



## Do Not Fly list

In addition to the medications on the Do Not Issue list, pilots should not fly while using any of the medications or classes/groups of medications listed below without an acceptable wait time after the last dose. These medications 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 pilot can be “unaware of impair.”

- Allergy medications
- Muscle relaxants
- OTC dietary supplements
- Pain medications
- Pre-medication or Pre-procedure drugs
- Sleep aids
- Any medication, prescription or Over the Counter (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.”

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

**5-times the maximal pharmacologic half-life of the medication; or 5-times the maximal 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).**

This is an example of the most common meds or medication types that could cause problems in flight. This is not meant to be an inclusive list. If you have any questions you should see your AME.

## Side effect concerns of frequently used OTC medications

If you must take over-the-counter medications,

- Read and follow the label directions.
- If the label warns of significant side effects, do not fly after taking the medication until at least five maximal dosing intervals have passed.
- Remember that you should not fly if the underlying condition that you are treating would make you unsafe if the medication fails to work.
- Never fly after taking a new medication for the first time until **at least** 48 hours have passed and no side effects are noted.
- As with alcohol, medications may impair your ability to fly—even though you feel fine.
- If you have questions about a medication, ask a healthcare provider.
- When in doubt, safety first—don’t fly.

## MEDICAL FACTS FOR PILOTS

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or contact:  
Federal Aviation Administration  
Civil Aerospace Medical Institute  
AAM-400

P.O. Box 25082  
Oklahoma City, OK 73125  
(405) 954-4831



Federal Aviation  
Administration

## Medications and Flying



**Do Not Issue  
Do Not Fly**

## Does this story sound familiar?

It's Sunday morning, the last day of a three-day trip. You have four hours of flying ahead of you to get back home, but something about the air conditioner last night has left you with a stuffy nose and sinuses this morning. You know from your training and experience that flying with congested upper airways is not a good thing. As it turns out, one of the others on the trip has some new over-the-counter sinus pills that

are "guaranteed" to unstop your breathing passages and let you fly without any worries about the congestion. *Should you take the medication?*



## Another scenario

You and your spouse are on the second leg of a five-leg, cross-country flight. While visiting relatives, you stayed up late at the party they threw in your honor, ate too much,



and the next morning your stomach feels sort of queasy. Your spouse, a non-pilot, offers you a common motion-sickness pill prescribed by her doctor. *Should you take the medication?*

## Get the facts

Just like any other decision (equipment, weather, etc.) that you must make when you fly, you should know the facts before you can answer this question. There are several things that you need to know and take into account before you make the go/no-go decision. Add these to your check list:

First, **consider the underlying condition that you are treating.** What will be the consequences if the medication doesn't work or if it wears off before the flight is over? A good general rule to follow is not to fly if you must depend on the medication to keep the flight safe. In other words, if the untreated condition is one that would prevent safe flying, then you shouldn't fly until the condition improves – whether you take the medication or not.

Second, you must **consider your reaction to the medication.** There are two broad categories of medication reactions. One is a unique reaction based on an individual's biological make-up. Most people don't have such reactions

but anyone can, given the right medication. Because of this, you should NEVER fly after taking any medication that you have not taken before. It is not until after you have taken the medication that you will find out whether you have this uncommon and unexpected reaction to the medication.

Third, **consider the potential for adverse reactions,** or side effects – unwanted reactions to medications. This type of reaction is quite common, and the manufacturer of the medication lists these on the label. You MUST carefully read all labeling. If you don't have access to the label, then don't fly while using the medication.

Look for such key words as *lightheadedness, dizziness, drowsiness, or visual disturbance.* If these side effects are listed or if the label contains any warning about operating motor vehicles or machinery, then you **should not** fly while using the medication.

Side effects can occur at any time, so even if you've taken the same medication in the past without experiencing side effects, they could still occur the next time. For this reason, you must never fly after taking a medication with any of the above-noted side effects.

LIGHT-HEADEDNESS

DROWSINESS

DIZZINESS

VISUAL DISTURBANCE



## Do Not Issue list

AMEs should not issue medical certificates to applicants who are using these medication classes:

- Angina medications
- Anticholinergics (oral)
- Cancer treatments
- Controlled Substances (Schedules I – V This includes medical marijuana, even if legally allowed or prescribed under state law)
- Selected Diabetic medications
- Dopamine agonists
- Hypertensive (centrally acting such as clonidine)
- Selected Psychiatric or Psychotropic medications
- Malaria medication
- Over-Active-Bladder (OAB) medications
- Other: Selected medications with less than 12 month FDA approvals
- Seizure medications
- Smoking cessation aids
- Steroids (high does)
- Weight loss medications

## Aeromedical Impact Examples

Medication Group	Example	Aeromedical Impact
Angina medications	Nitroglycerin	Cause dilation of arteries
Anticholinergics	Atropine	Change in vision; fast heartbeat
Cancer treatment	Chemotherapy & Radiation	The FAA does not permit airmen who are undergoing cancer treatment to fly until treatment is completed. Concerns mental state, side effects of meds and radiation.
Controlled substances	Marijuana	Affects mental state; NOTE: even though marijuana is approved in some states, not at all permitted for flight.
Centrally Acting HTN meds	Clonidine (Catapres)	Centrally acting can cause sedation and dizziness.
Over-active Bladder meds	Detrol Ditropan (Oxybutinin)	Sedation and confusion or hallucinations
Psychiatric/Psychotropic meds	Xanax (Alprazolam), Ritalin (Methylphenidate) Prozac (tranquilizers)	In this class it is the <u>condition</u> that becomes primary reason. Many of them are disqualifying for flying.
Seizure medications	Keppra (Levetiracetam), Dilantin (Phenytoin)	Once again it is the <u>condition</u> . Seizure condition is unacceptable for flight.
Steroids	Prednisone (greater than 20mg)	Can cause psychiatric problems such as psychosis or high blood sugar

For additional guidance contact your AME or refer to the DNI list online at: [www.faa.gov/go/dni](http://www.faa.gov/go/dni)