

If you are an FAA ATCS: See the FAA ATCS HOW TO GUIDE – SSRI and contact your RFS

If you are an AIRMAN:

1. See your treating physician/therapist and/or psychiatrist and get healthy.
2. Do not fly in accordance with 14 CFR 61.53 until you have an Authorization from the FAA.
3. Select and contact a Human Intervention Motivation Study Aviation Medical Examiner ([HIMS AME](#)) to work with you through the FAA process.
 - a. Provide the HIMS AME with a copy of ALL of your treatment records (no matter how many years have passed) from the time you:
 1. Sought treatment for any condition that required an SSRI or psychiatric medication or
 2. Had symptoms but were NOT on an SSRI
 - b. Have a copy of your complete FAA file sent to the HIMS AME AND to a board certified psychiatrist if your treating physician is not a board certified psychiatrist. See [Release of Information](#) on how to request a copy of your file.
 - c. At this time, make sure you also tell your HIMS AME about any other medical conditions you may have. They should be able to help you identify and collect the information that will be needed for a CACI/Special Issuance for these other conditions.
4. Print a copy of the [FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance](#)
 - a. Review what reports, providers, or testing will be required.
 - b. Take the correct CERTIFICATION AID page to each of the required physicians or providers so they understand what their report must include for FAA purposes. (This should save time and decrease the letters asking for more information.)
 - c. Make sure the providers specifically address in their report the “[FAA SSRI “Rule-Outs.”](#)”
5. When you have been stable with no symptoms or side effects and on the same dose of medication for **6 months** (this must be documented), you should meet with your HIMS AME to determine if it is appropriate to submit an INITIAL SSRI Special Issuance packet for FAA review.

*****Remember to bring all documents to this evaluation, including information on any other condition you may have that requires a CACI or Special Issuance. *****
6. When your HIMS AME determines you are ready to submit a Special Issuance package they will:
 - a. Review and complete the [HIMS AME checklist](#);
 - b. Complete a new 8500-8 exam;
 - c. Place notes in Block 60 stating that the SSRI evaluation is complete;
 - d. Place notes in Block 60 regarding any other conditions the airman may have (Special Issuance/CACI);
 - e. Submit the SSRI information and information on any other condition that may require a Special Issuance to the FAA.
7. When submitting information:
 - The AME must submit your exam as DEFERRED.
 - Coordinate with your AME to make sure that ALL ITEMS LISTED on the AME Checklist and a COMPLETE package is sent to the FAA at the address below WITHIN 14 DAYS.
 - Partial or incomplete packages WILL NOT BE REVIEWED and will cause a DELAY IN CERTIFICATION.

AIRMAN - Initial Certification
Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, Room 308 - AAM-300
PO Box 25082
Oklahoma City, OK 73125-9867

IMPORTANT NOTE: While your exam is under review, **continue to submit your Chief Pilot or Air Traffic Manager reports EVERY 3 months AND your HIMS AME evaluations and treating psychiatrist reports EVERY 6 months.** This will ensure the FAA has the most current information and will **decrease wait time.** If we do not have **current information** when we review your case, we will have to request it, which will slow down your certification review.

For **RECERTIFICATION**, see the [HIMS AME Checklist – SSRI Recertification/ Follow up Clearance](#).

ALLERGY - ANTIHISTAMINE & IMMUNOTHERAPY MEDICATION

(Updated 07/28/2021)

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 Examiner 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 examiner must notate the evaluation data in Block 60.

Medication:

- **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. Examiners 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.

✓ Most Second Generation Histamine-H1 receptor antagonist <ul style="list-style-type: none"> • desloratadine (Clarinex) • loratadine (Claritin) • fexofenadine (Allegra) 	✓ Nasal Decongestants <ul style="list-style-type: none"> • pseudoephedrine (Sudafed) • oxymetazoline (Afrin) nasal spray
✓ Histamine-H1 receptor antagonist nasal spray <ul style="list-style-type: none"> • azelastine (Astepro; Astelin) nasal spray • olopatadine nasal spray (requires longer initial ground trial of 7 days) 	✓ All Nasal Corticosteroid
✓ All Second Generation Histamine-H1 receptor antagonist eye drops <ul style="list-style-type: none"> • alcaftadine (Lastacaft) • azelastine (Optivar) • bepotastine (Bepreve) • cetirizine (Zerviate) • ketotifen (Alaway ; Zaditor) • olopatadine (Pataday; Patanol; Pazeo) 	✓ montelukast (Singulair)
✓ 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
✓ 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) 	60 hours 60 hours 5 days 5 days
✓ Some Second Generation Histamine- H1 receptor antagonist <ul style="list-style-type: none"> • cetirizine (Zyrtec) • levocetirizine (Xyzal) 	48 hour 48 hour

** 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.

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