

Applicable as at 3 August 2025, specifically for Schedule 30: Protocol on Mood Disorder

67.00.9 DUTIES OF HOLDER OF MEDICAL CERTIFICATE

1. Medication and flying

- (1) This Chapter outlines the general principles for the use of medications in flying.
- (2) Any intake of medicine or narcotic substance must be declared in the formal declaration signed by aviation personnel and handed to physicians in charge of the evaluation of flying fitness at each medical examination. In principle, pilots taking medication either prescribed or obtained 'over the counter' have to be regarded as unfit unless a DAME /IAM / SACAA have been contacted and endorsed resumption of flying duties. The use of herbal medication and alternative treatment modalities requires particular attention to possible side effects and should also be reported to the DAME/IAM and the SACAA.
- (3) The decision as to whether a aviation personnel is medically fit for the privileges' of the license they apply for whilst taking medication has always to be taken in conjunction with knowledge of the applicants clinical situation , the dosage and side effects associated with the medication. The consumption of such substances may have consequences on qualification for three reasons:
 - (a) the disease requiring treatment may be cause for disqualification;
 - (b) flight conditions may modify the reactions of the body to a treatment (e.g. jet lag, dehydration, moderate hypoxia)
 - (c) and most importantly, medication may cause adverse side effects that impair flight safety.
- (4) It should be noted that the effects of medication do not necessarily immediately appear when treatment is started or disappear when the treatment is stopped, and that the subject may be temporarily disqualified during the withdrawal period.
- (5) Flying personnel should nevertheless not be deprived of an efficient treatment because of their professional occupation. What is important is to find a compromise between flying fitness requirements, medical treatment and illness that is the most suitable both for the patient and flying safety.
- (6) Flying personnel must be declared fit by their DAME according to the circumstances and not by their medical practitioner. One of the goals of the DAME must be to make flying personnel aware of the problems caused by treatment so that they refrain from taking unreported medication whose side effects may not have been assessed.
- (7) It is possible that new therapeutic agents will become available that offer significant treatment advantages. If such agents are considered by the SACAA to be appropriate for use by aircrew, due consideration given to aero medical and safety aspects, their use may be approved. However, as a general rule, medication shall only be endorsed by the DAME, if the applicant has taken the respective medication whilst not on flying

duty for an appropriate period of time (temporary disqualification) with proven efficacy and without any side effects that could interfere with flying duties.

2. Guidelines

- (1) The medical condition is the primary concern, and a clinical assessment of being unfit to exercise aviation related task will determine the period of unfitness.
- (2) The class of medical fitness determines which medical conditions will be allowable for the exercise of the aviation license, or how it may be waived.
- (3) Knowledge of existing criteria and protocols as produced by SACAA is mandatory for proper interpretation of aviation medical fitness.
- (4) All drugs not published in the SA-CATS 67 need to be verified by SACAA before prescribing.
- (5) Central acting drugs generally are unacceptable and unsafe as medication for aviation personnel.
- (6) The side effect profile needs careful attention to determine acceptability.
- (7) The applicant's co-morbidities may cause medical unfitness.
- (8) The applicant's possible adverse reactions to the medication must be monitored before a decision regarding fitness may be made. The period of being unfit after the use of unacceptable medications largely depends on the manner and time of elimination of the drug.

Table A1: Medication List Guidelines

CENTRAL NERVOUS SYSTEM			
Central nervous system stimulants: All pharmacological in this group are unacceptable. The disease condition per se does preclude aviation-related activity.			
Name	Acceptable	Unacceptable	Comments
Benzodiazepines	Temazepam	-	No flying within 72 hours; this drug is addictive and shall not be used with alcohol at the same time
Other	Zopiclone Zolpidem Zaleplon	-	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 shall 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.
SSRI	Fluoxetine Sertraline Citalopram, or Escitalopram Paroxetine Vortioxetine	-	Selected non-sedating selective serotonin reuptake inhibitors (SSRI) require a minimum of three (3) months grounding period. The Authority will evaluate affected applicants on a case-by case basis and will issue medical certificates based on medical findings, refer to the protocol
SNRI	Venlafaxine Desvenlafaxine Duloxetine Levomilnacipran		
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	-