CACI - Arthritis Worksheet (Updated 11/27/2024)

To determine the applicant's eligibility for certification, the AME must review a current, detailed Clinical Progress Note **generated from a clinic visit** with the treating physician or specialist **no more than 90 days prior** to the AME exam. If the applicant **meets ALL the acceptable certification criteria** listed below, the AME can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	[ ] Yes
Symptoms	[ ] None or mild to moderate symptoms with no significant limitations to range of motion, lifestyle, or activities
Cause of Arthritis *Osteoarthritis - see Arthritis Disposition Table CACI may not be required.	Acceptable causes are limited to: [ ] Osteoarthritis* **and/or** [ ] Autoimmune to include **only** the following: rheumatoid (limited to joint), psoriatic, or ankylosing spondylitis
Lab	[ ] If taking methotrexate: Normal CBC, Liver Function Test, and Creatinine within the past 90 days **OR** [ ] Not taking methotrexate
Acceptable Medications **KEY:** Interleukin Inhibitors (IL) Janus Associated Kinase Inhibitor (JAK) Monoclonal Antibody, Anti-CD20 (CD20) Phosphodiesterase-4 Enzyme Inhibitor (PDE4) Selective T-Cell Costimulation Blocker (T-Cell) Tumor necrosis factor inhibitors (TNF)	[ ] One or more of the following: • Oral steroid prednisone 20 mg/day equivalent or less (see steroid conversion calculator) • NSAID (routine use) • **methotrexate** (Trexall) • **sulfasalazine** (Azulfidine) • Hydroxychloroquine (HCQ)/Chloroquine (Plaquenil/Aralen) see mandatory status report requirement below** • Any singe medication listed below after a 2-week ground trial and: ▪ **No post-dose observation time:** ○ apremilast (Otezla) - PDE4 ○ baricitinib (Olumiant); tofacitinib (Xeljanz); upadacitinib (Rinvoq) - JAK ▪ **4-hour post-dose observation time:** ○ adalimumab (Humira and all biosimilars), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi) - TNF ○ anakinra (Kineret), guselkumab (Tremfya), ixekizumab (Taltz), risankizumab (Skyrizi) - IL ○ sarilumab (Kevzara), secukinumab (Cosentyx), tocilizumab (Actemra), ustekinumab (Stelara) – IL ▪ **Other post-dose observation time:** ○ 72 hours: rituximab (Rituxan) 72-hour - CD20 ○ 24 hours: infliximab (Inflect, Remicade, Renflexis) - TNF ○ 24 hours: abatacept (Orencia) – T-Cell
** STATUS SUMMARY is required if Hydroxychloroquine (HCQ)/ Chloroquine (CQ) (Plaquenil/Aralen) is used.	[ ] Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Summary (Plaquenil/Aralen) is favorable and no concerns OR [ ] N/A (NOT taking hydroxychloroquine/chloroquine [Plaquenil/Aralen])

AME MUST NOTE in Block 60 one of the following:

[ ] CACI qualified arthritis**.** (Documents do not need to be submitted to the FAA.)

[ ] Has current OR previous SI/AASI but now CACI qualified arthritis.

[ ] NOT CACI qualified arthritis. I have deferred. (Submit supporting documents.)