



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS AIR COMBAT COMMAND  
LANGLEY AIR FORCE BASE, VIRGINIA

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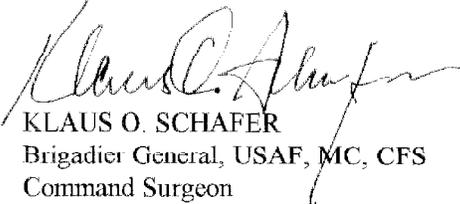
24 Apr 98

MEMORANDUM FOR ALL ACC MEDICAL GROUP COMMANDERS

FROM: HQ ACC/SG  
162 Dodd Blvd, Suite 100  
Langley AFB VA 23665-1095

SUBJECT: New Medications for Use by Aviators - HQ ACC/SG Policy Letter 98-001

1. Authorization to prescribe Pravastatin (Pravachol), Loratidine (Claritin) and Zolpidem (Ambien) to all aviators was recently granted by AFMOA/CC (Attachment 1). If these medications are not currently on your pharmacy formulary, they should be added as soon as possible.
2. Loratidine requires a grounding period of 14 days for observation of effectiveness and absence of side effects. The grounding period for Pravastatin is 30 days. Both medications require documented information that supports control of the medical condition and absence of side effects from medication use before a waiver will be granted.
3. Zolpidem is the preferred "No Go Pill" for deployment because of its shorter half-life and minimal side effects. Zolpidem use requires successful completion of a ground test without side effects (Attachment 2). Zolpidem use is restricted to the night prior to deployment, may be used on layovers, and the first four days after arriving at the deployed location. However, use is restricted to a maximum of 7 consecutive days and may not be used for more than 20 days in a 60 day period. After Action Reports should include information on Zolpidem or Temazepam used during deployments. An Adverse Effects Report (Attachment 3) must be completed and a SF 600 entry made for every instance of adverse reaction to Zolpidem/Temazepam.
4. Wing and Tenant Unit SGPs may grant approval for deployment use of Zolpidem or Temazepam after proper coordination with the flying commander. SGPs must also ensure that each flight surgeon is briefed on current guidelines and standards for use of these medications. All flight surgeons should inform aviators that Zolpidem or Temazepam are adjuncts to the Aviator Conditioning Program. When used with proper exercise, diet, sleep discipline, and circadian preparation, these medications will effectively enhance aviator performance and combat fatigue.
5. The POC for information on these issues is Lt Col Isaac Shaw, HQ ACC/SGOP, at DSN 574-1325, isaac.shaw@langley.af.mil.

  
KLAUS O. SCHAFER  
Brigadier General, USAF, MC, CFS  
Command Surgeon

Attachments: (Attachments on Second Page)

*Global Power For America*

Attachments:

1. Memorandum AFMOA/CC
2. Zolpidem/Temazepam Ground Test Protocol
3. Zolpidem/Temazepam Adverse Effect Report

cc:

AFMOA/SGPA

ALL MAJCOM/SGPA



DEPARTMENT OF THE AIR FORCE  
HEADQUARTERS UNITED STATES AIR FORCE  
WASHINGTON, DC

Attachment 1

MAR 30 1998

MEMORANDUM FOR   HQ ACC/SG           HQ AFIA/SG           HQ AFMC/SG       NGB/SG  
                          HQ AFPC/DPAM       HQ AFMSA/SGS       HQ AFRC/SG       HSC/CC  
                          HQ AFSOC/SG       HQ AFSPC/SG       HQ AMC/SG       AL/AO  
                          HQ AETC/SG       ANGRC/SG           HQ PACAF/SG      11 MG/SG  
                          HQ USAFE/SG       HQ USAFA/SG       USAFSAM/AF       HQ AIA/SG

FROM: AFMOA/CC  
110 Luke Avenue, Room 405  
Bolling AFB DC 20332-7050

SUBJECT: Medical Policy Changes for USAF Air Crew

There has been some confusion as to the policy for the use of "No Go" pills in USAF aircrew members. Retroactive to January 1997, zolpidem is approved for use on the same basis as temazepam. The usual dose is 10 mg before bedtime. Single dose ground testing remains a requirement.

Specific operational use of "No Go" pills requires approval of the MAJCOM/SG. The MAJCOM/SG may delegate this to the flight surgeon at the operational unit where mission requirements make it difficult to obtain this approval in a timely fashion.

The use of temazepam or zolpidem is restricted to a maximum of 7 consecutive days and no more than 20 days in a 60 day period. Aviators will not fly for 12 hours after taking this medication. All flight surgeons prescribing these medications should be well versed in their potential side effects.

Two other medications are approved for use for all flying classes, with MAJCOM waiver authority, as of January 1998. These are loratadine and pravastatin. Loratadine is approved for use to treat seasonal allergic rhinitis. Members must have an initial 14 day DNIF period before waiver request. The maximum dose for loratadine is 10 mg daily. Pravastatin may be used on the same basis as lovastatin. This requires a 30 day DNIF prior to waiver request. Dosage will vary from 10 to 40 mg daily, depending on the therapeutic need.

My point of contact for these issues is Col Courtney Scott, AFMOA/SGOO, 110 Luke Avenue, Room 405, Bolling AFB, DC 20332-7050, DSN 297-4200.

*Earl W. Mabry*  
EARL W. MABRY II, Maj Gen, USAF, MC  
Commander  
Air Force Medical Operations Agency  
Office of the Surgeon General

cc:  
HQ USEUCOM/ECMD  
USCENTCOM/CCSG

### ZOLPIDEM/TEMAZEPAM GROUND TEST PROTOCOL

1. All aviators will be interviewed and their medical records screened for possible idiosyncratic reaction or adverse conditions caused from use of Benzodiazepines Zolpidem.
2. For "No Go Pill" testing, each aviator will be written a prescription for Zolpidem 10 mg p.o. hs # 1 or Temazepam 30 mg p.o. hs # 1.
3. The Aviator will be temporarily grounded for a 24-hour period to accomplish this testing.
4. All aviators on PRP status will be temporarily grounded from PRP during this test period with the appropriate Stamp and documentation placed in the individual's medical record.
5. After successful completion of the "No Go Pill" ground testing, neither grounding nor de-certification for PRP will be required if proper annotation of ground testing is present in the aviator's medical record. This annotation must reflect an absence of side effects which could affect PRP and flight performance.
6. The aviator will complete the "No Go Pill" questionnaire prior to being returned to flying status by a flight surgeon.
7. Prescription of "No Go Pills", grounding testing and adverse effects from such use must be entered on the appropriate forms (SF 600, Shot Record, AF Form 1480). If deployed and a pharmacy is not available, documentation of medication dispensing requires documentation on AF Form 579.

**TEMAZEPAM ADVERSE EFFECT REPORT**

*THIS QUESTIONNAIRE SHOULD BE COMPLETED AND PLACED IN THE MEDICAL RECORD*

PERSONAL DATA: SEX \_\_\_ AGE \_\_\_ NUMBER OF YEARS FLYING CURRENT MDS \_\_\_\_\_

- DESCRIBE ADVERSE REACTION OR SYMPTOMS YOU EXPERIENCED AFTER TAKING  
TEMAZEPAM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- TIME/DATE OF TEMAZEPAM DOSE \_\_\_\_\_
- AMOUNT OF TEMAZEPAM TAKEN: 15MG \_\_\_\_\_, 30 MG \_\_\_\_\_, OTHER \_\_\_\_\_
- TIME YOU WENT TO BED \_\_\_\_\_
- TIME YOU FELL ASLEEP \_\_\_\_\_
- TIME YOU WOKE UP \_\_\_\_\_
- NUMBER OF HOURS AWAKE PRIOR TO TAKING "NO-GO PILL": \_\_\_\_\_
- HOW DID YOU FEEL AFTER AWAKENING? (CIRCLE ONE OR MORE)
  - (A.) WELL RESTED
  - (B.) FAIRLY WELL RESTED
  - (C.) NO NOTICEABLE EFFECTS
  - (D.) ALERT--MENTALLY AND PHYSICALLY
  - (E.) SLUGGISH OR HANGOVER SENSATION? IF YES, DURATION: \_\_\_ HOURS
  - (F.) OTHER?
- WOULD YOU BE ABLE TO ATTEND A FLIGHT BRIEFING WITH THE SAME DEGREE OF  
ALERTNESS AS YOU NORMALLY DO?
- WOULD YOU BE ABLE TO PERFORM A SAFE PREFLIGHT?
- DO YOU FEEL THAT THIS MEDICATION WOULD HAVE COMPROMISED YOUR  
FLYING SAFETY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, DESCRIBE: \_\_\_\_\_
- DO YOU PRESENTLY HAVE OR HAVE YOU EVER EXPERIENCED SLEEP PROBLEMS?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_
- HAVE YOU BEEN TOLD THAT YOU CHRONICALLY SNORE? YES \_\_\_\_\_ NO \_\_\_\_\_
- DO YOU AWAKEN AT NIGHT? \_\_\_\_\_ IF YES HOW MANY TIMES? (AVG #) \_\_\_\_\_
- DO YOU DREAM? RARELY \_\_\_\_\_ FREQUENTLY \_\_\_\_\_ ALWAYS \_\_\_\_\_

