

DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED - CGM OPTION

INITIAL CERTIFICATE CONSIDERATION REQUIREMENTS:

(Updated 02/26/2020)

For consideration for first or second class airman certification, **the airman must submit Continuous Glucose Monitoring (CGM) data.** Below is a list of requirements. For details of what **specific information** must be included for each requirement/report (Items #1-7), see the following pages.

1. The airman must demonstrate stability and adequate control, verified by CGM data, for a **minimum of 6 months.**
2. Airman with a new diagnosis of Insulin-treated Diabetes Mellitus (ITDM) or any concerns regarding their control may require a longer stability period.
3. Submit the following performed within the past 90 days:

Item # 1 Initial Comprehensive report from your treating board-certified endocrinologist. Note: for initial evaluations, the former DIABETES ON INSULIN Re-Certification STATUS REPORT (now titled "Diabetes on Insulin Re-certification Status Report NON CGM - Third Class Option") will **NOT** be accepted. The Initial Comprehensive report contains significant additional information.

Item # 2 Lab – Initial/Annual comprehensive panel;

Item # 3 Finger Stick Blood Sugar (FSBS) glucose monitoring data;

Item # 4 CGM data with a device that meets FAA requirements for the preceding 12 months (when available) **listed by month in [overlay view](#).**

- It should show trends per day of actual readings, not only averages.
- **If recently started on CGM, a minimum of 6 months of CGM data is required for consideration.**
- CGM data should demonstrate consistent, effective ongoing use, identify low values (<70 or > 250); and note flight times and any actions taken to correct glucose values.

Item # 5 For airmen with flight hours: **Notation of flight activity and actions taken** on an Excel spreadsheet, CGM download or similar that shows readings listed by week in [overlay view](#). It should be marked with times/dates of flights and any actions taken for glucose correction during flight activities.

Item # 6 Eye evaluation from a board-certified ophthalmologist; AND

Item # 7 Cardiac Risk Evaluation from a board-certified cardiologist

Additional information may be required on a case-by-case basis.

When your AME performs your exam (8500-8), they must DEFER. Work with your Aviation Medical Examiner (AME) to coordinate submission of all of the above documents to the FAA for consideration. Submit ALL the information to:

Using Regular Mail (US Postal)	or	Using Special Mail (FedEx, UPS, etc.)
Federal Aviation Administration Aerospace Medical Certification Division CAMI Building 13, Room 308, AAM-300 P.O. Box 25082 Oklahoma City, OK 73125		Federal Aviation Administration Aerospace Medical Certification Division 6500 S. MacArthur Boulevard CAMI Building 13, Room 308, AAM-300 Oklahoma City, OK 73169

ITEM #1: INITIAL COMPREHENSIVE REPORT
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INITIAL COMPREHENSIVE REPORT from the treating **board-certified endocrinologist** must detail **ALL** of the following*¹:

A. DIABETES HISTORY:

1. Characteristics at onset (age, symptoms, etc.):
 - a) Review previous treatment and response
 - b) Frequency/cause/severity of past hospitalizations
 - c) Complications and common comorbidities:
 - Any end organ damage (macrovascular or microvascular);
 - Presence of hemoglobinopathies or anemias;
 - High blood pressure or abnormal lipids and treatment; and
 - Visits to specialist - type and why
 - d) Lifestyle and behavior patterns:
 - Eating patterns and weight history;
 - Sleep behavior and physical activity;
 - Familiarity with carbohydrate counting, if applicable;
 - Tobacco, alcohol, and substance use; and
 - Any motor vehicle accidents or incidents pertinent to their history of diabetes
2. Medication and Reporting:
 - a) Medication compliance;
 - b) Medication intolerance or side effects;
 - c) Complementary or alternative medicine use;
 - d) Glucose monitoring (meter/CGM): results and data use; and
 - e) Review insulin pump settings
3. Screening for Psychosocial conditions:
 - a) Screen for depression, anxiety, disordered eating (ex: Patient Health Questionnaire 9 or 2 [PHQ-9 or PHQ-2] or similar);
 - b) Cognitive impairment assessment (and formal testing, if clinically indicated); and
 - c) Diabetes self-management education and support:
 - History of dietician/diabetes educator visits; and
 - Screen for barriers to diabetes self-management
4. Glucose control:
 - a) **Hypoglycemia:**
 - **FSBS of 70 or less** (fasting and/or random, symptomatic, or biochemical);
 - Any episodes in the **past 12 months**;
 - Timing of episodes, awareness, frequency and causes; and
 - Treatment required or if assistance needed by another individual
 - b) **Hyperglycemia:**
 - **FSBS 250 or higher** (fasting and/or random, symptomatic, or biochemical);
 - Any episodes in the **past 12 months**;
 - Timing of episodes, awareness, frequency, and causes; and
 - Treatment required

B. PHYSICAL EXAM (Must narrate what is examined and any findings):

1. Height, Weight, Body Mass Index (BMI);
2. Pulse and blood pressure including orthostatic blood pressure, when indicated;
3. Thyroid palpation and skin exam (acanthosis nigricans, insulin injection or insertion sites, lipodystrophy); and
4. Comprehensive foot exam:
 - a) Visual inspection; screen for PAD (check pedal pulses; refer for ABI if diminished); and
 - b) Determination of temperature, vibration or pinprick sensation, and 10-g monofilament exam

C. ASSESSMENT AND PLAN:

1. Current status of diabetes including an assessment of the airman's **compliance**, glucose **control**, and **stability** as well as their ability to monitor and respond accordingly to HYPO and HYPER glycemic events and administer insulin doses;
2. Prognosis for progression over the next 12 months; and
3. Recommendations for treatment changes

D. DATE OF NEXT CLINICAL FOLLOW-UP (Required every 3 months for FAA.)

*¹ Modified from American Diabetes Association (ADA) Standards of Medical Care 2018

ITEM #2:	LAB
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LAB - Initial/Annual comprehensive panel (WITHIN THE LAST 90 DAYS):

- A. A1C** (within last 90 days AND all prior values from the preceding 12 months)
- B. CBC** (complete blood count)
- C. Lipids** (total, LDL (low density lipoprotein), HDL (high density lipoprotein) cholesterol, and triglycerides)
- D. LFT's** (Liver function tests)
- E. Micro albumin** (or spot urinary albumin-to-creatinine ratio)
- F. Renal function** (Serum **creatinine**, **BUN** (blood urea nitrogen), **eGFR** (estimated glomerular filtration))
- G. TSH** (Thyroid-stimulating hormone)
- H. Vitamin B12** (when clinically indicated)
- I. Potassium** (serum level, when clinically indicated or when taking ACE-I (angiotensin converting enzyme inhibitors), ARBs (angiotensin II receptor blockers), or diuretics)

ITEM # 3:	FSBS GLUCOSE MONITORING DIARY
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FSBS GLUCOSE MONITORING DIARY in a printed or scanned report. Upon starting CGM, FSBS results are only required incidentally as part of CGM use (e.g., calibration, repositioning, etc.). Some CGM devices may not have FSBS information, as they do not require calibration.

A. INITIAL CERTIFICATION:

1. Submit readings from the **preceding 12 months**.
2. Analyze to identify the **percentage time** in the following ranges:
 - a.) Less than 70 mg/dL
 - b.) Between 70 and 250 mg/dL
 - c.) Above 250 mg/dL

B. RENEWAL CERTIFICATION:

1. Submit readings from previous 6 months.

ITEM # 4:	CONTINUOUS GLUCOSE MONITOR (CGM) DATA
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A. CONTINUOUS GLUCOSE MONITOR (CGM) DATA on a device that meets the FAA's minimum CGM device feature requirements.

1. Readings from (at a minimum) the preceding **6 months for initial certification** and thereafter 3 months.
2. Analyze to identify **percentage time** in the following ranges:
 - a.) Less than 70 mg/dL
 - b.) Between 70 and 250 mg/dL
 - c.) Above 250 mg/dL

B. CGM DEVICE FEATURES: The FAA does not endorse any particular manufacturer, however, the CGM device **must** have the following features:

1. Be FDA-approved;
2. Be **appropriate** for airman's use and age;
3. Have **automatic alarms** for notification for high or low glucose readings with at least two of the following: audio, visual, or tactile;
4. Have "**predictive arrow trends**" that provide warnings of potentially dangerous glucose levels (high or low) before they occur;
5. Have a **high-accuracy rating** with an overall Mean Absolute Relative Difference (MARD) of 10% or less:
 - a.) e.g. If the MARD is 10% and the glucose reading is 70mg/dL, the actual blood glucose could be as low as 63 mg/dL or as high as 77mg/dL
6. Ability to **auto update** at least every 5-15 minutes;
7. Be able to customize low and high glucose levels;
8. Calibrated, at a minimum, as required by the manufacturer or endocrinologist;
9. Ability to self-insert sensor at home; and
10. Cannot be shared with anyone else.

C. INSULIN PUMP REQUIREMENTS:

If using an insulin pump, it must have the ability to suspend insulin for a predictive low glucose or predicted pressure changes.

Insulin pumps must also be FDA approved as compatible with the CGM device. (Not all CGM devices are compatible with all insulin pumps.)

ITEM # 5:	NOTATION OF FLIGHT ACTIVITY and ACTIONS TAKEN
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A. NOTATION ON CGM DATA (for airmen with flight hours):

1. Identify **all** flights for **the past 6 months**; and
2. Notate any actions taken to address low or high glucose levels.

ITEM #6:	EYE EVALUATION
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EYE EVALUATION from a board-certified ophthalmologist to include:

A. VISUAL ACUITY (with and without correction) each eye separately and together for:

1. Near;
2. Intermediate; and
3. Distance vision

B. EVALUATION FOR OTHER RETINAL OR CLINICALLY SIGNIFICANT EYE DISEASE:

1. Cataracts, any evidence;
2. Color vision deficiency: test used, method used;
3. Contrast sensitivity: test used, method used;
4. Depth perception abnormality;
5. Intra Ocular P Pressure (IOP) reading (and treatment if required): test used, method used;
6. Visual field defects: type of test, method used (confrontation fields are acceptable).

C. DILATED FUNDUS EXAM with documentation of absence of retinopathy or degree of retinopathy, if present, and any treatment indicated or recommended.

D. DIAGNOSIS, PROGNOSIS, AND RECOMMENDATIONS FOR TREATMENT OR FOLLOW UP.

ITEM # 7:	CARDIAC RISK EVALUATION
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CARDIAC RISK EVALUATION from a board-certified cardiologist:

A. INITIAL EVALUATION AND ANNUALLY:

1. Evaluation from a board-certified cardiologist assessing cardiac risk factors; and
2. Baseline ECG (regardless of age).

B. EVERY 5 YEARS AND AS CLINICALLY INDICATED:

1. Maximal exercise treadmill stress testing (Bruce), beginning at age 40, and every 5 years thereafter and as clinically indicated. See [Graded Exercise Stress Test Protocol](#).

C. IF THERE ARE ANY ABNORMALITIES on the ECG, stress test, or identification of any cardiac conditions, the cardiologist must provide a report that details:

1. Any confirmed or suspected diagnosis
2. Clinical status including any symptoms.
3. Control of cardiac risk factors (HTN, smoking, hyperlipidemia, exercise, weight)
4. Treatment or monitoring required or recommended and any side effects
5. Were other investigations conducted or recommended (attach reports)
6. Risk of any acutely disabling cardiovascular event (annualized percentage risk)