CACI – Prediabetes Worksheet

(Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance) (Updated 10/30/2024)

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 CACL.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Medication is used for: Note: Diabetes in remission (diet-controlled), diabetes treated with medication (including insulin), or diabetes insipidus DO NOT qualify for this CACI.	[] Prediabetes
 Treating physician finds the condition is stable and NONE of the following are present: Symptoms or complications associated with diabetes; Side effects from the medication; and/or Hypoglycemic events (symptoms or glucose 70 mg/dl or less) which required intervention in the past 12 months 	[] Yes
 ONLY ONE of the medications listed is used: AME should verify two-week observation after starting medication. (See Pharmaceuticals, Weight Loss Medication). Note: 72-hour observation with each dosage change, either increasing or tapering the medication. If using liraglutide or semaglutide, verify no history of substance use disorder, psychosis/psychotic symptoms, suicidal ideation, or self-destructive ideations at any time. 	[] Yes Indicate which one medication is used: □ metformin OR □ liraglutide OR □ semaglutide OR □ tirzepatide
Note: A1C 6.5% or greater is diagnostic for diabetes (ADA).	[] Yes to all of the following: □ Within last 90 days; □ 6.4 mg/dL or LESS; and □ No history ever of A1C 6.5% or greater

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