

CACI – Colitis Worksheet (Updated 04/27/2022)

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 Examiner 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
The general health status of the applicant due to this condition, as documented by the treating physician’s current, detailed Clinical Progress Note.	<input type="checkbox"/> Favorable
Symptoms	<input type="checkbox"/> None or mild diarrhea with or without mild abdominal pain/cramping Fatigue which limits activity or severe abdominal symptoms are not acceptable for certification.
Cause of Colitis	<input type="checkbox"/> Crohn’s Disease, Ulcerative colitis, or Irritable Bowel Syndrome Any other causes require FAA decision.
Surgery for condition in last 6 weeks	<input type="checkbox"/> No
Medications for condition	<input type="checkbox"/> One or more of the following: <ul style="list-style-type: none"> • Oral steroid which does not exceed equivalent of prednisone 20 mg/day (see steroid conversion calculator) • Imuran or Sulfasalazine • Mesalamine (5-aminosalicylic acid such as Asacol, Pentasa, Lialda, etc.) • Steroid foams or enemas/ budesonide enema • Loperamide less than or equal to 16 mg a day and no side effects • Hyoscyamine - use 1-2 times a week with no side effects and no-fly 48 hours after use • Mercaptopurine (6-MP) • Tofacitinib (Xeljanz) • Vedolizumab (Entyvio): 4-hour no-fly after each dose <p>NOT acceptable: Use of infliximab, use of hyoscyamine greater than 2 times per week, Prednisone greater than 20 mg/day, or Loperamide greater than 16 mg per day.</p>

AME MUST NOTE in Block 60 one of the following:

- CACI qualified colitis.
- Has current OR previous SI/AASI but now CACI qualified colitis.
- NOT CACI qualified colitis. I have deferred. (Submit supporting documents.)