

- e) Central acting drugs generally are unacceptable and unsafe as medication for aviation personnel.
- f) The side effect profile needs careful attention to determine acceptability.
- g) The applicant's co-morbidities may cause medical unfitness.
- h) The applicant's possible adverse reactions to the medication must be monitored before a decision regarding fitness may be made.
- i) The period of being unfit after the use of unacceptable medications largely depends on the manner and time of elimination of the drug.

Central Nervous System

Central nervous system stimulants: All pharmacological in this group is unacceptable. The disease condition per se does preclude aviation related activity.

Name	Acceptable	Unacceptable	Comments
Benzodiazepines	Tamazepam		<i>No Flying within 72 h</i> ; this drug is addictive and should not be used with alcohol at the same time
Other	Zopiclone Zolpidem <u>Zaleplon</u>		Applicants must wait 24-48 hours after these medications have been taken before flying. These drugs must not be used more than twice a week to avoid habituation
Food Supplement	Melatonin (not generally recommended for flight crew and cabin crew)		If considered, it should be given a 'ground trial' during a period when the crew member will not be engaged in flying duties and any unwanted side effects can be assessed.
SSIR	Fluoxetine Sertraline Citalopram, Escitalopram Paroxetine		Selected non-sedating selective serotonin reuptake inhibitors (SSIR) require a minimum of three (3) months grounding period. The CAA will evaluate affected applicants on a case-by case basis and will issue medical certificates based on medical findings, refer to the protocol

Barbiturates		These agents are unacceptable	
Anxiolytics		These agents are unacceptable	
Anti-psychotics		These agents are unacceptable	
Anti-epileptics		These agents are unacceptable to Pilots & ATC. Including Gabapentin which is used for conditions other than epilepsy	These medications may be considered for cabin crew, case-case presentation. A 3-month stabilisation period is required. Refer to protocol.
Anti-Parkinson agents		These agents are unacceptable	
Anti-vertigo and anti-emetics		These agents are unacceptable	
Anti-migraine agents	Triptans	Triptans Maxalt	The underlying condition is disqualifying. The Authority will evaluate affected applicants on a case – by case basis and will issue medical certificates based on the medical findings. Applicants allowed on these medications may not fly for 24 hours after being treated with these medications. Beta-blockers may be considered acceptable for prophylaxis. Refer to Protocol
Alzheimer's disease		These agents are unacceptable	
Anaesthetics	Acceptable		A minimum of 24 hours following local or regional (including dental) anesthetics. (The condition for which the anesthetic has been administered must also be considered prior to returning an

			<p>individual to flying or controlling duties).</p> <p>A minimum of 72 hours following general, spinal or epidural anesthetic. This proscription includes drug-induced sedation. (The condition for which the anesthetic has been administered must also be considered prior to returning an individual to flying or controlling duties).</p>
ANALGESICS & ANTI-INFLAMMATORIES			
Central Nervous System	Acceptable	Unacceptable Morphine Codeine Codethyline Cocaine Cannabis	Central <i>acting</i> analgesics and narcotics morphine <i>opioid</i> , /analgesics are strictly incompatible with flying status.
		Doxylamine Promethazine Meprobamate Orphenadrine Propoxyphene Diphenhydramine Tramadol	
NSAIDS	Acetyl Salicylic Acid		
Peripheral analgesics			
Non-Selective Cox-Inhibitors	Acceptable	Unacceptable	

Acetaminophen	Paracetamol	Sulindac Phenylbutazone	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.
Salicylates	Acetyl Salicylic Acid		
Propionic acid derivatives	Ibuprofen Naproxen Fenoprofen Ketoprofen Flurbiprofen Indomethacin		
Acetic acid derivatives	Ketorolac <i>Diclofenac</i>		
<i>Enolic acid (Oxicam)</i>	Diclofenac Nabumetone Piroxicam Meloxicam Tenoxicam Lornoxicam		
Fenamic acid derivatives	Mefenamic Acid Meclofenamic Acid Flufenamic Acid Tolfenamic Acid		
COX Inhibitors	Meloxicam		
Selective COX2 inhibitors	Celecoxib Etoricoxib Parecoxib		
Musculoskeletal Agents			

ACCEPTABLE **NOT**

Anti-Gout	Allopurinol	Colchicine	This medication may be acceptable, each application will be considered on a case-by-case basis Flying prohibited while on colchicine. Stable GIT must be demonstrated after discontinuation of colchicine.
Topical agents	These agents are acceptable		
Gold		These agents are unacceptable	
Osteoporosis	Biphosphonates Alendronate Risedronate Calcium and Vit D supplements Other drugs: Selective oestrogen receptor Modulators –Raloxifene Parathyroid hormone Teriparatide		Reserved on a case-by-by case basis

Autonomic		Sympathomimetic Sympatholytics Cholinergic Anti-cholinergics	All centrally acting agents are unacceptable
Autocoids			
Antihistamines	Ebastine Loratadine Desloratadine		Sedating oral antihistamines are not authorised for flying personnel and incompatible with flying status. New generation, non-sedating oral (e.g.

	Acrivastine Fexofenadine		fexofenadine) and topical antihistamines may be acceptable.
Serotonin antagonists		All agents in this group are unacceptable Methysergide Cyproheptadine Pizotifen Ondansetron Grinesatron	
Neurokinin1(NK1) Antagonists		All agents in this group are unacceptable Aprepitant Casopitant	Novel class of medications that possesses unique antidepressant, anxiolytic, and antiemetic properties
Cardio-Vascular Agents			
Positive Inotropic Agents		All agents in this group are unacceptable	
Anti-Arrhythmic			Case-by case presentation, individual medical may be considered
Anticoagulants	Rivaroxaban Dabigatran		<i>The underlying condition should be assessed on a case by case basis</i>
Anti-Hypertensive			
Central acting sympathetic nervous system inhibitors		All agents in this group are unacceptable	
Alpha-receptor blockers	Tamsulosin – e.g. Tamsul	All agents in this group are unacceptable	All L.U.T.S cases –cases presentation, individual medication will be considered. Applicants on Tamsulosin should be monitored for postural hypotension with every medical as per underlying condition protocol requirements

Beta-receptor blockers	Atenolol Metoprolol Bisoprolol	Non-selective drugs are unacceptable	Cardio-selective beta blockers are acceptable, but no longer first line or choice.
Sympathetic nervous blockers		These drugs are unacceptable as they may impair alertness.	
Direct-acting vasodilators		Dihydralazine Prazosin Uradipil	These drugs are unacceptable because they frequently have adverse side effects such as orthostatic hypotension.
Calcium channel blockers	Diltiazem Verapamil Nicardipine Nitrendipine Long-acting Nifedipine	Short acting Nifedipines are unacceptable.	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. If used for angina these medications are not compatible with flying status.
ACE inhibitors	Captopril Enalapril Lisinopril Benazepril Fosinopril Perindopril Quinapril Ramipril		
Angiotensin Receptor Antagonists	Candesartan Eprosartan Irbesartan Losartan		

	Telmisartan Valsartan		
Anti-Angina Agent			Angina pectoris per se is disqualifying.
Diuretics	Hydrochlorothiazide (< 25 mg/day) Potassium/ magnesium sparing diuretics such as amiloride and spironolactone	Furosemide Bumetanide Torasemide Acetazolamide Eplerenone	Low dose diuretics are acceptable. High dose kaliuretic diuretics (> 25 mg hydrochlorothiazide or equivalent) are unacceptable.
Other vasodilators			The indications for use are disqualifying.
Vasoconstrictors			The indications for use are disqualifying.
Hypolipidaemic Agents Dyslipidaemia in flying personnel should be treated in conjunction with an appropriate diet and weight reduction if appropriate.			
Fibrates			Treatment with fibric acids (e.g. fenofibrate or gemfibrozil) should be discontinued in the case of gastrointestinal side effects or elevated transaminase concentration
Statins	Cholestyramine] <i>All except exclusions</i>	Fluvastatin Lovastatin Combined formulas <i>e.g. Ezetimibe & Statins</i>	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.
Others	Acipimox (niacin derivative) used in low doses and accepted on a case-by-case basis.		

Plasma Expanders		All agents in this group are unacceptable	
Blood and Haemopoietic	Anticoagulants-Warfarin-refer to the protocol-acceptable	Haemostatics, the indications for use are disqualifying	
Platelet aggregation Haematological agents Platelet aggregation inhibitors, Injectables	Disprin/Aspirin in low-dose ($\leq 100\text{mg/day}$) acceptable	All agents in this group are unacceptable All agents in this group are unacceptable	
Sclerosing		All agents in this group are unacceptable	
Haematinics	Prophylactics in pregnancy are acceptable		Anaemia has to be corrected before consideration.
Haemoglobin-based Oxygen carrier		This medication is not considered	
Respiratory System			
Coughs and Cold	Drugs containing only carbocysteine, guaifenesin or acetylcysteine without an alcohol base are accepted	Tripolidine Pseudoephedrine Ephedrine Codeine & modifieds Theophylline <i>Dextromethorphan</i> Diphenhydramine Promethazine Noscaphine Phenyltoloxamine Methadone	
Bronchodilators	Spiriva		Sympathomimetics: The use of Short-acting Beta Agonists(SABA) /Long-acting Beta Agonists(LABA) should be restricted to eight(8) hours or

			more prior to flying, but may be used in an unusual asthmatic attack in flight to allow the safe completion of the flight.
Methylxanthines and combinations		All agents in this group are unacceptable	
Anticholinergics		All agents in this group are unacceptable	
Combinations	Only combinations acceptable are Salmeterol Fluticasone Budesonide Formoterol.		
Mucolytics	Carbocysteine Acetylcysteine Bromhexidine		
Anti-Asthmatics	Inhaled Glucocorticoids Leucotrine receptor Antagonists		
Chromones	Cromolyn Sodium Nedocromil Sodium		The drugs are also called cromoglycates. They are alternative choices when initiating regular controller therapy in patients with mild asthma, although inhaled corticosteroids (ICS) are the preferred agents. They have the advantage of having a lower side effect profile than ICS.
Other Anti-asthmatics		All agents in this group are unacceptable	
Surfactants		This medication is not compatible with flying.	
Ear, Nose and Throat			
Topical nasal	These medications are		

preparations	acceptable.		
Ear drops and ointments	These medications are acceptable.		
Mouth and Throat preparations	These medications are acceptable.		
Gastro-Intestinal tract			
Digestants	These medications are acceptable.		
Appetite suppressants		All agents in this group are unacceptable	
Anti-Spasmodics	Mebeverine Alverine Peppermint Oil	Hyoscine Diphenhydramine Alcohol substrates Belladonna Chlordiazepoxide Propantheline Methixene	Antimuscarinics (e.g. dicyclomine, mepenzolate, pipenzolate, poldine and propantheline) 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.
Acid Reducers			
Antacids		Magnesium as a single drug is unacceptable.	
Antacids and combinations		Dicyclomine Magnesium dominant drugs Oxethazaine (To confirm with Bernice)	
Bronchodilators	Spiriva		Sympathomimetic: The use of Short-acting Beta Agonists (SABA) /Long-acting Beta Agonists (LABA) should be restricted to eight (8) hours or more prior to flying, but may be used in an unusual asthmatic

			attack in flight to allow the safe completion of the flight.
H2 receptor antagonists	Cimetidine allowable if taken more than 8 hours before aviation activity. Ranitidine allowable if taken more than 12 hours before aviation activity		
Proton pump inhibitors	Omeprazole		
Cycloprotective		Misoprostol	
Motility Enhancers		All agents in this group are unacceptable	
Laxatives		Magnesium Salts	
Antidiarrhoeals	Loperamide not to be taken less than 6 hours before aviation activity.	Codeine phosphate [Cophenotrope] <i>Co phenotrope</i> Morphine Atropine (Lomotil) Aminopentamide	
Liver, gall bladder and bile		These agents are unacceptable due to disease profile	Treatment for the dissolution of gallstones is not compatible with flying status as it may cause diarrhoea and cholecystitis.
Suppositories and anal ointments	These agents are acceptable		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.
Others	Sulfasalazine enteric coated may be used with 6 monthly ophthalmology reporting, FBC, UKE, and	Sibutramine Budesonide Infliximab	

	urinalysis	Orlistat	
Anti-inflammatory agents for Bowel Disease	<p>Mesalazine</p> <p>Asacol: (5-aminosalicylic acid)</p>	<p>Humira</p> <p>Salofalk</p>	<p>Case-by case presentation, individual medication may be considered</p> <p>Sulfasalazine enteric coated may be used with 6 monthly ophthalmology reporting, FBC, UAE, and urinalysis</p> <p>The use of sulfasalazine in inflammatory bowel disease has declined due mainly to the fact that it yields the metabolite sulfapyridine which gives rise to side-effects such as agranulocytosis and hypospermia. However, the other metabolite of sulfasalazine, 5-aminosalicylic acid (5-ASA) is credited with causing the drug's therapeutic effect. Therefore, 5-ASA and other derivatives of 5-ASA, are now usually preferred and given alone (as mesalazine), despite their increased cost, due to their more favourable side-effect profile.</p> <p>Sulfasalazine, and its metabolite 5-ASA, are poorly absorbed from the small intestine. Its main mode of action is therefore believed to be inside the intestine. Approximately one third of a dose of sulfasalazine is absorbed from the small intestine. The remaining two thirds pass into the colon where it is split by bacteria into 5-ASA and SP. SP is well absorbed from the colon (estimated bioavailability 60%); 5-ASA is less well absorbed (estimated bioavailability 10% to 30%).</p>

Antihelmintics			
Antihelmintics	Mebendazole Albendazole Praziquantel	Piperazine	
Dermatological			
Anti-bacterial antiseptic agents	These medications are acceptable.		
Anti-parasitics	These medications are acceptable.		
Fungicides	These medications are acceptable.		
Cortico-steroids	These medications are acceptable.		
Psoriasis		Systemic Etretnate Acitretin	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.
Acne		Tretinoin Isotretinoin Cyproterone acetate Minocycline	
Melanin inhibitors and stimulants		These medications are unacceptable	
Emollients and Protectives	These medications are acceptable		
Others		Imiquimod Minoxidil	
OPHTHALMICS			
Aviation activities only to commence once all visual normality is regained			

Anti-infective and antiviral	Chloramphenicol Ciprofloxacin Ofloxacin Oxytetracycline Fusidic Acid Moxycloxacillin Acyclovir		Anti-infective and anti-inflammatory eye preparations are usually not compatible with flying status due to the underlying condition. The SACAA should be consulted if there is any doubt
Corticoids	These medications are acceptable		
Combinations		All treatment containing Aminoglycosides are unacceptable	
Decongestants		These medications are unacceptable.	
Mydriatics		These agents are unacceptable	
Others		Injectables Verteporfin	
Urinary System			
Anti-diuretics		This medication is not compatible with flying	
Urinary alkalizes		The chronic use of this medication is not compatible with flying	
Urinary antiseptics		Pipemidic Acid Nalidixic Acid Tamsulosin Lanthanum Flavoxate	

Others	Tamsulosin	Lanthanum Flavoxate	
Genital System			
Contraceptives	These medications are acceptable		
Vaginal Preparations	These medications are acceptable		
Oxytocics		These agents are unacceptable	
Uterine Antispasmodics		These agents are unacceptable	
Sexual dysfunction			Temporary colour vision disturbance have been reported after the use of phosphodiesterase-type-5 inhibitors (e.g. vardenafil, sildenafil). 72 hours should elapse after use prior to flying.

Anti-Viral Agents			
Anti-Viral Agents	Acyclovir		Anti-Retroviral-case-by case management, refer to protocol

Anti-Microbials

Anti-Microbials	Beta-lactams, Erythromycin(short course) Azithromycin (short course) Other Macrolides, Chloramphenicols Sulphonamides combinations and Quinolones Clindamycin(short course) Na-Fusidate Fosfomycin Doxycyclin	Telithromycin Roxithromycin Aminoglycosides Tetracycline	All antibiotics should be used for 48 hours without any side effects before commencing aviation activities. Injectables are not acceptable.
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Anti-Fungal Agents

Anti-Fungal Agents	Fluconazole Itraconazole Nystatin Terbinafine Griseofulvin Ketoconazole		
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Anti-Protozoa Agents

Anti-Protozoa Agents	Metronidazole Atovaquone Chloroquine	Pirimethamine Tinidazole Halofantrine Mefloquine	
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Anti-retroviral agents

Nucleoside Reverse	Zizovudine	Efavirenz	Initially- monthly
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Transcriptase Inhibitors (NRTI's)	Retrovir Lamivudine Didanosine Abacavir Emtricitabine Tenofovir			FBC for 6 months	
Non-Nucleoside Reverse Transcriptase Inhibitors	Nevirapine			Initially- ALT & AST – 2 weeks, 6 weeks	
Proteases Inhibitors (PI)	Atazanavir Lopinavir/Ritonavir Saquinavir Nelfinavir	Indinavir (check)			
Others	Raltegravir Darunavir Etravirine Maraviroc Amprenvir	Tipranavir			
	Fosamprenavir				
Fusion Inhibitors	Fuzeon				
Endocrine System					
Anti-Diabetic agents	Oral Metformin Thiazolidenediones Pioglitazone Rosiglitazone Acarbose:	Insulin Glargine Detemir Glulisine Lispro	Oral Glipizide Tolbutamide Gliclazide Glibenclamide Glimepiride Chlorpropamide	Insulin Neutral protamine Hagedorn Premix analogues (biphasic)	Refer to Diabetic Protocol

			Repaglinide Nateglinide		
Thyroid	Thyroxine		Neo-Mercazole		Refer to Protocol
Parathyroid	Corticosteroids, only low dose Prednisone is acceptable		Calcitonin,		Refer to Protocol
Hormones					
Androgens and Anabolic steroids	Testosterone Mesterolone Oestrogens Progestogens Tibolone		Metenolone Nandrolone		
Tropic Hormones	Clomiphene		Injectables and implants		
Hormone Inhibitors	Tamoxifen Anastrozole				Case-by-case basis and 3 months stabilisation period required.
Vitamins, Tonics, Minerals and Electrolytes					
Vitamins	These agents are acceptable.				In general, pilots, cabin crew, and ATCs should not exceed the Recommended Daily Allowances for these products.
Tonics			Alcohol based combinations unacceptable		
Minerals and electrolytes	These agents are acceptable				In general, pilots, cabin crew, and ATCs should not exceed the Recommended Daily Allowances for these products
Amino-Acids	These agents are acceptable				In general, pilots, cabin crew, and ATCs should not exceed the Recommended Daily Allowances for these

			products
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Cytostatics			
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Immunological			
Immunosuppressant's			
Immunostimulants			

Chelating agents, Ion exchange Preparations			
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Chelating agents, Ion exchange Preparations		These agents are unacceptable	
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Biological			
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Biological	Immunisation regimens are acceptable		<p>No aviation-related duties for 24 hours after receiving the following vaccinations (primary and boosters):</p> <p>Adult diphtheria and tetanus</p> <p>Poliomyelitis</p> <p>Hepatitis A & B</p> <p>Measles, mumps, rubella</p> <p>Yellow fever</p> <p>Typhoid</p> <p>Tuberculosis (Mantoux Test or Bacille Calmette-Guerin);</p> <p>Influenza</p> <p>Varicella</p> <p>Meningococcal</p> <p>Pneumococcal</p> <p>Cholera.</p> <p>After receiving the following immunisations (primary and boosters)</p>
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			there should be no aviation-related duties for a minimum of 72 hours: Japanese Encephalitis.
Biologics		Revellex Humira	

Enzymes			
Enzymes		These agents are unacceptable	
Poison Antidotes			
Poison Antidotes		Bupropion is unacceptable	
Others			
Others	Nicotine adjuvants are acceptable	Bupropion is unacceptable	
Biological	Immunisation regimens are acceptable		No aviation-related duties for 24 hours after receiving the following vaccinations (primary and boosters): Adult diphtheria and tetanus Poliomyelitis Hepatitis A & B Measles, mumps, rubella Yellow fever Typhoid Tuberculosis

			<p>(Mantoux Test or Bacille Calmette-Guerin);</p> <p>Influenza</p> <p>Varicella</p> <p>Meningococcal</p> <p>Pneumococcal</p> <p>Cholera.</p> <p>After receiving the following immunisations (primary and boosters) there should be no aviation-related duties for a minimum of 72 hours:</p> <p>Japanese Encephalitis.</p>
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16.21.19**Charts and Forms**

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16.21.20**Examination and Documentation Procedure****D. GENERAL INFORMATION**

The aviation medical examiner may be the only physician an applicant will consult for the issuance of a medical certificate. The aviation medical examination differs from other medical examination procedures in that the examiner has to detect problems that may lead to sudden or subtle incapacitation in the near future. It is therefore essential for the examiner to form an accurate impression of the applicant by discussing various health issues with the applicant and by performing a thorough examination.

Enzymes			
Enzymes		These agents are unacceptable	
Poison Antidotes			
Poison Antidotes		These agents are unacceptable	
Others			
Other	Nicotine adjuvants are acceptable	Bupropion is unacceptable	

Since applicants are at risk of losing their medical certificate, and in some cases their employment, their medical examination is a source of stress to them, leading to apprehensiveness and the "white-coat-syndrome". Examiners must reassure the applicant and create an environment of good will that is conducive for discussion of the applicant's health.

It is required by legislation to request the applicant's identity document, previous medical certificate and aviation licence for confirmation. Equally important is to note any indication of possible alcohol abuse, substance abuse and mental or psychological problems that may impact adversely on aviation safety.