
Derm	Tacrolimus 0.1% (topical)	Protopic	Rash or skin disease (acute usage)			X			DOWN 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	Tacrolimus 0.1% (topical)	Protopic	Rash or skin disease (chronic usage)				X	X	Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. See Waiver Guide for additional details.
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.
GU	Tamsulosin	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 ATC. Tamsulosin may be used with finasteride with appropriate waiver authority noted for tamsulosin. See Tamulosin Paper.
Derm	Tazarotene 0.1% Gel (topical)	Tazorac	Acne vulgaris	X					DOWN 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 DOWN 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 pill		X				OPERATIONAL USE: For the safe performance of mission **IAW AF and MAJCOM policy.** Requires ground trial (DOWN for 12 hours after a single dose up to 30 mg) documented in medical records prior to operational use. Furthermore, verbal DOWN 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 DOWN 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). DOWN for 72 hours ground trial and obtain baseline LFTs. For pedal onychomycosis: 250 mg daily for 12 weeks. Terbinafine 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/ ATC	
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			DOWN until potential for idiosyncratic reaction has been ruled out and acute infectious process is asymptomatic.
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			DOWN until potential for idiosyncratic reaction has been ruled out. Underlying condition may require waiver in which case, DOWN until waiver approved.
Derm	Tretinoin (topical)	Retin-A	Acne	X					DOWN 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 DOWN 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			DOWN 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.

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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/ ATC	
Neuro	Triptan class of medications	Imitrex Zomig Maxalt Relpax	Migraine headaches				X*	X	*Not considered for IFCI/IA, FCII requires a categorical waiver. Non-injection formulations only. Submit for waiver after potential for idiosyncratic reaction has been ruled out and control is maintained. Requires ACS Neurology review on an individual basis. Efficacy and tolerance of triptan on at least 2 migraine episodes must be documented. 24 hour DOWN period after each use. See Headache Waiver Guide for additional details.
Ophth	Tropicamide, all strengths/dosing (opto)		Eye dilation			X			Verbal DOWN for 8 hours, documented in the medical record is appropriate. No 2992 DOWN or Face to Face visit for UP is required for uncomplicated situations.
GU	Vaginal Preparation (creams and suppositories)		Vaginitis			X			DOWN 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				DOWN 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 DOWN 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.
Ops	Zaleplon	Sonata	No-go pill		X				OPERATIONAL USE: For the safe performance of mission **IAW AF and MAJCOM policy.** Requires ground trial (DOWN for 4 hours after a single dose up to 10 mg) documented in medical records prior to operational use. Furthermore, verbal DOWN 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 DOWN for treatment period.
Ops	Zolpidem	Ambien	No-go pill		X				OPERATIONAL USE: For the safe performance of mission **IAW MAJCOM and AF policy**. Requires ground trial (DOWN 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 DOWN 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 DOWN for treatment period.

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DAF Approved Air Sickness Management Program Medications
Over the Counter (OTC) Medications NOT Allowed Without Flight Surgeon Approval

The DAF 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/SWA 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 DOWN	DOWN (No Waiver Required)		DOWN (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). DOWN 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). DOWN 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. DOWN 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. DOWN 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

Antibiotic	⃠Ciprofloxacin	⃠Cipro	Other than BW prophylaxis						Unacceptable CNS excitability. DOWN 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	⃠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.
Derm	⃠Minocycline	⃠Minocin	Acne						Unacceptable (up to 70%) incidence of vestibular side-effects.
Gen	⃠Niacin	⃠	Hyperlipidemia						Dizziness, headache, shortness of breath.
Gen	⃠Steroid (systemic)	⃠	Inflammatory diseases						DOWN for duration of therapy – any regimen in excess of three weeks requires documentation of intact adrenal axis. See waiver guide for additional details.

Not Waiverable

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