

ALLERGY – ANTIHISTAMINE & IMMUNOTHERAPY MEDICATION

(Updated 10/26/2022)

I. CODE OF FEDERAL REGULATIONS

First-Class Airman Medical Certificate: 67.105(b) & (c); 67.113(c)

Second-Class Airman Medical Certificate: 67.205(b) & (c); 67.213(c)

Third-Class Airman Medical Certificate: 67.305(b) & (c); 67.313(c)

II. MEDICAL HISTORY: Item 18.e. Hay fever or allergy

The applicant must report frequency and duration of symptoms, any incapacitation by the condition, treatment, and side effects. The AME must inquire whether the applicant has ever experienced any barotitis ('ear block'), barosinusitis ('sinus block'), alternobaric vertigo ('dizziness'), difficulty breathing, rashes, or any other localized or systemic symptoms that could interfere with aviation safety.

III. AEROMEDICAL DECISION CONSIDERATIONS:

See [Item 26. Nose](#)

See [Item 35. Lungs and Chest](#)

IV. PROTOCOL: [See Disease Protocols – Allergies, Severe](#)

V. PHARMACEUTICAL CONSIDERATIONS: Airmen who are exhibiting symptoms, regardless of the treatment used, must not fly. AME must warn that flight/safety-related duties are prohibited until **after** any applicable post-dose observation time. In all situations, the AME must notate the evaluation data in Block 60.

- **New medications:**
 - Symptoms must be controlled without adverse side effects.
 - **Post-dose observation time:** Mandatory **48-hour ground trial** required after initial use.
- **Acceptable medications:**
 - Do **not** instill antihistamine eye drops immediately before or during flight/safety related duties, as it is common to develop temporary blurred vision each time the drops are applied.
 - **Post-dose observation time:** Not required for acceptable medications (see chart below).
- **Conditionally acceptable medications:**
 - May be used occasionally (1-2 times a week) with the stipulation that the airman not exercise the privileges of airman certificate while taking the medication.
 - Daily use is **NOT** acceptable.
 - **Post-dose observation time:** Required to mitigate central nervous system risk, either as noted in the table below or **5x the half-life or maximal dosing interval** after the last dose. AMEs are encouraged to look up the dosing intervals and half-life.
- For more information, see: "[What Over-the-Counter \(OTC\) Medications Can I Take and Still Be Safe to Fly?](#)"

Immunotherapy: Airman must confirm with their treating physician that no other medication is being taken which would impair the effectiveness of epinephrine (should it be needed) or increases the risk of heart rhythm disturbances.

- **Allergy injections:** Acceptable for conditions controlled by desensitization.
- **Sublingual immunotherapy (SLIT):** Acceptable for allergic rhinitis, however, prohibited for airmen 65 or older who have an asthma diagnosis that does not meet CACI criteria (See [Lungs and Chest](#)).
- **Post-dose observation time:** **48-hour** no-fly after the first dose AND **4-hour** no-fly after each subsequent dose.

ACCEPTABLE* (Non-Sedating) Antihistamine and Allergy Medications

May be used as a single agent or in any combination product, if other certification criteria are met.

<input type="checkbox"/> Oral: Most Second-Generation Histamine-H1 receptor antagonist <ul style="list-style-type: none"> • desloratadine (Clarinex) • loratadine (Claritin) • fexofenadine (Allegra) 	<input type="checkbox"/> Oral/Nasal: Decongestants <ul style="list-style-type: none"> • pseudoephedrine (Sudafed) • oxymetazoline (Afrin) nasal spray
<input type="checkbox"/> Nasal spray: Histamine-H1 receptor antagonist <ul style="list-style-type: none"> • azelastine (Astepro; Astelin) nasal spray • olopatadine nasal spray (requires longer initial ground trial of 7 days) 	<input type="checkbox"/> Nasal spray: Corticosteroid
<input type="checkbox"/> Eye drops: All Second-Generation Histamine-H1 receptor antagonist <ul style="list-style-type: none"> • alcaftadine (Lastacaft) ophthalmic • azelastine (Optivar) ophthalmic • bepotastine (Bepreve) ophthalmic • cetirizine (Zerviate) ophthalmic • ketotifen (Alaway ; Zaditor) ophthalmic • olopatadine (Pataday; Patanol; Pazeo) ophthalmic 	<input type="checkbox"/> Oral: montelukast (Singulair)
<input type="checkbox"/> Immunotherapy (require 4 hours wait after each dose) <ul style="list-style-type: none"> • Allergy injections • Sublingual immunotherapy (SLIT) 	

* Airman are prohibited from flight/safety-related duties after initial use of a new medication until after a 48-hour ground trial and no side effects are noted. See [Medications & Flying](#).

CONDITIONALLY ACCEPTABLE (Sedating) Antihistamine Medications

May be used occasionally (1-2 x per week) as a single agent or in any combination product, if other certification criteria are met. **NOT FOR DAILY USE.**

Medication Drug Class	Post-dose observation
<input type="checkbox"/> Oral: All First-Generation Histamine- H1 receptor antagonist <ul style="list-style-type: none"> • <u>diphenhydramine (Benadryl)**</u> • doxylamine (Unisom) • chlorpheniramine (Coricidin; ChlorTrimeton) • clemastine (No brand) 	<p>60 hours</p> <p>60 hours</p> <p>5 days</p> <p>5 days</p>
<input type="checkbox"/> Oral: Some Second-Generation Histamine- H1 receptor antagonist <ul style="list-style-type: none"> • cetirizine (Zyrtec) • levocetirizine (Xyzal) 	<p>48 hours</p> <p>48 hours</p>

** Diphenhydramine is the most common medication seen on autopsy in aircraft accidents. It is found in many over-the-counter products and in some combination prescription medications.

UNACCEPTABLE (Sedating) Antihistamine Medications

Use prohibited as a single agent or in any combination product.

<input checked="" type="checkbox"/> Some Second-Generation Histamine- H1 receptor antagonist <ul style="list-style-type: none"> • astemizole (Hismanal)
--