

## CACI – Prediabetes Worksheet

(Metabolic Syndrome, Impaired Fasting Glucose,  
Insulin Resistance, Glucose Elevation/Intolerance)

(Updated 10/25/2023)

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. **NOTE: CACI expanded to include diabetic medication taken for weight loss.**

**If the applicant has EVER had an A1C OF 6.5% OR GREATER, DO NOT USE THIS CACI.**

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
<p>Medication is used for:</p> <p><b>Note:</b> Diabetes in remission (diet-controlled), diabetes treated with medication (including insulin), or diabetes insipidus <b>DO NOT</b> qualify for this CACI.</p>	<p><input type="checkbox"/> Prediabetes</p>
<p>Treating physician finds the condition is stable and <b>NONE</b> of the following are present:</p> <ul style="list-style-type: none"> <li>• Symptoms or complications associated with diabetes;</li> <li>• Side effects from the medication; and/or</li> <li>• Hypoglycemic events (symptoms or glucose 70 mg/dl or less) which required intervention in the past 12 months</li> </ul>	<p><input type="checkbox"/> Yes</p>
<p><b>ONLY ONE</b> of the medications listed is used:</p> <ul style="list-style-type: none"> <li>• AME should verify <b>two-week</b> observation after starting medication. (See <a href="#">Pharmaceuticals, Weight Loss Medication</a>)</li> <li>• If using liraglutide or semaglutide, verify no history of substance use disorder, psychosis/psychotic symptoms, suicidal ideation, or self-destructive ideations <b>at any time.</b></li> </ul>	<p><input type="checkbox"/> Yes</p> <p>Indicate which <b>one</b> medication is used:</p> <p><input type="checkbox"/> metformin <b>OR</b></p> <p><input type="checkbox"/> liraglutide <b>OR</b></p> <p><input type="checkbox"/> semaglutide</p>
<p>Current A1C</p> <p><b>Note:</b> A1C 6.5% or greater is diagnostic for diabetes (ADA).</p>	<p><input type="checkbox"/> Yes to all of the following:</p> <p><input type="checkbox"/> Within last 90 days;</p> <p><input type="checkbox"/> 6.4 mg/dL or LESS; and</p> <p><input type="checkbox"/> <b>No history ever</b> of A1C 6.5% or greater</p>

**AME MUST NOTE in Block 60 one of the following:**

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