

## CACI - Arthritis Worksheet

(Updated 04/29/2026)

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	<input type="checkbox"/> Yes
Symptoms	<input type="checkbox"/> None or mild to moderate symptoms with no significant limitations to range of motion, lifestyle, or activities
Cause of Arthritis *Osteoarthritis - see <a href="#">Arthritis Disposition Table</a> CACI may not be required.	Acceptable causes are limited to: <input type="checkbox"/> Osteoarthritis* <b>and/or</b> <input type="checkbox"/> Autoimmune to include <b>only</b> the following: rheumatoid (limited to joint), psoriatic, or ankylosing spondylitis
Acceptable Medications  <b>KEY:</b>  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)	<input type="checkbox"/> One or more of the following <b>with or without daily NSAIDs:</b> <ul style="list-style-type: none"> <li>• Oral steroid prednisone 20 mg/day equivalent or less (see <a href="#">steroid conversion calculator</a>)</li> <li>• azathioprine (Imuran)</li> <li>• methotrexate (Trexall)</li> <li>• sulfasalazine (Azulfidine)</li> <li>• Hydroxychloroquine (HCQ)/Chloroquine (Plaquenil/Aralen) see status report requirement below**</li> <li>• Any single medication listed below after a 2-week ground trial and: <ul style="list-style-type: none"> <li>▪ <b>No post-dose observation time:</b> <ul style="list-style-type: none"> <li>○ PDE4: apremilast (Otezla)</li> <li>○ JAK: baricitinib (Olumiant); tofacitinib (Xeljanz); upadacitinib (Rinvoq)</li> </ul> </li> <li>▪ <b>4-hour post-dose observation time:</b> <ul style="list-style-type: none"> <li>○ TNF: adalimumab (Humira and all biosimilars), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi)</li> <li>○ IL: anakinra (Kineret), guselkumab (Tremfya), ixekizumab (Taltz), risankizumab (Skyrizi), sarilumab (Kevzara), secukinumab (Cosentyx), tocilizumab (Actemra), ustekinumab (Stelara)</li> </ul> </li> <li>▪ <b>Other post-dose observation time:</b> <ul style="list-style-type: none"> <li>○ 72-hour rituximab (Rituxan) 72-hour - CD20</li> <li>○ 24 hours: infliximab (Infliximab, Remicade, Renflexis) - TNF</li> <li>○ 24 hours: abatacept (Orencia) – T-Cell</li> </ul> </li> </ul> </li> </ul>
** <b>STATUS SUMMARY</b> is required if Hydroxychloroquine (HCQ)/Chloroquine (CQ) (Plaquenil/Aralen) is used.	<input type="checkbox"/> <a href="#">Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Summary (Plaquenil/Aralen)</a> is favorable and no concerns  <b>OR</b>  <input type="checkbox"/> 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.)