HEADACHE or MIGRAINE

(Cluster, Tension, Ocular, Acephalgic, Ophthalmic, or Retinal) All Classes (Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
A. Stress Headache	If the AME can determine the condition is:	
Tension Headache	mild and under control:	ISSUE
Controlled with OTC meds	 Average of less than two headache days per month; Medications are acceptable (seldom requiring more than OTC analgesics); Is not incapacitating (The individual has no symptoms that would interfere with flight duties.); and Not associated with any neurological findings: 	Annotate this information in Block 60.
B. Migraine with aura (Classic migraine/ Common Migraine)	See the <u>CACI-Migraine and Chronic Headache</u> <u>Worksheet</u> .	If the pilot meets all CACI worksheet criteria
OR		and is otherwise qualified
Chronic tension	This will require a <u>current, detailed Clinical</u> <u>Progress Note</u> from the treating physician or	quaimeu
OR	neurologist.	ISSUE
Chronic daily		with no time limitation
OR		Annotate the correct CACI statement in
Cluster		Block 60 and keep
OR		the required supporting
Any history of a migraine which results in changes in vision (excluding migraine aura)		information on file.
(Older terms include acephalgic migraine, ocular migraine, ophthalmic migraine)		

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
C. Complicated migraine,	Submit the following for FAA review:	
OR	1. A current, detailed neurological	DEFER
Post-traumatic headaches,	evaluation that meets FAA Specifications for Neurologic Evaluation	Submit the
OR	Specifications for Neurologic Evaluation generated from a clinic visit with the	information to the FAA for a possible
Retinal migraine (previously called ocular	treating neurologist no more than 90 days before the AME exam.	Special Issuance.
migraine)*	 MRI* of the brain performed no more than one (1) year before the AME 	
*This type aprende correct	exam.	
*This type spreads across the retina and the concern		
is amaurosis)	 If an MRI is contraindicated or cannot be performed, the treating neurologist should discuss why. If CT is used, with or without contrast is per the treating neurologist. 	
	 Submit the interpretive report on paper and imaging on CD in DICOM readable format (there must be a file named 'DICOMDIR' in the root directory of the CD-ROM). Please verify the CD will display the images before sending. Retain a copy of all films as a safeguard if lost in the mail. 	
	 Number of headache days per month per the applicant. 	
	4. Other testing completed or deemed necessary by the treating physician.	
	Note: If associated with a seizure – see seizure section. Chronic recurring headaches or pain syndromes often require medication for relief or prophylaxis, and, in some instances, the use of such medications is disqualifying because they may interfere with the individual's alertness and functioning. In some conditions, pain may be incapacitating.	

CACI - Migraine and Chronic Headache Worksheet

(Updated 04/13/2022)

To determine the applicant's eligibility for certification, the AME must review a <u>current</u>, <u>detailed Clinical Progress Note</u> 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	[] Yes
Acceptable Types of Migraine or Headache	[] Classic/Common Migraine, Chronic Tension headache, Cluster headache
	NOT acceptable : Ocular migraine, complicated migraine
Frequency	[] No more than one episode per month
Symptoms	 [] Only mild symptoms controlled with medication(s) listed below. [] In the last year: no in-patient hospitalizations no more than 2 outpatient clinic/urgent care visits for exacerbations (with symptoms fully resolved) NOT acceptable: neurological or TIA-type symptoms; vertice: symptoms; and/or montal status change.
Medications - Preventive	vertigo; syncope; and/or mental status change [] None; or daily calcium channel blockers or beta blockers only for prophylaxis without side effects
Medications - Abortive	 [] OTC headache medications; warn airman: 24 hour no-fly - Triptans 36 hour no-fly - Metoclopramide (Reglan); 96 hour no-fly - promethazine (Phenergan) NOT acceptable: Injectable medications and narcotics

AME MUST NOTE in Block 60 one of the following:

[] CACI qualified migraine and chronic headaches. (Documents do not need to be submitted to the FAA.)

[] Has current OR previous SI/AASI but now CACI qualified migraine and chronic headaches.

[] NOT CACI qualified migraine and chronic headaches. I have deferred. (Submit supporting documents.)

AASI for Migraines

AME Assisted Special Issuance (AASI) is a process that provides AMEs the ability to reissue an airman medical certificate under the provisions of an Authorization for Special Issuance of a Medical Certificate (Authorization) to an applicant who has a medical condition that is disqualifying under Title 14 of the Code of Federal Regulations (14 CFR) part 67.

An FAA physician provides the initial certification decision and grants the Authorization in accordance with 14 CFR § 67.401. The Authorization letter is accompanied by attachments that specify the information that treating physician(s) must provide for the re-issuance determination. If this is a first-time application for an AASI for the above disease/condition, and the applicant has all the requisite medical information necessary for a determination, the AME must defer and submit all of the documentation to the AMCD or RFS for the initial determination.

AMEs may re-issue an airman medical certificate under the provisions of an Authorization, if the applicant provides the following:

- An Authorization granted by the FAA;
- A statement regarding the frequency of headaches and/or other associated symptoms since last follow-up report;
- A statement regarding if the characteristics of the headaches changed; and
- The name and dosage of medication(s) used for treatment and/or prevention with comment regarding side effects.

The AME must defer to the AMCD or Region if:

• The frequency of headaches and/or other symptoms increase since the last follow-up report; or

The applicant is placed on medication(s), such as isometheptene mucate, narcotic analgesic, tramadol, tricyclic-antidepressant medication, etc.