

CACI - Arthritis Worksheet (Updated 08/27/2025)

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 Arthritis Disposition Table CACI may not be required.	Acceptable causes are limited to: <input type="checkbox"/> Osteoarthritis* and/or <input type="checkbox"/> Autoimmune to include only the following: rheumatoid (limited to joint), psoriatic, or ankylosing spondylitis
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)	<input type="checkbox"/> One or more of the following: <ul style="list-style-type: none"> Oral steroid prednisone 20 mg/day equivalent or less (see steroid conversion calculator) NSAID (routine use) azathioprine (Imuran) methotrexate (Trexall) sulfasalazine (Azulfidine) Hydroxychloroquine (HCQ)/Chloroquine (Plaquenil/Aralen) see status report requirement below** Any single medication listed below after a 2-week ground trial and: <ul style="list-style-type: none"> No post-dose observation time: <ul style="list-style-type: none"> PDE4: apremilast (Otezla) JAK: baricitinib (Olmiant); tofacitinib (Xeljanz); upadacitinib (Rinvoq) 4-hour post-dose observation time: <ul style="list-style-type: none"> TNF: adalimumab (Humira and all biosimilars), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi) IL: anakinra (Kineret), guselkumab (Tremfya), ixekizumab (Taltz), risankizumab (Skyrizi), sarilumab (Kevzara), secukinumab (Cosentyx), tocilizumab (Actemra), ustekinumab (Stelara) Other post-dose observation time: <ul style="list-style-type: none"> 72-hour rituximab (Rituxan) 72-hour - CD20 24 hours: infliximab (Inflect, Remicade, Renflexis) - TNF 24 hours: abatacept (Orencia) – T-Cell
** STATUS REPORT is required if Hydroxychloroquine (HCQ)/Chloroquine (CQ) (Plaquenil/Aralen) is used.	<input type="checkbox"/> Hydroxychloroquine (HCQ)/ Chloroquine (CQ) Status Report (Plaquenil/Aralen) is favorable and no concerns OR <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.)