



FAA Guidance: Pharmaceuticals, Do Not Issue - Do Not Fly

This publication is provided to advise Aviation Medical Examiners (AMEs) about two medication issues:

- Medications for which they should not issue applicants without clearance from the Federal Aviation Administration (FAA), AND
- Medications for which they should advise airmen to not fly and provide additional safety information to the applicant.

The lists of medications in this section are not meant to be all-inclusive or comprehensive, but rather address the most common concerns.

Do Not Issue. AMEs should not issue airmen medical certificates to applicants who are using these medications. If there are any questions, please call the Regional Flight Surgeon's office or the Aerospace Medicine Certification Division.

- Anticholinergics (oral)
- Antiseizure medications, even if used for non-seizure conditions
- Centrally acting antihypertensives, including but not limited to clonidine, reserpine, guanethidine, guanadrel, guanabenz, and methyldopa
- Bromocriptine
- Dopamine agonists used for Parkinson's disease or other medical indications: Pramipexole (Mirapex), ropinirole (Requip) and rotigotine (Neupro). All carry warnings for suddenly falling asleep during activities of daily living
- Mefloquine (Lariam)
- Over-active bladder medications. Almost all of these medications are antimuscarinic. Antimuscarinic medications carry strong warnings about potential for sedation and impaired cognition
- Varenicline (Chantix)
- An open prescription for regular or intermittent use of any drug or substance classified under the Controlled Substances Act (Schedules I - V).
 - This includes medical marijuana, even if legally allowed or prescribed under state law.
 - Note: exceptions would be for documented temporary use of the drug solely for a medical procedure or for a medical condition, and the medication has been discontinued.
- Most psychiatric or psychotropic medications, including but not limited to antipsychotics, most antidepressants (see SSRI policy), anti-anxiety drugs, mood stabilizers, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) medications, sedative-hypnotics and tranquilizers
- High doses of oral steroids (greater than 20 mg prednisone or prednisone-equivalent per day)
- Agents for treating cancer, including chemotherapeutics, biologics, etc., whether used for induction, "maintenance", or suppressive therapy
- Antiangina medications
- Any medication newly approved by the Food and Drug Administration (FDA) (those drugs issued initial FDA marketing approval within the past 12 months). We require at least one-year of post-marketing experience with a new drug before we will consider whether we can safely certificate an applicant using the drug. New antibiotics, lipid-lowering drugs, and antihypertensive medications can be considered earlier than one year. Please contact the RFS or AMCD for guidance on specific applicants.

Do Not Fly. Airmen should not fly while using any of the medications in the Do Not Issue section above or using any of the medications or classes/groups of medications listed below. All of these medications below may cause sedation (drowsiness) or impair cognitive function, seriously degrading pilot performance. This impairment can occur even when the individual feels alert and is apparently functioning normally - in other words, the airman can be "unaware of impair."

For aviation safety, airmen should not fly following the last dose of any of the medications below until a period of time has elapsed equal to:

- 5-times the maximum pharmacologic half-life of the medication; or
- 5-times the maximum hour dose interval if pharmacologic half-life information is not available. For example, there is a 30-hour wait time for a medication that is taken every 4 to 6 hours (5 times 6)

Sleep aids. All the currently available sleep aids, both prescription and over-the-counter (OTC), can cause impairment of mental processes and reaction times, even when the individual feels fully awake.

- Wait times for currently available prescription sleep aids
- Diphenhydramine (e.g., Benadryl). Many OTC sleep aids contain diphenhydramine as the active ingredient. The wait time after diphenhydramine is 60 hours (based on maximum pharmacologic half-life)

Allergy medications. Antihistamines found in many allergy and other types of medications can cause sedation and may not be used for flight. This applies to nasal formulations as well as oral.

Exception: Nonsedating antihistamines (loratadine, desloratadine, and fexofenadine) may be used while flying, if symptoms are controlled without adverse side effects after an adequate initial trial period.

Label warnings. Airmen should not fly while using any medication, prescription or OTC, that carries a label precaution or warning that **it may cause drowsiness or advises the user "be careful when driving a motor vehicle or operating machinery."** This applies even if label states "until you know how the medication affects you" and even if the airman has used the medication before with no apparent adverse effect. Such medications can cause impairment even when the airman feels alert and unimpaired (see "unaware of impair" above).

"Pre-medication" or "pre-procedure" drugs. This includes all drugs used as an aid to outpatient surgical or dental procedures.

Narcotic pain relievers. This includes but is not limited to morphine, codeine, oxycodone (Percodan; Oxycontin), and hydrocodone (Vicodin, etc.).

Muscle relaxants. This includes but is not limited to carisoprodol (Soma) and cyclobenzaprine (Flexeril).

Over-the-counter active dietary supplements such as Kava-Kava and Valerian.

SOURCE: Published in the Guide for Aviation Medical Examiners

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/pharm