

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

Certification Update

Information About Current Issues



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 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).

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

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inhibitors (SSRIs). The airman must have been on the same medication for 12 months. The only acceptable medications are fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), and escitalopram (Lexapro).

The policy is explained in detail in The Federal Register (www.thefederalregister.com/d.p/2010-04-05-2010-7527).

Still acceptable is the previous policy whereby the airman was taking any one of the SSRIs but had discontinued the medication (hopefully because of improvement). The policy that the airman will need to be off the medication for 90 days and provide a current functional status report remains unchanged.

Hepatitis C. Interferon alpha or the use of a pegylated interferon alpha is unacceptable for treatment of Hepatitis C. PEGylation is the process of attaching one or more chains of a substance called polyethylene glycol (also known as PEG) to a protein molecule such as interferon. Interferon will be slowly released into the body, but it does not react to PEG. Thus, PEG helps provide a protective barrier around interferon so it can survive in the body longer. The airman must be disqualified until the treatments have been completed. This type of interferon can cause depression and seizures.

Multiple sclerosis. The use of interferon beta-1b (Betaseron) is used in treatment of multiple sclerosis. While the condition itself may be unacceptable, the FAA has accepted the use of this medication in mild cases. Even though the side effects are similar to interferon alpha, they are not as commonly seen.

This list does not amount to the complete list of medications that we consider during certification decisions regarding the use of medications by airmen. Remember, it is not only the medication, itself, to consider but the condition that caused the need for it that is the main factor to think about when going after a waiver.



AME Updates

Quality standards for designees

By Brian Pinkston, MD, MPH

As some of you may remember from the *Federal Air Surgeon's Medical Bulletin* in 2005 (Vol. 43, No. 2), the General Accounting Office issued a report in October 2004 on aviation safety that focused on the designee systems within the Federal Aviation Administration (FAA). Since that time, the FAA has been focused on improving designee management, with the Federal Air Surgeon's Office playing a leading part in this program.

As AMEs, we play a crucial role in ensuring safety in the aviation transportation system. Accordingly, the FAA has initiated a system over the past few years to ensure we all met quality standards required of such an important position.

For AMEs, these quality standards are primarily comprised of three major components: currency in training, currency in examination performance, and proper decision-making in aeromedical dispositions. As you may remember, refresher training is required every 3 years. Online MAMERC training may substitute for in-person seminar training every other training cycle, but an in-person seminar is required at a minimum of every 6 years. There are a number of permutations on this

theme, your Regional Flight Surgeon is your key point of contact if you're getting close and could potentially have a problem meeting these requirements. These dates are hard dates, and failure to train on time is currently the leading cause for involuntary termination of AMEs.

Currently, the second most-common reason for AME termination is failure to perform at least 10 exams per year. Although this seems like an easy number to achieve, and it is the minimum number determined to keep current with AME Guide and other policy changes, military AMEs often have difficulty sustaining this level. The main reason is that they may have a large demand at one base and then move to another job or base that doesn't allow for enough exams.

Other common issues that may result in AME termination include: 1) issuing certificates inappropriately when the AME should have deferred or denied, 2) deferral or denial of a certificate when it was appropriate to issue, 3) repeated delays in transmission of the 8500-8, and 4) failure to provide a current address. Some other more rare reasons include performing examinations on relatives and repeatedly performing studies not required by the examination or providing extensive workups not warranted in order to make an aeromedical disposition.

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AME ALERT

COLOR VISION TESTING

Today's aviation environment is becoming increasingly dependent upon color vision. Based on this reality, the Human Factors Research Division at the Civil Aerospace Medical Institute recently completed a study on color vision, including the comparison of currently used color vision tests. Although this study validated most of our currently approved color vision tests, two devices were found to be inadequate to test for color vision. These devices are the Titmus II and the Optec 5000. These devices are still adequate for their other vision testing functions but may no longer be used for color vision testing for FAA examinations.

Currently approved color vision tests include: the Dvorine Pseudoisochromatic Plate Test, the Ishihara 38-plate, Ishihara 24-plate, Ishihara 14-plate, Keystone Telebinocular, Keystone Orthoscope, OPTEC 2000, OPTEC 900, Richmond HRR 4th Edition, AOC HRR 2nd Edition, Anomaloscope Plate Test-5 (APT-5), Titmus, Titmus 2a, Titmus i400, the Waggoner PIPIC, the Waggoner HRR, the Cambridge Colour Test, the Colour Assessment and Diagnosis Test (CAD), the Oculus Anomaloskop, and the Cone Specific Contrast Test (CSCT).