

Medications, Part II

The following is the second part of a long list of medications and conditions that we refer to when making certification decisions. (See Part I, "Policies and Unacceptable Medications," *FASMB*, Vol. 48, No. 3, p. 3.)

Anticoagulation. The advent of the International Normalized Ratio (INR) has permitted the Federal Aviation Administration to allow airmen with a variety of conditions to gain medical certification with a waiver. Conditions such as mechanical valve replacement, deep venous thrombosis, pulmonary embolus, and chronic atrial fibrillation are just some of the conditions we allow. The INR levels must be within the parameters set by the condition. The airman **MUST** have monthly INR levels done. One of our requirements is that 80% of the levels must be within the parameters established by the condition.

Antiseizure medications. Recall that epilepsy is one of the 15 specifically disqualifying medical conditions. We do not permit the use of any of these medications for their intended use or for use in any other condition. You may see physicians use the antiseizure medication gabapentin (Neurontin) for painful peripheral neuropathy or carbamazepine (Tegretol) for trigeminal neuralgia. In both of these circumstances, the medications are not acceptable.

Baldness remedies. Propecia (finasteride), as an ointment for use on the scalp, is used for male pattern baldness. This is acceptable, but it would be appropriate for to obtain a note from the treating physician that the airman using finasteride has no side effects.

Colitis. Acute exacerbation of any form of colitis is disqualifying, and the airman cannot be cleared until in remission. So, as I have told you many times, equivalent doses of prednisone greater than 20mg are not acceptable. Steroid enemas or foam instillation into the rectum for proctitis is acceptable. Loperamide (Imodium) is used for diarrheal symptoms and is acceptable as long as the airman is not taking

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By Warren S. Silberman, DO, MPH

more than two tablets daily. Remember here, it is the condition that you must consider. Enbrel (etanercept) has been used in the treatment of both types of colitis. Etanercept is acceptable, but it will require yearly status reports.

Cancer therapy. In general, intravenous cancer therapies will delay certification decisions. The FAA wants to wait until the airman has completed treatment, even if the treatment is adjuvant. Besides the side effects of the actual treatments, the specific cancer that is being treated and the psychological issues that can occur while the airman is coming to grips with this malignancy are grounds to wait until the treatment has been completed.

There are exceptions to many of our policies. For example, the use of tamoxifen (Nolvadex) to reduce the risk of breast cancer is acceptable in an aviation environment.

Diabetes mellitus treated with medications. The FAA accepts all oral hypoglycemic agents, but there are policy exceptions. The more recent medication Januvia (sitagliptin) can only be used with metformin and/or the thiazolidinediones. We also accept Januvia and both of the above medications. We do not accept the use of Januvia and a sulfonylurea. If Januvia is being used as the initial treatment for diabetes, then the airman must wait for 60 days to be considered, but if it is being added to the medication regimen, then the airman need only wait 14 days.

As you know, the combined use of oral agents and beta-blocking medications is limited, but Januvia can be used.

Byetta (exenatide) is an injectable medication that is used with any of the other oral agents. The restriction with this medication is that the airman must wait for 2 hours after use before flying. Byetta is also acceptable with beta-blocking medications. The new Byetta-type medication, Victoza (liraglutide), has not been approved by the FAA as yet.

The other oral agents acceptable with beta blockers are metformin, either of the thiazolidinediones, and acarbose (Precose). *Rosiglitazone*

Diabetes mellitus treated with insulin (authorized for third-class only). The FAA accepts all forms of insulin, as well as the different ways in which it is administered. We also accept the combined use of insulin and oral hypoglycemic agents, but insulin and beta blockers are an unacceptable combination.

Glaucoma treatments. Most forms of treatment are acceptable. Prostaglandins such as Xalatan (latanoprost), Lumigan (bimatoprost), and Travatan (travoprost); beta-blockers such as Timoptic (timolol maleate) and Betoptic S (betaxolol); the alpha-adrenergic agonist Alphagan (brimonidine); and carbonic anhydrase inhibitors such as Trusopt (dorzolamide) are all acceptable. However, parasympathomimetic agents and epinephrine are not acceptable.

Chronic myelogenous leukemia. This condition was not acceptable to the FAA until there was good success with the medication Gleevec (imatinib mesylate). This medication has allowed us to grant authorizations to many airmen. It requires a status report every 6 months and complete blood count, but airmen on this medication have done well.

Depression. In April 2010, the Office of Aerospace Medicine announced that we will allow airmen with a diagnosis of depression to fly while using four of the selective serotonin reuptake

but not Saxagliptin!!

on Saxagliptin Rosiglitazone Acarbose

Dr. Silberman manages the Aerospace Medical Certification Division.

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