

CHAPTER 19 - MEDICATION AND FLYING

- Note 1.** The following information and table are for guidance only and JAR FCL-3 Section 1 Requirements take precedence.
- Note 2.** When the AMS of a JAA member state issues its own guidance on the use of medications, such guidance takes precedence over that found in this chapter.
- Note 3.** Pilots taking medication either prescribed or obtained "over the counter" are unfit unless an AME / AMC / AMS has been contacted and endorsed resumption of flying duties (see JAR-FCL 3.040 (b) and 3.115).

1 INTRODUCTION

This chapter outlines the general principles for the use of medications in flying. In other sections of the Manual concerning specific systems, minor differences may be noted from these general principles. In such cases the recommendations concerning specific systems (cardiovascular, neurology, digestive, etc) take precedence. Names of medications are given as examples and are only for guidance.

Any intake of medicine or narcotic substance must be declared in the formal declaration signed by flying personnel and handed to physicians in charge of the evaluation of flying fitness at each medical examination. In principle, pilots taking medication either prescribed or obtained 'over the counter' have to be regarded as unfit unless AME / AMC / AMS have been contacted and endorsed resumption of flying duties (see JAR-FCL 3.040 (b), 3.115). Use of herbal medication and alternative treatment modalities requires particular attention to possible side effects.

The decision as to whether a pilot is fit to fly whilst taking medication has always to be taken in conjunction with knowledge of his clinical situation and the dose and form of medication.

Consumption of medicines or other substances must always be reported as it may justify temporary or permanent suspension from flying status.

The consumption of such substances may have consequences on qualification for three reasons:

- a the disease requiring treatment may be cause for disqualification;
- b flight conditions may modify the reactions of the body to a treatment (eg jet lag, dehydration, moderate hypoxia)
- c and most importantly, medication may cause adverse side effects that impair flight safety. It should be noted that the effects of medication do not necessarily immediately disappear when the treatment is stopped, and that the subject may be temporarily disqualified during the withdrawal period.

Flying personnel should nevertheless not be deprived of an efficient treatment because of their professional occupation. What is important is to find the compromise between flying fitness requirements, medical treatment and illness that is the most suitable both for the patient and flying safety.

Flying personnel must be declared fit by their AMS, AMC or AME according to the circumstances and not by their practitioner.

One of the goals of the AME must be to make flying personnel aware of the problems caused by treatment so that they refrain from taking unreported medication whose side effects may not have been assessed.

Monotherapy may in certain cases be tolerated for flying personnel but multi therapy which may increase adverse effects requires close supervision.

It is possible that new therapeutic agents will become available that offer significant treatment advantages. If such agents are considered by the LSST(M) to be appropriate for use by aircrew, with due consideration given to aeromedical and safety aspects, their use may be approved. However, as a general rule, medication shall only be endorsed by the AME, if the pilot has taken the respective medication whilst not on flying duty for an appropriate period of time (temporary

disqualification) with proven efficacy and without any side effects that could interfere with flying duties.

2 DIGESTIVE PATHOLOGY

2.1 Anti-ulcer medicines (antacids)

Gastric secretion inhibitors such as H₂ antagonists (e.g. ranitidine, cimetidine) or proton pump inhibitors (e.g. omeprazole) may be acceptable after diagnosis of the pathological condition. After the initial period of treatment which may require temporary disqualification, the risk of a recurrence during the first year may justify treatment with those medicines that are compatible with flying status.

2.2 Treatment of inflammatory bowel disease

- a Topical medication, such as mesalazine, which is a well-tolerated drug, may be compatible with flying status.
- b Oral aminosalicylates such as mesalazine may be compatible with flying status.
- c Rectal corticosteroids may be acceptable.
- d Salazosulfapyridine should be avoided because of its frequent adverse effects.

2.3 Anti spasmodics

- a Antimuscarinics (eg dicyclomine, mepenzolate, pipenzolate, poldine and propatheline) are used to reduce smooth muscle spasm in non-ulcerative dyspepsia, irritable bowel syndrome and diverticular disease. They all have atropine-like side-effects of confusion, dry mouth, reduced power of accommodation, difficulty with micturition and constipation, which preclude their use.
- b Other antispasmodics – alverine, mebeverine and peppermint oil are acceptable.

2.4 Anti-diarrhoeals

Antimotility drugs such as codeine phosphate, cophenotrope, and morphine are not acceptable.

2.5 Anti haemorrhoids

Soothing preparations containing bismuth subgallate, zinc oxide and haemamelis often mixed with a small dose of corticosteroid may be acceptable in short courses for topical application.

2.6 Treatment of gallstones

Treatment for the dissolution of gallstones is not compatible with flying status as it may cause diarrhoea and cholecystitis.

2.7 Other bowel disorders

In patients suffering from gastrointestinal colic, the prescription of trimebutine, mebeverine or antacids is compatible with flying status provided that the possibility of an organic disease has been ruled out.

2.8 Kinetosis (Motion sickness)

Medication for motion sickness is incompatible with flying status since it may interfere with alertness.

3 CARDIOVASCULAR SYSTEM

3.1 Antihypertensive drugs

a *Beta-blockers*

These drugs may be compatible with flying status if they are prescribed for a condition having no adverse effect on flying safety.

Long-acting Beta-blockers are preferable for flying personnel (e.g. atenolol, metoprolol or bisoprolol), always trying to prescribe the smallest possible efficient dose. Treatment shall be initiated during a period of temporary disqualification. The efficacy of the treatment shall be evaluated (for example by ambulatory arterial pressure measurement during activity) as well as its tolerance by the patient. Excess bradycardia or orthostatic arterial hypotension would be grounds for a change in treatment.

b *Diuretics*

Whereas loop diuretics are not acceptable, thiazides may be acceptable. Strict laboratory and clinical monitoring is necessary due to the risks of hypokalaemia, and possible metabolic and hydration disorders. Potassium supplements may be required. A combination of thiazide diuretic and spironolactone may also be compatible with flying status.

c *Angiotensin Converting Enzyme (ACE) inhibitors*

These medications (e.g. enalapril, lisinopril) may be compatible with flying status. Treatment must be initiated outside of flying periods.

d *Angiotensin II Receptor Antagonists*

These medications (e.g. candesartan, irbesartan, losartan) may be compatible with flying status. Treatment must be initiated outside of flying periods.

e *Calcium-channel blockers*

These medications may be compatible with flying status. They may induce peripheral Oedema or headache, but they are generally well tolerated. Preference shall be given to medications with the most flexible use (e.g. diltiazem, verapamil, nifedipine). If used for angina these medications are not compatible with flying status.

f *Central antihypertensive drugs (clonidine, alpramolofex)*

These drugs are unacceptable as they may impair alertness.

g *Vasodilating antihypertensive drugs (dihydropyridines, prazosin, urapidil)*

These drugs are unacceptable because they frequently have adverse side effects such as orthostatic hypotension.

3.2 Antiarrhythmic drugs

Fit assessment of flying personnel with arrhythmias is only possible by AMS after review procedure. Many of these medications have proarrhythmic effects.

a)	Class I	Sodium channel blockers (e.g. flecainide)	may not be compatible
b)	Class II	Beta blockers (e.g. bisoprolol)	compatible
c)	Class III	Potassium channel blockers (e.g. Amiodarone, Sotalol)	may not be compatible
d)	Class IV	Calcium channel blockers (e.g. Verapamil)	compatible
e)	Digitalis derivatives		compatible

3.3 Anticoagulants

Anticoagulants (warfarin, heparin) are incompatible with flying status. But low dose of antiplatelet drugs (aspirin, dipyridamole) may be acceptable.

3.4 **Antianginal medications**

Nitrates or other antianginal substances (e.g. molsidomine) are incompatible with flying status when used for prevention or treatment of ischaemic symptoms.

4 **RESPIRATORY SYSTEM**

4.1 **Treatment of asthma**

Use of oral steroids or theophylline derivatives is incompatible with flying status. Leukotriene receptor antagonists may be acceptable.

Respiratory aerosols in low dose may be compatible with flying status :

- a beta-2-agonists (e.g. salbutamol in moderate use);
- b anticholinergic drugs (e.g. oxytropium bromide);
- c corticosteroids (e.g. beclomethasone); and
- d a regular use of a chromoglycic acid (e.g. sodium chromoglycate or nedocromil).

If the treatment fails to restore a satisfactory stable clinical condition, the applicant shall be unfit.

4.2 **Antitussive drugs**

Antitussive opioids are incompatible as they may induce drowsiness. They are also detected in urine tested for opioid derivatives.

4.3 **Antiallergic drugs**

Sedating oral antihistamines are not authorised for flying personnel and incompatible with flying status. Non-sedating oral (e.g. fexofenadine) and topical antihistamines may be acceptable.

4.4 **Expectorants**

Mucolytic agents (e.g. carbocysteine) are well tolerated and are compatible with flying status.

5 **ENDOCRINOLOGY**

5.1 **Hypothyroidism**

Treatment shall be initiated during a period of temporary disqualification and laboratory monitoring is required until euthyroid status has been achieved. Replacement therapy (e.g. levothyroxine) is compatible with flying status.

5.2 **Hyperthyroidism**

Treatment of hyperthyroidism with synthetic antithyroid drugs (e.g. carbimazole or propylthiouracil), is incompatible with flying status. After treatment, whether radioiodine, surgery or antithyroid medication, pilots may only resume flying duties once euthyroidism has been achieved.

5.3 **Treatment of gynaecological diseases**

Treatments of hormonal gynaecological diseases are compatible with continued flying status

- a normal or mini doses of oestrogens ;
- b progestogens, either natural progesterone, or progesterone or testosterone analogues.

6 METABOLIC DISEASES

6.1 Diabetes

Insulin dependent diabetes is a contra-indication to flying. Only diabetes not requiring insulin administration (NIDDM) and uncomplicated remains compatible with flying status. See Appendix 4 to Subparts B and C. Insulin treatment is disqualifying for all types of flying activities. Biguanides under appropriate monitoring or alpha-glucosidase inhibitors, in association with diet, are acceptable. Sulphonylurea medication may be acceptable in selected cases for Class 2.

6.2 Dyslipidaemia

Dyslipidaemia in flying personnel should be treated in conjunction with an appropriate diet and weight reduction if appropriate. A treatment with medication that lowers the concentration of plasma lipoproteins should be prescribed if this diet is not fully effective.

- a HMG-CoA reductase inhibitors are acceptable with preference for hydrophilic molecules such as pravastatin rather than lipophilic substances such as simvastatin which may induce sleep disorders.
- b Treatment with fibric acids (e.g. fenofibrate or gemfibrozil) should be discontinued in the case of gastrointestinal side effects or elevated transaminase concentration.
- c Cholestyramine may be acceptable after evaluation of gastrointestinal tolerance (frequent constipation).

6.3 Hyperuricemia

Acute gout is incompatible with flying status.

Hypouricaemic substances (e.g. allopurinol) may be acceptable. Flying personnel should be disqualified during the initial period of therapy.

6.4 Obesity

Orlistat or methylcellulose may be acceptable if dietary measures are insufficient to reduce weight.

7 NEUROLOGY

7.1 Epilepsy

Medication prescribed for the treatment of epilepsy is incompatible with flying status.

7.2 Parkinson's disease

Medication prescribed for the treatment of advanced Parkinson's disease (eg levodopa) is incompatible with flying status. Amantadine or selegiline may be acceptable for the treatment of early, minor symptoms.

7.3 Migraine

Beta-blockers may be acceptable for the prophylaxis of migraine.

7.4 Smoking cessation

Nicotine replacement therapy may be allowed. Bupropion is unacceptable.

8 PSYCHIATRY

All medication used for psychiatric treatment may affect the Central Nervous System (CNS) and alertness. Therefore they are incompatible with flying status. These medications include antidepressants, antipsychotic, antimanic, anxiolytic, barbiturate and hypnotic drugs.

The occasional use of a short-acting hypnotic (eg temezepam) may be an appropriate remedy to ensure adequate rest during a stopover. However, as medical monitoring is not always possible and sufficient time lapse between intake and subsequent flight duties cannot be guaranteed, use of hypnotics and melatonin should be discouraged by AMEs. Non-medical remedies (e.g. no caffeine, alcohol, smoking or exercise prior to bed-time, silence, darkness, fresh air, lower bedroom temperature, relaxation techniques) should be encouraged.

The use of narcotic drugs is strictly forbidden. The term 'narcotics' covers opioids (eg morphine), cocaine, cannabis, amphetamines and other CNS stimulants. Caffeine may be acceptable to enhance alertness if not taken in excessive dose.

9 ANALGESIC AND ANTI-INFLAMMATORY DRUGS

9.1 Analgesics

Opioid and non-opioid (eg nefopam) analgesics which act upon the central nervous system are strictly incompatible with flying status.

The most commonly taken analgesics are paracetamol, aspirin and derivatives of propionic acid. They remain compatible with flying status taking due regard of the reason for their use, if they are administered at moderate doses. These substances may come in fixed combinations with sympathomimetics and antihistamines for nasal decongestion purposes. Such combinations are disqualifying.

9.2 Anti-inflammatories

a *Non steroidal anti-inflammatories*

These substances, prescribed for short periods at moderate doses, may be compatible with flying status if the condition which justifies their prescription is itself compatible with flying status.

b *Corticosteroids*

Oral corticosteroids are incompatible with flying status when used for their anti-inflammatory effects in asthma or inflammatory bowel disease.

Low-dose topical steroids are acceptable.

10 TREATMENT AND PREVENTION OF INFECTIONS

10.1 Antibiotics

Antibiotics are usually not compatible with flying status due to the underlying reason for their use.

Anti-tuberculosis treatments are incompatible with flying status. Prophylactic rifampicin is acceptable.

10.2 Antiviral treatment

Combination antiretroviral treatment may be acceptable when used for clinically stable HIV infection. A minimum 3 month period should elapse prior to recertification with a multicrew limitation.

Interferon treatment (e.g. for chronic hepatitis) is incompatible with flying status.

10.3 Vaccinations

Vaccination of flying personnel against hepatitis A and B, tetanus and diphtheria is highly recommended. Vaccination against typhoid, meningitis and other infections may be recommended depending on the type of operation and routes flown. Some vaccinations (e.g. Yellow Fever) may be subject to national health regulations.

Pilots should not fly for 24 hours after receiving a vaccination.

See Chapter 18 - Tropical Medicine.

10.4 **Anti-malarials**

Anti-malarial medication if used for the treatment of malaria is incompatible with flying status.

The basis of malaria prophylaxis is exposure prophylaxis, consisting of preventing mosquito bites by the use of repellents, long clothing, nets, insecticides etc.

Chemoprophylaxis will vary according to the region visited and up to date advice should be obtained prior to travelling to any area where malaria is endemic. The combination of Chloroquine and Proguanil is acceptable for use by aircrew, should be started one week prior to travel and continued until four weeks after returning from a malarial area, but is not very effective any more. Atovaquone/Proguanil (Malarone®) is the malaria prophylaxis of choice for airmen as the medication has to be started only 1 day before entering and to be continued 7 days after leaving the risk area and is very effective (90 %). The use of doxycycline may be acceptable. All anti-malarial medication should initially be taken during a non-flying period to ensure freedom from adverse effects.

See Chapter 18 - Tropical Medicine.

11 **DERMATOLOGY**

11.1 **Psoriasis, eczema and acne**

Systemic etretinate for psoriasis may cause serious drying of the skin and mucosa and particularly of the conjunctival tissues, intensified by flying conditions. It is not recommended for aircrew.

Sedative antihistamines are disqualifying.

Systemic antibiotics are acceptable and systemic medication that acts on the immune system may be acceptable subject to close supervision. These medications should initially be taken during a non-flying period to ensure freedom from adverse effects.

Isotretinoin is not acceptable for Class 1 certification because of the risk of visual side-effects that may be irreversible.

Topical treatments for these skin conditions are compatible with flying status.

11.2 **Pruritus**

Systemic treatment of pruritus with oral anti-histamine medication is unacceptable.

12 **EAR, NOSE and THROAT**

Local ENT treatments may be compatible with flying status if the condition which requires treatment is compatible with flying status.

12.1 **Decongestants**

Nasal decongestants with no effect on alertness (e.g. clobutinol or oxeladine) are compatible with flying status. Their use shall be limited in time (max. 3 - 5 days) in order to avoid iatrogenic complications such as chronic inflammation of the nasal mucosa.

12.2 **Mucolytic agents**

Mucolytic agents (e.g. carbocysteine) are well tolerated and are compatible with flying status.

12.3 **Antihistamines**

Sedating oral antihistamines are not authorised for flying personnel and incompatible with flying status. Non-sedating oral (eg fexofenadine) and topical antihistamines may be acceptable.

13 OPTHALMOLOGY

Anti-infective and anti-inflammatory eye preparations are usually not compatible with flying status due to the underlying condition. Mydriatics, miotics and cytoplegics are incompatible with flying status.

Topical treatments for glaucoma (eg beta-blockers, prostaglandin analogues) are acceptable. Systemic carbonic anhydrase inhibitors are unacceptable.

14 GENITO-URINARY

14.1 Benign prostatic hyperplasia

Selective alpha 1 blockers and 5 alpha reductase inhibitors may be compatible with flying status. Treatment should be initiated during a period of temporary disqualification of not less than 4 weeks. A multicrew limitation may be appropriate.

14.2 Urinary incontinence

Some anti-muscarinic medications (eg modified-release oxybutynin, tolterodine) may be compatible with flying after a minimum 4 week period of temporary disqualification to ensure freedom from adverse effects. A multicrew limitation may be appropriate.

14.3 Erectile dysfunction

Temporary colour vision disturbance has been reported after the use of phosphodiesterase-type-5 inhibitors (eg sildenafil). 12-24 hours should elapse after use prior to flying.

15 MALIGNANT DISEASE

15.1 Cytotoxic medication

Cytotoxic chemotherapy is disqualifying. After completion of treatment a minimum 2 month period (6 months after anthracycline treatment), should elapse prior to resuming flying duties.

15.2 Immunosuppressants

Corticosteroids and other immunomodulating medications are unacceptable when used for the treatment of malignant disease.

Interferon treatment is incompatible with flying status.

15.3 Hormones

Oestrogens, progestogens and hormone antagonists may be acceptable.

Gonadorelin analogues and anti-androgens (except cyproterone) may be compatible with flying status.

Table: MEDICATION AND FLYING**1 Introduction**

The following table is intended to provide guidance. Names of medications are given as examples only. The fact that medications are listed as compatible does **not** mean that they may be used by pilots. Each case has to be considered regarding the individual patient and the respective medication with regard to intended effects and adverse effects in the flying environment. For further guidance please refer to the main text, which takes precedence in the case of any discrepancy (The respective paragraphs have the same reference number as in the table).

The table includes only the mostly used and mostly known medications whose effects and adverse effects are well-known. Therefore, the most advanced therapies might not be mentioned. With regard to the latter it has to be stated that the full spectrum of adverse effects of a new treatment is often only revealed after being some years in general use. However, with regard to aviation safety, pilots should not be a test population for new therapies. The fact that some medications might not be mentioned does not mean that they are unacceptable for pilots. In individual cases the decision pro or contra a certain medication might differ from the recommendations in this table.

	Generic International Name		Remarks
	compatible	incompatible	
2 Digestive Pathology			
Anti-ulcer medicines	RANITIDINE		
	CIMETIDINE		
	OMEPRAZOL		
Treatment of inflammatory colitis	MESALAZINE	SALAZOSULFAPYRIDINE	Oral aminosalicylates such as Mesalazine may be acceptable. Minimal medication such as sulphasalazine or local medication like steroid or sulphasalazine enema or suppository may be acceptable
Anti-spasmodics		DICYCLOMINE	Atropine-like side-effects preclude the use.
		MEPENZOLATE	
		PIPENZOLATE	
		POLDINE	
		PROPATHELINE	
		ALVERINE	
		MEBEVERINE	
	PEPPERMINT OIL		
Anti-diarrhoeals	LOPERAMIDE	LOPERAMIDE	depending on individual case
		COPHENOTROPE	
		CODEINE PHOSPHATE	
Anti-haemorrhoids			Local medication like steroid or sulphasalazine enema or suppository may be acceptable
Treatment of Gallstone			Not compatible because of risk of cholecystitis, pancreatitis, diarrhoea

Gastrointestinal colic	TRIMEBUTINE		May be acceptable with minor colics after organic disease is ruled out
	MEBEVERINE		
Kinetosis, motion sickness			Interference with alertness, not acceptable
3 Cardiovascular System			
3.1 Anti-hypertensive drugs			
Beta blockers	ATENOLOL		
	METOPROLOL		
	BISOPROLOL		
Diuretics	THIAZIDICS		
	SPIRONOLACTONE		
		FUROSEMIDE	
Angiotensin converting enzyme inhibitors	CAPTOPRIL		
	ENALAPRIL		
	LISINOPRIL		
Angiotensin II Receptor Antagonists	CANDESARTAN		
	EPROSARTAN		
	IRBESARTAN		
	LOSARTAN		
	TELMISARTAN		
	VALSARTAN		
Calcium channel blockers	DILTIAZEM		
	VERAPAMIL		
	NICARDIPINE		
	NITRENDIPINE		
	<i>Generic International Name</i>		<i>Remarks</i>
	<i>compatible</i>	<i>incompatible</i>	
Central anti-hypertensive drugs		CLONIDINE	
		ALPHAMETHYL-DOPA	
Vasodilating anti-hypertensive drugs		DIHYDRALAZINE	
		PRAZOZINE	
		URADIPIL	
3.2 Anti-arrhythmic drugs			
Vaughan Williams Class I		CHINIDIN, DISOPYRAMID, AJMALIN, LIDOCAIN, PHENYTOIN, PROPAFON, FLECAINID, MEXITILLINE	
Vaughan Williams Class II, BETABLOCKERS	ATENOLOL, METOPROLOL, BISOPROLOL		
Vaughan Williams Class III	SOTALOL AMIODARON	SOTALOL AMIODARON	In general not acceptable, in selected cases up to AMS after expert's consultation
Vaughan Williams Class IV	VERAPAMIL		

Other anti arrhythmic drugs	DIGITALICS		
3.3 Anticoagulants			
		HEPARINE	After deep vein thrombosis a subcutaneous injection of low molecular heparin may be acceptable prior to a long distance flight
		RHENINDIONE	
		ACENO COUMAROL	
		WARFARINE	
	ASPIRIN		
	DIPYRIDAMOL		
3.4 Antianginal medication			
		NITRATES	
		MOLSIDOMINE	
4 Respiratory system			
4.1 Treatment of asthma			
Theophylline derivatives		THEOPHYLLIN	
Oral steroids			not acceptable
Leukotriene receptor agonists			may be acceptable
Respiratory aerosols	SALBUTAMOL		
	OXYTROPIMUM BROMIDE		
	BECLOMETHASONE		
	CROMOGLYCIN SODIUM		
4.2 Antitussive medication			
Antitussive opioids			not acceptable
4.3 Antiallergic medication			
Sedating antihistaminics			not acceptable
Non-sedating antihistaminics			may be acceptable
4.4 Expectorants			
Mucolytic agents	BROMHEXIDINE		
	ACETYLCYSTEINE		
	CARBOCISTEINE		

	<i>Generic International Name</i>		<i>Remarks</i>
	<i>compatible</i>	<i>incompatible</i>	
5 Endocrinology			
5.1 Hypothyroidism	LEVOTHYROXINE SODIUM		
5.2 Hyperthyroidism, Anti-thyroid drugs		CARBIMAZOLE	
		BENZYL THIOURACILE	
5.3 Hormonal treatments of gynecological diseases			
Progestative	MEDROXYPROGESTEONE		
	LYNESTRENOL		
	LEVONORGESTREL		
	NORETHISTERONE		
	NORGESTRIEONE		

6 Metabolic diseases			
6.1 Diabetes			
Insulin		INSULIN	not acceptable
Sulphonylurea			Not acceptable, may be acceptable in selected cases for Class 2
Biguanides	METFORMIN		
Alpha-glucosidase inhibitors	ACARBOSE		
6.2 Dyslipidaemia	PRAVASTATINE		
		SIMVASTATINE	
	CHOLESTYRAMINE		
	FENOFIBRATE		
	GEMFIBROZIL		
6.3 Hyperuricemia			
	ALLOPURINOL		
		COLCHICINE	
6.4 Obesity			
	ORLISTAT		May be acceptable if dietary measures insufficient
	METHYLCELLULOSE		
7 Neurology			
7.2 Parkinson's disease		LEVODOPA etc.	Medication for advanced disease not acceptable
	AMANTADINE SELEGELINE		May be acceptable for early, minor symptoms
7.3 Migraine			Beta-blockers may be acceptable for prophylaxis
7.4 Smoking cessation			Bupropion not acceptable.
			Nicotin replacement may be acceptable.
8 Psychiatry			
Sleep disorders		ZOLDIPEM	
		ZOPLICONE	
		MELATONINE	
9 Analgesic and anti-inflammatory drugs			
9.1 Analgesics			
Central analgesics and narcotics morphinics		MORPHINE	
		CODEINE	
		CODETHYLINE	
		COCAÏNE	
		CANNABIS	
Peripheral analgesic	PARACETAMOL		
	ACETYL SALICYLIC ACID		
	DERIVED OF PROPIONIC ACID		
9.2 Anti-inflammatories			
Steroid anti-Inflammatories			all incompatible
Non steroid anti-inflammatories	DICLOFENAC		
	<i>Generic International Name</i>		<i>Remarks</i>
	<i>compatible</i>	<i>incompatible</i>	

10 Treatment of infections			
10.1 Antibiotics			
Macrolides		JOSAMYCINE	
Beta-lactamines		PENICILLINE	
Phenicoles		CHLORAMPHENICOL	
10.2 Antiviral treatment			
Antiviral treatment		AZIDOTHIAMINE	In clinically stable HIV infection combination antiretroviral treatment may be acceptable
		DDI	
		INTERFERON	
10.3 Vaccinations			
Vaccinations			all compatible, minimum period of 24 h before next flight
10.4 Anti-malarials			
Anti-malarials	CHLOROQUINE		
	PROGUANIL		
		MEFLOQUINE	
	ATOVAQUONE / PROGUANIL		
11 Dermatology			
Keratolytic treatments		ETRETINATE	
Dermatological topical treatments		ISOTRETINOID	
		CYPROTERONE ACETATE	
		GAMOLENIC ACID	
12 Ear, Nose and Throat			
12.1 Decongestive drugs	CLOBUTINOL		
	OXELADINE		
12.2 Mucolytic agents			see 4.4
12.3 Antihistamines			see 4.3
14 Genito-Urinary			
14.1 Benign prostatic hyperplasia			
Selective alpha-1 blockers			May be acceptable
5-alpha reductase inhibitors			
14.2 Urinary incontinence			
			some anti-muscarinic medications may be acceptable
14.3 Erectile dysfunction			
Phosphodiesterase-type-5-inhibitors		SILDENAFIL etc.	12 – 24 h shall elapse prior to flying
15 Malignant disease			
15.1 Cytotoxic medication			disqualifying
15.2 Immunosuppressants			disqualifying
15.3 Hormones			
Oestrogens			may be acceptable
Progestogens			
Hormone antagonists			
Gonadorelin analogues			may be acceptable
Anti-androgens			

INTENTIONALLY LEFT BLANK