Seasons Greetings!
1-866-AEROMED

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FAA Aeromedical Policy Update

**Pilot’s Bill of Rights** – Recent legislation requires the FAA to ensure that airmen have been advised of their legal rights when interacting with the agency. Acknowledgement of these rights is now incorporated in the online medical application during each FAA physical examination.

**Central Region gets new Deputy Regional Flight Surgeon** – AMAS welcomes James Elliott, MD as the new Deputy in the Central Region. Dr. Elliott is a well known colleague to many of the AMAS physicians who served with him in the USAF, and he is a private pilot.

**Remote Assistance** – Recently the FAA has developed a plan to assist with the timely review of the large volume of cases in Oklahoma City. They have established the ability for several experts to work cases remotely. AMAS looks forward to working with Drs. Bisson, Dumstorf, and Ray in their new roles.

Medication Update

**Tysabri** – the FAA Safety Briefing from Sep/Oct 2012 implied that Tysabri was no longer allowable for use while flying. We have clarified with the Manager of Aeromedical Certification that Tysabri for Multiple Sclerosis and Crohn’s Disease is still acceptable with a Special Issuance that covers both the medication and the underlying condition. There is a special protocol for Tysabri use, and the AMAS physicians can help you ensure your care is in compliance before submitting to the FAA.

**Enablex** (darifenacin) is used to treat symptoms of overactive bladder by relaxing bladder muscles. Recently the FAA stopped allowing this medication because of a potential for drowsiness.

**Aстелин** (azelastin) is an antihistamine to treat allergic symptoms. For several years the FAA has allowed Astelín eye drops because of low absorption. The nasal spray has not been allowed because of increased risk for sedation. Recently the FAA has begun conducting an internal review of this policy and the eye drops may no longer be approved in the future. We will provide further updates as they are available.

www.AviationMedicine.com
MedXPress - FAA’s Mandatory Online Pilot Medical Certificate Application  
Quay C. Snyder, MD, MSPH

Just like round dials and steam gauges in modern aircraft, the paper copy of the FAA’s Form 8500-8 application for Airman’s Medical Certificate has been supplanted by an electronic version for pilots.

Many pilots have recently experienced the FAA’s renewal of their medical certificate using the online form 8500-8 found at https://medxpress.faa.gov as its use became mandatory on 1 October 2012. Since 2007, its use has been optional. Currently, Air Traffic Control Specialists employed by the FAA must complete the paper version, although contract ATC specialists will use the online version. All ATCSs will use MedXPress in the near future.

The goal behind switching to the online form is to streamline the FAA’s medical certification process. MedXPress should reduce many common errors in completion of the form by both pilots and AMEs as well as making the application available to FAA physicians at Regional Flight Surgeon’s (RFS) offices and the Aeromedical Certification Division (AMCD) for review and decision making immediately after the pilot’s AME submits it. There will be a reduction in paperwork and correspondence between the FAA and pilots saving weeks of time.

To register for MedXPress at the above web site, pilots will require a valid email address to receive and retrieve passwords and confirmation numbers for completed applications. The FAA uses a secure server to maintain the applications. Prior to completing an application and submitting it with an electronic signature (making it a legal document), pilots should review the form and print out two copies, one for personal files and one for the Aviation Medical Examiner (AME). The form does not have to be completed all at once as there is an option to Save the application for up to 30 days prior to clicking Submit. After 30 days, the application will be deleted and information will need to be re-entered. Pilots may use smart phones, Blackberries and iPads to complete the application as well.

Once a pilot has Submitted an application, a confirmation number will be sent by email. The confirmation number is the only way an AME may access the application (protecting a pilot’s privacy from other AME’s). A pilot should schedule an appointment with their AME’s within 60 days of the Submission date or the application will be deleted. When seeing the AME, the application will be reviewed in the AME’s office after the pilot has provided the Confirmation number. The AME should discuss positive responses to questions on the application with the pilots. If corrections need to be made, the AME may do so with the pilot’s authorization prior to completing the examination. The AME should also make comments explaining the condition, documents reviewed and changes made in Question #60 on the application. This is the most common omission made by AME’s on applications and may result in a request to the pilot for additional information. A copy of the final document should be given to the pilot. At this point, the application is official and cannot be withdrawn.

When the AME completes the exam, it must be transmitted to the FAA within 14 days (7 days for student pilot applicants). Any supporting medical documentation required for the application should be provided to the AME at the time of the visit, but no later than 10 days from the visit. The AMAS staff frequently submits required documentation to the FAA prior to a pilot’s exam, so to avoid duplication at the FAA, pilots may provide AME’s with a copy of the AMAS Aeromedical Summary to the AME as a synopsis of the key medical facts and documents available at the FAA. Any FAA correspondence to the pilot should also be brought to the AME. By early 2013, AME’s will be able to issue medical certificates to pilots with 18 common medical conditions if the appropriate documentation is available through a new FAA program termed CACI – Conditions AMEs Can Issue.

(Continued on page 3)
Upon completion of the exam, an AME will issue a paper medical certificate to the pilot. Once a pilot completes an exam, no new application can be made for 90 days to allow the FAA time to review earlier information submitted.

The MedXPress application will retain pilots’ demographical information for future submissions, but previous responses to medical questions are not retained for various legal reasons. This is why it is important to make a copy of the completed application for ease of making the next application. Always complete the form accurately and completely as your electronic signature is a statement that is legally valid.

Feedback from AMEs about MedXPress has been very positive, particularly those who have been using it prior to October 2012. Pilot responses have also been favorable for the most part, but there is a learning curve with the transition to electrons rather than ink. This is similar to the transition challenges to FMSs, MFDs and HUDs that pilots have dealt with effectively. It is the future of FAA medical applications. For those who need help with MedXPress registration or completion of the form, the FAA has provided a number of resources listed below. Of course, the AMAS physicians and staff have attended training on this and are also available to assist with any questions regarding medical certification or completion of the MedXPress application. Call 1-866-AEROMED (866-237-6633).

**President’s Corner (continued)**

**FAA Resources:**

- Video on FAA TV: [https://medxpress.faa.gov](https://medxpress.faa.gov)
- 24/7 MedXPress Helpline: 1-877-287-673

*Best Wishes for a Healthy and Prosperous 2013!*  
*....Dr. Quay Snyder*  
*and your AMAS Team*
AMAS News

NBAA – Dr. Snyder participated at the National Business Aviation Association’s annual convention in Orlando Florida’s as one of the NBAA’s Safety Committee members meeting to discuss strategic plans for safety initiatives in 2013 and manning the Safety Committee’s booth to answer attendees’ questions. The three day convention in October was attended by nearly 30,000 aviation professionals.

CAMA – The Civil Aviation Medicine Association held its annual scientific meeting in La Jolla, CA in early October for Aviation Medical Examiners and aerospace medicine specialists from academia and the FAA. Dr. Snyder attended to meet with AME’s from across the country and FAA physicians to get updates on new policies and medical advances.

AME – The FAA’s Northwest Mountain Regional Flight Surgeon’s office hosted an AME seminar in Denver 16-18 November with policy updates given by Dr. Fred Tilton, the Federal Air Surgeon, and physicians and staff from the FAA regional offices and Aeromedical Certification Division and FAA consulting physicians and attorneys. Wendy Clausen, RN,CCM, AMAS’s new Director of Operations and Dr. Snyder attended the seminar, to gain further insights into the FAA’s online medical application process (see President’s column on MedXPress) and the FAA’s policy changes pending for early 2013.

Airmen & Controllers - “Ask the Doc”

I was recently diagnosed with mild exercise induced asthma. What is the current FAA policy regarding flight duty and treatment for asthma?

FAA evaluates the diagnosis of asthma on an individual basis. As long as the condition is not chronically debilitating, the symptoms are infrequent, and mild, and the condition does not require oral steroids or multiple medications use, the diagnosis of asthma is generally not disqualifying. Symptoms in the aviation environment or episodes requiring hospitalization will require FAA clearance. Various medications for the treatment of asthma are allowed provided this information is properly reported to FAA Medical Certification Division or Regional Flight Surgeon’s for review. FAA requires review of complete medical records, to include current pulmonary function testing. Medication use should be cleared by FAA or Aviation Medical Examiner prior to cockpit or ATCs duties. For answers to specific questions regarding diagnosis and treatment of asthma, please contact an Aviation Medicine Advisory Service (AMAS) physician.

During a recent chest x-ray I was noted to have gall stones. Will the FAA be concerned about this?

Gall stones which have never caused symptoms (pain, nausea, vomiting, etc) are not disqualifying for flight or controller duty. However, if symptoms appear you must have the gall stones removed prior to returning to such duty. Once the procedure is completed you may return to work when released by your physician to do so. This procedure must be reported at the time of your next FAA physical examination for airmen and to your Regional Flight Surgeon before return to duty for ATCs.

I recently received a letter from the FAA Medical Certification Division, in Oklahoma City, requesting additional information on a medical condition I reported during my last FAA physical. How does this affect my FAA medical certification?

The FAA physical exam form (FAA Form 8500-8) is an "Application for Airman Medical Certificate". Although for airmen most aviation medical examiners issue you a Medical Certificate (FAA Form 8500-9) at the time of your exam, the FAA has 60 days to review and request additional information. Should you receive such a request, you normally have 30 days to respond. Unless so stated in their letter, your medical certification remains valid and you can continue to perform aviation duties while obtaining and forwarding the requested information assuming the underlying condition isn’t making you unsafe. If you do not respond within the 30 days, the FAA will revoke your medical certificate for failure to provide information. If you need assistance in properly responding to such a request, please contact our office.
Wendy Clauson joined AMAS in August 2012 as the Director of Operations and Case Manager. She has been an RN for 25 years and is a Certified Case Manager (CCM). She graduated from Allen Memorial Hospital School of Nursing and University of Northern Iowa which is her native state. She moved to Colorado in 1994. Most recently she was employed at Active Health Management, a subsidiary company of Aetna. Her roles with that company have included Supervisor of Case Management and Utilization Management. Wendy also has a strong background in Managed Care including Call Center Supervisor and phone triage. The majority of her 10 years spent in the hospital environment was in the Cardiac Telemetry Unit.

She has been married to her husband Robert for 7 years. Although they have no children of their own, they are the proud parents of two cats, Kizzle and Badger, and enjoy spoiling their nieces and nephew. In her spare time she loves to watch sports, especially the Denver Broncos, reading, taking walks, and playing Words with Friends! She is a volunteer at her church and is involved in the American Foundation for Suicide Prevention. She and her husband also spend a lot of time with their “surrogate” children Courtney, Laura, and Cameron and like taking road trips especially to see their family in Indiana and Iowa.

A big AMAS Welcome! to our New and Renewal Clients:
Jet There, LLC, BNT International and Sprint/United Management Company

Your AMAS Newsletter

Our services are provided to you as a benefit from your company flight department or a membership benefit from your union or aviation association. AMAS stands ready as the only board certified Aerospace medicine physician group available to provide you the assistance you need. Our physicians are always a telephone call or email click away. We can respond to your medical questions and provide advice on any potential impact on your FAA Airman’s Medical Certificate for medical conditions you might develop. All client discussions with our staff members are completely confidential and risk free. AMAS is proud to be your one source for Aeromedical advice and FAA medical certification waiver assistance!

We welcome your comments and suggestions! Our goal is to make this newsletter useful and informative for all our clients. If you have an idea for a topic you would like covered or have a comment about this newsletter or our services, please contact our Newsletter Editor, Caitlin Cazorla at caitlin.cazorla@aviationmedicine.com.

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