

HYPERTENSION (HTN) - FREQUENTLY ASKED QUESTIONS (FAQs)

(Last Updated: 10/28/15)

We continue to see deferrals when an airman has HTN and is on medications. Please review the following FAQs before making a determination.

GENERAL:

1. What is the FAA specified limit for blood pressure during an exam?

The maximum systolic during exam is 155mmHg and the maximum diastolic is 95mmHg during the exam. (See [Item 55. Blood Pressure.](#))

2. If during the exam the airman's blood pressure is higher than 155/95, do I have to defer?

Not necessarily. If the airman's blood pressure is elevated in clinic, you have any the following options:

- Recheck the blood pressure. If the airman meets FAA specified limits on the second attempt, note this in Block 60 along with both readings.
- Have the airman return to clinic 3 separate days over a 7-day period. If the airman meets FAA specified limits during these re-checks, note this and the readings in Block 60. Also note if there was a reason for the blood pressure elevation.
- Send the airman back to his/her treating physician for re-evaluation. If medication adjustment is needed, a 7-day no-fly period applies to verify no problems with the medication. If this can be done within the 14 day exam transmission period, you could then follow the Hypertension Disposition Table.

3. Can I hold an exam longer than 14 days to allow the airman time provide the necessary information?

No.

MEDICATION(S):

4. Can an airman fly while on HTN medication?

Yes, the majority of common blood pressure medications can be approved for flight. If the airman's blood pressure is controlled with 3 or fewer medications and there are no adverse medication side effects, the AME can often issue an unrestricted medical certificate (if otherwise qualified). See [Hypertension Disposition Table.](#)

5. What HTN medications are acceptable/not acceptable by the FAA?

See [Pharmaceuticals – Antihypertensive](#).

6. The airman had medication(s) adjusted and now meets the standards, but it took longer than 14 days and the exam was deferred. What can the airman do now?

- If the airman is now well controlled and is on 3 or fewer medications, direct them to the [CACI - Hypertension Worksheet](#). They should obtain the required information from their treating physician and submit it to the FAA.
- If the airman is on 4 or more medications (combination medications count as the sum of their parts), direct them to the [Hypertension Disposition Table](#). They should obtain the required information from their treating physician and submit it to the FAA.

7. What if the treating physician stopped the medications less than 30 days ago?

See [Section B of the Hypertensive Disposition Table](#) and follow the [CACI - Hypertension Worksheet](#).

8. What if the airman stopped the medication on his/her own so they could fly?

Educate your airman (and their treating physician, if needed) that most HTN medications are acceptable and almost no one is denied for HTN.

9. What if the airman has multiple conditions, e.g. HTN, Obstructive Sleep Apnea, and/or prior heart attack?

The airman must provide the required information for **each condition**.

10. What if the airman is on a HTN medication that is not allowed by the FAA?

The treating physician can evaluate if the airman can safely be changed to an acceptable HTN medication.

- If the medication(s) can be changed and the airman meets the required criteria, they should submit the items as detailed in [Section C of the Hypertensive Disposition Table](#) for FAA review. The treating physician note should describe the clinical rationale as to why the unacceptable medication was previously chosen and why it is ok for the airmen to be on a different medication now.
- If the airman cannot safely be changed to an acceptable HTN medication, defer the exam and send in the documents listed in [Section C of the Hypertensive Disposition Table](#) for FAA review.