

**CLASS 2A: NO WAIVER ACTION REQUIRED**

**AEROMEDICAL CONCERNS:** Certain medications, available by prescription only, have proven to be quite safe in the aviation environment. These medications, when dispensed and their usage monitored by flight surgeons, have been quite effective in returning aviators more rapidly to their respective flying positions. While generally safe, one still must take into consideration the underlying medical condition and the ever present possibility of side effects.

**WAIVERS:** No waiver is usually required, especially if the medications are used on a short term basis. Occasionally the underlying health condition requires a waiver; and if the medication is required on a frequent or maintenance basis, a waiver may also be needed.

**ANTIHISTAMINES:**

FEXOFENADINE (Allegra), LORATADINE (Claritin). If used for chronic or recurrent allergic rhinitis, a waiver is required. (See Class 3) Short term use is permissible without waiver. All other anti-histamines are grounding (See Class 4).

**ANTIMICROBIALS, ANTIFUNGALS, ANTIVIRALS:**

ACYCLOVIR (Zovirax) VALCYCLOVIR (Valtrex), FAMCYCLOVIR (Famvir), AUGMENTIN (Amoxicillin), BACTRIM/SEPTRA, CEPHALOSPORINS, CHLOROQUINE (Aralen) or CHLOROQUINE/PRIMAQUINE, CLINDAMYCIN (remember Pseudomembranous colitis), ERYTHROMYCINS to include Azithromycin and Clarithromycin, ETHAMBUTOL HYDROCHLORIDE (Myambutol) (monitor serum uric acid during treatment), FLUCONAZOLE (Diflucan), METRONIDAZOLE (Flagyl), NITROFURANTOIN (Macrochantin) (watch for pneumonitis or peripheral neuropathy), PENICILLINS, QUINOLONES (many potential drug interactions), RIFAMPIN (Rifadin), TETRACYCLINES, DOXYCYCLINE (Vibramycin) for prophylaxis - includes malaria or leptospirosis [(MINOCYCLINE (Minocin) is Class 4. Many potential drug interactions.)] Short term use does not require a waiver. A minimum of 24 hours of observation to ensure the lack of side effects and the overall general health of the aviator should be considered prior to return to flight status. For long term use refer to Class 2B.

**ANTI-MOTION SICKNESS AGENTS:**

PROMETHAZINE/EPHEDRINE, or SCOPOLAMINE/DEXTROAMPHETAMINE (alternative, monitor intraocular pressure), or Transderm Scopolamine (alternative,

monitor intraocular pressure and wash hands after application). When used in accordance with approved Motion Sickness Protocols (See Motion Sickness APL). Other use is disqualifying. (See Class 4).

#### **GI MEDICATIONS:**

CALCIUM POLYCARBOPHIL (FiberCon), LOPERAMIDE (Imodium) (when medical condition is not a factor and free of side effects for 24 hours), SUCRALFATE (Carafate) (providing underlying condition does not require waiver.) Other medications are Class 1 or Class 3.

#### **HOROMONAL PREPARATIONS:**

ESTROGEN/PROGESTERONE preparations when used solely for contraception or replacement following menopause or hysterectomy. (Class 3 for other conditions). No other information required. Other hormonal drugs are Class 3.

#### **PRE-DEPLOYMENT REST OR SUSTAINED OPERATIONS AGENTS :**

Safe use is assured only following a negative test dose administration and careful follow-up to ensure the continued absence of side effects. Anyone with suspicious symptoms should be immediately grounded. Use of these agents should be under the direct supervision of the supporting flight surgeon following pre-established guidelines approved by local commanders.

##### **REST AGENTS:**

Class 2A when prescribed and closely monitored by the unit flight surgeon. Do not mix with alcohol.

TEMAZEPAM (Restoril) - May perform crew duties 12 hours after use.

TRIAZOLAM (Halcion) - May perform crew duties 9 hours after use. (NOTE: Memory loss with associated alcohol use and night terrors have been reported)

ZOLPIDEM (Ambien) or ZALEPLON (Sonata) - May perform crew duties 8 hours after use.

##### **STIMULANTS:**

Class 2A when used in support of sustained operations.

DEXEDRINE: 5 mg every four hours.

**PROPHYLAXIS:** Class 2A when used for prophylaxis. Must be prescribed by a flight surgeon or under a protocol reviewed by the flight surgeon.

**ABSTINENCE ASSISTANCE:** Following Track II or III treatment for alcohol abuse/dependence, DISULFIRAM (Antabuse) may be continued for up to 1 year as a Class 2A medication. All other components of an alcohol abuse/dependence waiver must also be completed. Use of DISULFIRAM requires documentation of LFTs, every 6 months while on therapy. Additionally, a baseline LFT must be obtained prior to initiating therapy. VHA/DOD guidelines recommend monitoring monthly for the first three months of therapy and then every 3 months thereafter for the first year. This is left to the discretion of the flight surgeon.

**DIARRHEAL PROPHYLAXIS:** In general (especially when periods of risk exceed 3 weeks) early treatment is preferable to prophylaxis. CIPROFLOXACIN (Cipro) 500 mg q.d., or BISMUTH SUBSALICYLATE 2 tablets q.i.d., or TRIMETHOPRIM/SULFAMETHOXAZONE DS (Bactrim DS) 1 tablet q.d. are acceptable forms of prophylaxis. Local resistance specific drug regimens may also limit the effectiveness of antibiotic prophylaxis.

**LEPTOSPIROSIS PROPHYLAXIS:** DOXYCYCLINE 200 mg weekly during and one week following exposure.

**MALARIAL PROPHYLAXIS:** CHLOROQUINE PHOSPHATE 500 mg weekly or DOXYCYCLINE (Vibramycin) 100 mg daily. PRIMAQUINE PHOSPHATE 26.3 mg daily for 14 days is required for terminal prophylaxis after leaving areas where P.Vivax and/or P.Ovale are present. SULFADOXINE/PYRIMETHAMINE is a treatment medication, not prophylaxis, and cannot be used without temporarily grounding the aviator. MEFLOQUINE 250 mg weekly may be used ONLY when CHLOROQUINE resistance is known and DOXYCYCLINE is contraindicated due to allergy and only when monitored closely by a flight surgeon. (Note: Recommendations for malarial prophylaxis change frequently due to the variability of susceptibility of the organism to treatment. Prior to deployment to an endemic area the latest recommendations should be obtained using such sources as the Armed Forces Medical Intelligence Center (AFMIC), Fort Detrick at 1-301-619-7574 (DSN 343) or mic.afmic.detrick.army.mil; or the Center for Disease Control (CDC) at Traveler's Hotline 1-877-394-8747; or at [www.cdc.gov](http://www.cdc.gov) or at the US Army Center for Health Promotion and Preventive Medicine at [chppm-www.apgea.army.mil](http://chppm-www.apgea.army.mil). (See Malaria policy letter)

**SUBACUTE BACTERIAL ENDOCARDITIS PROPHYLAXIS:** Penicillin, Amoxicillin, Ampicillin, Clindamycin, Azithromycin, Clarithromycin, or Cephalosporins may be used in appropriate doses and when indicated. (See *Prevention of Bacterial Endocarditis. Recommendations by the American Heart Association. JAMA 1997; 277 (22): 1794-801.*)

**TUBERCULOSIS PROPHYLAXIS:** After documentation of skin test conversion, a course of PYRIDOXINE (Vitamin B6) 50 mg daily with ISONIAZID is an acceptable prophylaxis, unless INH resistance is likely. The treated aviator must

also be followed in a Tuberculosis Surveillance Program. See Antimicrobials, Antifungals and Antivirals for documentation of use of ISONIAZID.

### **SMOKING CESSATION AIDS:**

NICOTINE GUM, NICOTINE PATCH, NICOTINE INHALER (Use of any tobacco with initial patch may cause nicotine toxicity). Must be enrolled in a smoking cessation program, under supervision by the program director or designated representative, and remain abstinate from any tobacco use. Requires initial grounding of 72 hours and if tolerating treatment well, may be returned to flying duty. Effectiveness of smoking cessation aids without participation in an ongoing support program is minimal to ineffective. (See Smoking Cessation APL)

ZYBAN: See Smoking Cessation APL.

### **TOPICAL PREPARATIONS:**

Topical preparations are generally Class 2A due to the minimal systemic absorption of most topical treatments. Remember that the underlying condition may require a waiver. Use of any topical preparation does require evaluation for systemic effects.

TOPICAL MINOXIDIL 2% & 5% for use in male pattern hair loss is Class 2A.