

## CAROTID or VERTEBRAL ARTERY DISEASE

(including carotid artery bruit; carotid artery stenosis; vertebral artery stenosis)

All Classes

(Updated 01/28/2026)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. <b>49% or less</b> by ultrasound, CTA or angiogram AND No history of <a href="#">TIA or CVA</a>  (use row for highest % stenosis from either left or right side)</p>	<p>The AME should review the following:  Most recent vascular imaging and verify the testing was not performed for symptoms (TIA/CVA).  If documentation verifies</p> <ul style="list-style-type: none"> <li>• 49% or less blockage (both sides)</li> <li>• no symptoms</li> <li>• no ongoing treatment with DOAC/NOAC or coumadin</li> <li>• no current problems that would interfere with flight duties:</li> </ul>	<p style="text-align: center;"><b>ISSUE</b></p> <p>Annotate this information in Block 60.</p>
<p>B. <b>50-79% stenosis</b> AND No history of <a href="#">TIA or CVA</a> AND NOAC/DOAC/coumadin or surgery <b>not</b> recommended by treating physician at this time</p>	<p>See the <a href="#">CACI Carotid/Vertebral Stenosis Worksheet</a>.  This will require a detailed Clinical Progress Note and vascular imaging (ultrasound, CTA, angiogram) performed within the previous one year.  Note: Antiplatelet therapy (including dual Plavix + ASA) can be considered for CACI.  Anticoagulation (NOAC/DOAC/coumadin/Jantoven) is not CACI. Go to row C.</p>	<p style="text-align: center;"><b>ISSUE</b></p> <p>If the pilot meets all CACI worksheet criteria and is otherwise qualified,</p> <p style="text-align: center;"><b>ISSUE</b></p> <p>with no time limitation</p> <p>Annotate the correct CACI statement in Block 60 and keep the required supporting information on file.</p> <p>If no AME explanation, the individual may be asked to provide documentation.</p>

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>C. All others including:</p> <p><b>80% stenosis or higher</b></p> <p>OR</p> <p>Taking NOAC/DOAC/coumadin</p> <p>OR</p> <p>Surgery is recommended,</p> <p>Note: if any neurologic symptoms or history of <a href="#">TIA/CVA</a>, see that page.</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. A detailed Clinical Progress Note performed within 90 days of exam from the <b>treating physician (cardiologist, neurologist, or PCP)</b>. It should include a detailed summary of the history of the condition or diagnosis, treatments and outcomes, current medications, physical exam findings, all pertinent test results obtained, assessment, plan, and follow up.</li> <li>2. It must specifically include if there has been <b>any clinically significant increase in stenosis that would prompt a change in treatment or surveillance</b>.</li> <li>3. <b>Carotid Ultrasound</b> or other vascular imaging report (e.g. CTA, MRA, angiogram) performed <b>no more than 90 days prior</b> to AME exam.</li> <li>4. <b>Other testing:</b> Any deemed clinically necessary by the treating physician</li> <li>5. <b>Cardiovascular risk assessment</b> to review risk factors and include testing indicated within the previous one year. [see Protocol for Cardiovascular Evaluation (CVE)].</li> </ol> <p>Note: Stress testing may be required in some cases or when clinically indicated.</p>	<p><b>DEFER</b></p> <p>Submit the information to the FAA for a possible Special Issuance</p> <p>Annotate (elements or findings) in Block 60.</p>