

# Guidance Material for Medication Used by Pilots

Medication, including those taken for minor ailments, can have side effects which may impair flying performance. Sometimes these occur immediately and predictably, but these can occur unexpectedly at any time and particularly in the first few days after starting a new medication.

Symptoms of colds, sore throats, diarrhoea and other abdominal upsets may cause little or no problem whilst on the ground but can distract and affect performance whilst flying. The in-flight environment may also increase the severity of symptoms, for example, earache, which may only be minor whilst on the ground.

The I AM SAFE checklist described in [Safety Sense Leaflet 24: Pilot Health and Performance](#) includes illness and the side-effects of medication among the 7 criteria for self-assessment before any flight. The two questions to ask are

- Do I have any symptoms that might affect my ability to fly?
- Am I taking any prescription or over-the-counter medication that might affect my performance?

Consider the underlying medical condition and that symptoms may be compounded by the side-effects of the medication in relation to fitness to fly and performance.

Ensure the medical practitioner or pharmacist advising you about medication or prescribing medication is aware that you are a pilot.

Leave a few days before flying to see how your body reacts to any new medication. You will usually need to get specific aeromedical advice on whether you can fly on medication, including the length of any 'trial period'.

Inform your aeromedical examiner (AME) if you are intending to start medication and seek their advice if there is any doubt about whether the medication is acceptable for aeromedical certification.

## Antibiotics and antifungal medication

The use of antibiotics or antifungal medication usually indicates an infection is present, which normally means a pilot is not fit to fly and should seek the advice of an AME. Such medication, particularly antifungal drugs, may also have side-effects that could affect performance.

## Anti-malaria drugs

Most of the anti-malaria drugs (atovaquone plus proguanil, chloroquine, doxycycline) are compatible with flying duties.

Mefloquine is not acceptable due to possible adverse effects, for example, spatial disorientation, lack of fine co-ordination, insomnia, strange dreams, mood changes, nausea, diarrhoea and headache.

See additional [guidance for managing the risk of malaria infection](#).

## Antihistamines

Some antihistamines can cause drowsiness, for example, diphenhydramine and promethazine. They are widely used in 'cold cures' and in the treatment of hay fever, asthma and allergic rashes. They may be in tablet form or a constituent of nose drops or sprays. Only non-sedating antihistamines, such as loratadine or cetirizine, are acceptable.

There is a flow chart and guidance for the management of allergies in the [respiratory guidance material](#).

## Cough medicines

Antitussives which contain codeine, dextromethorphan or pseudoephedrine are not acceptable for flying.

Mucolytic agents (for example, carbocysteine) are acceptable.

## Decongestants

Non-sedating nasal decongestants may be acceptable.

If there is difficulty in equalising the pressure in the ears or sinuses, the underlying condition is incompatible with flying duties and advice should be sought from an AME.

## Nasal corticosteroids

These are commonly used for hay fever and allergic rhinitis and are acceptable.

## Common pain killers (analgesics)

Paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, may be acceptable, but this will also depend on the underlying condition. The two questions on page 1 must be satisfactorily answered before using the medication and flying.

NSAIDs are associated with serious gastrointestinal adverse effects, such as ulcers, and should be taken at the lowest effective dose for the shortest possible duration.

Strong pain killers, containing codeine or other opiate derivatives, can impair performance and are not permitted.

See additional [guidance on medications used in musculoskeletal conditions](#).

## Anti-ulcer medicines

Medications that can reduce stomach acid, such as H2 antagonists (for example, cimetidine) or proton pump inhibitors (for example, omeprazole) are acceptable following satisfactory assessment and control of the underlying condition.

See additional [guidance on medications used in GI conditions](#).

## Anti-diarrhoeal drugs

Loperamide is acceptable. However, the underlying diarrhoea is incompatible with flight duties.

See additional [guidance on medications used in GI conditions](#).

## Hormonal contraceptives and hormone replacement therapy

These medications can be acceptable if there are no distracting adverse effects.

Further information on the menopause and hormone replacement therapy is available in the [obstetrics and gynaecology guidance material](#).

## Erectile dysfunction medication

Medication such as tadalafil, sildenafil and vardenafil may be acceptable if there are no adverse effects and the guidance is followed.

Further information on the use of treatment for erectile dysfunction is available in the [genitourinary guidance material](#).

## High blood pressure medication

Some anti-hypertensive medications are compatible with flying duties.

There is a list of acceptable medication in the hypertension flow chart in the [cardiovascular system guidance material](#).

## Asthma medication

Respiratory aerosols or powders such as corticosteroids or beta-2-agonists are acceptable.

However, oral steroids or theophylline derivatives are not compatible with flying.

See guidance on asthma in the [respiratory guidance material](#).

## Tranquillisers and sedatives

These are not acceptable as they impair reaction times, and the underlying mental state usually entails unfitness.

See guidance on centrally acting medication in the [mental health guidance material](#).

## Sleeping tablets

Some sleeping tablets (hypnotics) can dull the senses, cause confusion and slow reaction times. The duration of effect may vary from individual to individual and may be unduly prolonged.

There is information on specific hypnotics that are permitted in the centrally acting medication section of the [mental health guidance material](#).

## Melatonin

Melatonin may be acceptable for certification if used short-term to aid in the treatment of jet lag. It must be prescribed and taken under the direction of a treating clinician.

There is information on permitted preparations of melatonin and its use in the centrally acting medication section of the [mental health guidance material](#).

## Cannabidiol products

The use of cannabis, including any cannabidiol (CBD) derivatives, is not compatible with medical certification. This includes the use of any CBD products, whether prescribed or not.

There is further information in the centrally acting medication section of the [mental health guidance material](#).

## Coffee and other caffeinated drinks

Caffeinated drinks, including energy drinks, are acceptable. However, excessive coffee may have harmful effects, including disturbance of the heart's rhythm.

Energy drinks can contain high levels of caffeine and sugar, and should be taken in moderation due to potential disturbances of heart rate and rhythm, insomnia, restlessness and gastrointestinal side effects.

Other stimulants, such as caffeine pills and amphetamines (often known as 'pep' pills), used to maintain wakefulness or suppress appetite are not acceptable.

## Smoking cessation treatment

Nicotine replacement therapy is acceptable. However, medications such as varenicline and bupropion may cause side effects, for example, dizziness, anxiety, depression and visual disturbance, and are not compatible with aeromedical certification.

See additional guidance on centrally acting medication in the [mental health guidance material](#).

## Anaesthetics

Following local, general, dental and other anaesthetics, a period of time should elapse before a return to flying. A pilot should not fly for at least 12 hours after a local anaesthetic, and for at least 48 hours after a general, spinal or epidural anaesthetic (see MED.A.020).

## Over the counter medication

Many preparations contain a combination of medicines. It is essential that if there is any new medication or dosage, the effect should be observed on the ground prior to flying.

It should be noted that medication which would not normally affect pilot performance may do so in some people who are 'oversensitive' to a particular preparation. Individuals are, therefore, advised not to take any medicines before or during flight unless they are completely familiar with their effects on their own bodies.

Advice should be sought from the AME.

## Other treatments

Alternative or complementary medicine, for example, acupuncture or homeopathy, might be acceptable depending on the active constituent in the treatment and the underlying medical condition.

Advice should be sought from the AME.