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Comment from Kermit Kubitz

This is a Comment on the **Federal Aviation Administration (FAA)** Notice: **Agency Information Collection Activities; Proposals, Submissions, and Approvals: Alternative Pilot Physical Examination and Education Requirements**

For related information, [Open Docket Folder](#)

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Comment

Because state licensed physicians may have normal ability to identify and treat disease, but may not be familiar with the requirements to be fit for duty as a pilot in charge, the references to medicines and drugs which is included by reference in the physicians form should not have just a link, but should be compressed and included in the form itself, which would likely produce more informed physician review of any drugs or medicines being used or having been used by proposed pilots. The included information can be summarized somewhat as below, subject to more detailed review by the FAA and its medical advisers. Doctors should be advised, in the form 8700-2, that current or former use of some of the following drugs or medicines should be discussed and reviewed in more detail.

Angina medications

nitrates (nitroglycerin, isosorbide dinitrate, imdur),
ranolazine (Ranexa).

Anticholinergics (oral)

e.g: atropine, benztropine (Cogentin)

Cancer treatments including chemotherapeutics, biologics, radiation therapy, etc., whether used for induction, "maintenance," or suppressive therapy.

Controlled Substances (Schedules I - V). An open prescription for chronic or intermittent use of any drug or substance.

This includes medical marijuana, even if legally allowed or prescribed under state law.

Note: for documented temporary use of a drug solely for a medical procedure or for a medical condition, and the medication has been discontinued, see below.

Diabetic medications

NOT listed on the Acceptable Combinations of Diabetes Medications (PDF).

e.g.: SGLT-2 inhibitors such as Invokana, Farxiga, Jardiance, Xigduo, Invokamet, and Qtern are NOT allowed.

Dopamine agonists used for Parkinson's disease or other medical conditions:

- bromocriptine (Cycloset, Parlodel),
- pramipexole (Mirapex), ropinirole (Requip), and
- rotigotine (NeuPro)

FDA (Food and Drug Administration) approved less than 12 months ago. The FAA requires at least one-year of post-marketing experience with a new drug before considering it for aeromedical certification purposes. New antibiotics, lipid-lowering drugs, and antihypertensive medications may be considered earlier than one year. Please contact the RFS or AMCD for guidance on specific applicants.

Hypertensive (centrally acting) including but not limited to

- clonidine
- nitrates
- guanabenz, methyldopa, and reserpine

Malaria medication - mefloquine (Lariam)

Over-active bladder (OAB)/Antimuscarinic medications as these carry strong warnings about potential for sedation and impaired cognition.

- e.g.: tolterodine (Detrol),
- oxybutynin (Ditropan),
- solifenacin (Vesicare).

Psychiatric or Psychotropic medications, (even when used for something other than a mental health condition) including but not limited to:

- antidepressants (certain SSRIs may be allowed - see SSRI policy)

- anxiety drugs - e.g.: alprazolam (Xanax)
- antipsychotics
- attention deficit disorder (ADD) or attention deficit

hyperactivity disorder (ADHD) medications

- mood stabilizers
- sedative-hypnotics
- stimulants
- tranquilizers

Seizure medications, even if used for non-seizure conditions such as migraines

Smoking cessation aid - e.g.: varenicline (Chantix)

Steroids, high dose (greater than 20 mg prednisone or prednisone-equivalent per day)

Weight loss medications - ex: combinations including phentermine or naltrexone.

Actually including references to these drugs, rather than a link would provide better assurance that no drug use would affect pilots seeking medical approval to fly as pilots in charge.