

**BY ORDER OF THE COMMANDER
MOODY AIR FORCE BASE**

**MOODY AIR FORCE BASE INSTRUCTION
44-101**



14 JULY 2010

Medical

**GO PILLS, NO GO PILLS, CIPROFLOXACIN
AND DOXYCYCLINE FOR FLYING
OPERATIONS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Certified by: 23 MDG/CD
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This instruction implements one aspect of Air Force Policy Directive (AFPD) 44-1, *Medical Operations*. It establishes procedures for the proper coordination and approval of Go Pills, No Go Pills, ciprofloxacin and doxycycline and ensures their safe use by aircrew. Source documentation for this instruction is AFMOA/CC Memo: *Dexedrine*, Jun 01, AFMOA/CC Memo: *No Go Pills*, Mar 03, HQ USAF/SG Memo: *Endurance Management*, Feb 03, HQ USAF/SG Memo: *Updated Modafinil Policy for Management of Fatigue Among USAF Aircrew and Special Operational Duty Personnel*, Aug 06, HQ USAF/SG Policy Letter: *Management of Go/No Go Medication*, Nov 05, HQ USAF/SGO Memo: *Aircrew Ground Testing*, Dec 05. Requests for Go Pills must originate from within the operational flying units of the 23rd Wing (WG), specifically, the 563rd Rescue Group (RQG), the 347 RQG, and the 23rd Fighter Group (FG). Since these are prescription medications, requests for these pills must be coordinated through the local Flight Surgeon's Office (FSO). This instruction applies to all units assigned or attached to 23 WG, *The Flying Tigers*. Tenant units are subject to their MAJCOM policies. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at <https://www.my.af.mil/gcss-af61a/afirms/afirms/>. Contact supporting records managers as required. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, Recommendation for Change of Publication; route AF Form 847s from the field through the appropriate functional's chain of command.

1. Responsibilities:

1.1. 23 WG/CC (or deployed CC equivalent):

1.1.1. Is the approval authority for operational use of Go Pills.

1.1.2. Directs the use of prophylactic antibiotics (ciprofloxacin and doxycycline) after a known or potential exposure to a biological agent.

1.2. Operations group commander recommends the operational use of Go Pills to the 23 WG/CC.

1.3. Flying Unit Commander:

1.3.1. Acts as requesting authority for operational use of Go Pills and No Go Pills.

1.3.2. Coordinates Go Pill requests through the unit's group commander for approval by 23 WG/CC.

1.3.3. Coordinates operational No Go Pill use through FSO.

1.3.4. Provides pilot names and sufficient information on the route of flight, itinerary and schedule with the flight surgeon to determine suitability for Go Pills and No Go Pills.

1.3.5. Ensures Go and No Go Pills are only used in conjunction with other counter-fatigue management measures or when such measures have been exhausted. Other measures include appropriate scheduling, attention to sleep hygiene, proper diet and exercise.

1.3.6. Ensures aircrew are appropriately briefed on and understand the following prior to use of Go or No Go Pills:

1.3.6.1. The use of Go and No Go Pills is completely voluntary.

1.3.6.2. Non-prescription methods of fatigue management should be exhausted prior to using Go or No Go Pills (exercise, caffeine use, micronaps, and proper diet).

1.3.6.3. Use of Go and No Go Pills does not exempt aircrew from complying with all crew rest directives.

1.3.7. Will closely monitor aircrew fatigue levels and ensure all aircrew comply with medication dosing and frequency recommendations.

1.3.8. Will ensure adverse side effects are reported to the flight surgeon.

1.3.9. Will ensure aircrew report Go Pill use to Flight Medicine as required for documentation IAW current AF policy.

1.4. 23 MDG/SGP (senior flight surgeon or deployed equivalent):

1.4.1. Makes recommendations to 23 WG/CC, flying units and flight surgeons on use of Go Pills, No Go Pills, ciprofloxacin and doxycycline for flying operations.

1.4.2. Serves as approval authority for operational use of No Go Pills.

1.4.3. Provides program oversight of Go Pill, No Go Pill, ciprofloxacin and doxycycline use for flying operations IAW current AF policy.

1.4.4. Ensures procedures to identify, accomplish (if not previously done) and document ground testing for all seven medications (No Go Pills temazepam, zolpidem and zalepon; Go Pills dextroamphetamine and modafinil; ciprofloxacin, and doxycycline) for all aircrew that are eligible IAW current AF policy.

1.5. Flight Surgeon:

1.5.1. Reviews information provided by the flying unit commander on the route of flight, itinerary and schedule for each aviator to determine suitability of Go and No Go Pill usage.

1.5.2. Ensures ground testing has been completed and appropriately documented prior to ordering the medication to each aviator for operational use.

1.5.3. Completes all documentation of usage (i.e. weekly reports, end of operation reports) IAW current AF policy.

1.5.4. Maintains a list of aviators approved for medication usage.

2. Go Pills

2.1. The use of Go Pills is only appropriate in conjunction with other fatigue-management methods or after all fatigue-management methods have been exhausted. Go Pills may be used during peacetime and operational missions.

2.2. Types of missions appropriate for Go Pill use include missions over 8 hours duration (single-seat fighters), missions over 12 hours duration (dual piloted bombers), night operations, missions occurring within the first 3-5 days of an operation/exercise with multiple time zone changes (≥ 4) and sorties of less than 8 hours duration under certain circumstances (shorter sorties when scheduled departure times conflict with the normal sleep cycle for an extended mission occurring during circadian nadir).

2.2.1. A-10C pilots are approved to use either Provigil (modafinil) or Dexedrine Go Pills.

2.2.2. **Rescue C-130 aircrew are currently not authorized to use Go Pills.**

2.2.3. **Rescue HH-60G aircrew are currently not authorized to use Go Pills.**

2.3. Dexedrine (dextroamphetamine) is currently approved for only A-10C pilot use at Moody AFB, GA. All approved pilots must ground test the dextroamphetamine 10 mg dosage, which is considered the standard dose. The pilot may take half that dose at his/her discretion. In the event of a prolonged sortie or mission, it is recommended that a 5-10 mg dose be taken at the first onset of fatigue symptoms and/or diminished concentration. Typically, dextroamphetamine effects are noticeable within 20 minutes but may take an hour. Acceptable dosing is no more than 10 mg at least 4 hours apart.

2.4. Provigil (modafinil) is approved (as of Aug 06) for use by all fighter and bomber aircrew. Types of missions or circumstances where modafinil use are authorized include: dual-piloted bomber missions greater than 12 hours and single-piloted fighter missions greater than 8 hours. Modafinil dosing for operational use is 200 mg every 8 hours as needed. Aircrew are not to exceed 400 mg in 24 consecutive hours and will limit modafinil use to 400 mg total before standard crew rest is required.

2.5. Approval process:

2.5.1. The flying unit commander generates a request for Go Pills in coordination with his/her group commander.

2.5.2. Non-prescription fatigue countermeasures must be specified and documented when seeking approval.

2.5.3. The 23 WG/CC (or deployed equivalent) and senior flight surgeon (23 MDG/SGP or deployed equivalent) certify that the use of Go Pills is appropriate and that all other fatigue management techniques have been considered and will be used to the maximum extent possible. The Flight Surgeon further certifies that the Go Pill is medically warranted.

Note: Although authorized, Go Pill use is completely voluntary.

2.5.4. The request will be approved using the Go Pill Use Approval Form IAW current AF policy. The Go Pill form authorizes the use of Go Pills by a specific organization for either a specific mission or for an extended operation not to exceed 3 months. In **ALL** cases, the Go Pill forms must be mission specific to include estimated departure time. Separate Go Pill forms will be completed for all medications requested (i.e. one each for both dextroamphetamine and modafinil).

Note: Until “Go Pill” Form 3-M is corrected to align with AF policy, the flight surgeon will use the generic “Go Pill” Form 3 for all Go Pill authorizations.

2.5.4.1. Finalized Go Pill forms, once signed by the WG/CC and SGP (or deployed equivalent) will be forwarded to the ACC/SGP via secure communication (SIPRNET) at least 24 hours prior to intended use.

2.5.4.2. Completed Go Pill forms will be maintained in the local FSO for at least 1 year.

2.5.4.3. Approvals may be granted for a maximum period of 3 months. Requests for extension, in 3 month blocks, will be made if the operation is expected to last longer. This process allows the 23 WG/CC (or deployed equivalent) and the SGP an opportunity to review the effectiveness of current fatigue countermeasures.

2.6. Operational Use of Go Pills:

2.6.1. The flight surgeon will verify that all aircrew have completed medication ground testing prior to prescribing Go Pills.

2.6.2. Aviators will:

2.6.2.1. Accept personal responsibility for the medication prescribed once accepted. Go Pills will **NEVER** be shared with others.

2.6.2.2. Report **ALL** suspected adverse side effects to his/her supervisor and flight surgeon.

2.6.2.3. Return **ALL** unused “Go Pills” to medical personnel after completing post-flight requirements.

2.6.2.4. Report the use of Go Pills to the flight surgeon for documentation completion in medical records and operational reports.

3. No Go Pills:

3.1. Three No Go Pills are now approved for use by aircrew in ALL aircraft to ensure adequate pre-mission sleep and reduce fatigue – Restoril, Ambien and Sonata.

3.2. The use of No Go Pills is only appropriate with other fatigue management techniques, or after all fatigue management techniques have been exhausted. No Go Pills are authorized for use during peacetime and operational missions.

3.3. The flight surgeon and aviator may consider using No Go Pills when the aviator experiences insomnia secondary to operational demands and when all non-pharmacological efforts have been made to reduce fatigue stress through sound aircrew scheduling and crew rest practices. Use of No Go Pills does not relieve aircrew of the responsibility to comply with ALL crew rest directives.

3.4. The use of No Go Pills and other fatigue management techniques are at the discretion of the flight surgeon.

3.4.1. No Go Pills do not require approval by the wing commander.

3.4.2. There is no formal requirement for medical surveillance of No Go Pill use.

3.4.3. At Moody AFB, the use of No Go Pills during non-deployed missions will be strictly tracked as a method to evaluate potential scheduling issues and chronic fatigue.

3.5. The flight surgeon will ensure ground testing is documented prior to prescribing No Go Pills.

3.6. Minimum Duties Not Including Flying (DNIF) periods vary by No Go Pill. The DNIF period represents the time from taking the No Go Pill to the start of the crew duty period.

3.6.1. Ambien (zolpidem) 10 mg = 6-hour verbal DNIF

3.6.2. Restoril (temazepam) 30 mg = 12-hour verbal DNIF

3.6.3. Sonata (zaleplon) 10 mg = 4-hour verbal DNIF

3.7. Use of Ambien or Restoril is limited to a maximum of 7 consecutive days and no more than 20 days in a 60-day period. Sonata use is limited to a maximum of 10 consecutive days and no more than 28 days in a 60-day period.

3.8. Aviators will:

3.8.1. **NEVER** carry No Go Pills in the cockpit.

3.8.2. Report **ANY** suspected adverse side effect to No Go Pills to his/her supervisor and Flight Surgeon.

4. Prophylactic Antibiotics (Ciprofloxacin and Doxycycline):

4.1. The 23 WG/CC may direct the use of prophylactic antibiotics after a known or suspected exposure to a biological agent.

4.2. Doxycycline is used for anthrax, diarrheal illness and malaria prophylaxis. Aviators may already be taking doxycycline if deploying to a malaria endemic area.

4.3. Ciprofloxacin is used for anthrax prophylaxis. Personnel with contraindications to ciprofloxacin will be prescribed doxycycline for anthrax prophylaxis.

4.4. The flight surgeon will ensure ground testing is completed and documented in the medical record prior to prescribing prophylactic antibiotics to aviators.

4.5. Aviators will report **ANY** suspected adverse side effects to his/her supervisor and flight surgeon.

5. Prescribed and Adopted Forms:

5.1. Prescribed Forms: Office Form 3, *Go Pill*

5.2. Adopted Forms:

AF Form 847, *Recommendation for Change of Publication*

Moody AFB Form 3-M, *Go Pill*

GARY W. HENDERSON, Colonel, USAF
Commander

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AFMOA/CC Memo: *Dexedrine*, Jun 01

AFMOA/CC Memo: *No Go Pills*, Mar 03

AFPD 44-1, *Medical Operations*, Sep 99

HQ USAF/SG Memo: *Endurance Management*, Feb 03

HQ USAF/SG Memo: *Updated Modafinil Policy for Management of Fatigue Among USAF Aircrew and Special Operational Duty Personnel*, Aug 06

HQ USAF/SG Policy Letter: *Management of Go/No Go Medication*, Nov 05

HQ USAF/SGO Memo: *Aircrew Ground Testing*, Dec 05

AFMAN 33-363: *Management of Records*, Mar 08

Abbreviations and Acronyms

AF— Air Force

AFB— Air Force Base

AFRIMS— Air Force Records Information Management System

Aug— August

CC— Commander

DNIF— Duties No Including Flying

FG— Fighter Group

FSO— Flight Surgeon's Office

GA— Georgia

IAW— In accordance with

MAJCOM— Major Command

MDG— Medical Group

mg— milligram

RDS— Records Disposition Schedule

RQG— Rescue Group

SGP— Senior Flight Surgeon

SIPRNET— Secure Internet Protocol Router Network

WG— Wing