

**Metabolic dysfunction-Associated Liver Disease (MASLD)/Non-Alcoholic Fatty Liver Disease (NAFLD), and Metabolic dysfunction-Associated Steatohepatitis (MASH)/Non-Alcoholic Steatohepatitis (NASH)**

All Classes  
(Updated 02/25/2026)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p><b>A.</b> Metabolic dysfunction-associated steatotic liver disease (MASLD)</p> <p>OR</p> <p>Non-alcoholic fatty liver disease (NAFLD)</p> <p>NOT due to diabetes and/or substance use disorder</p>	<p>If the AME can determine the condition is under control, and no symptoms that would interfere with flight or safety related duties:</p>	<p align="center"><b>ISSUE</b></p> <p>Annotate this information in Block 60.</p> <p>If any underlying cause is found, see that section.</p>
<p><b>B.</b> Metabolic dysfunction-associated steatohepatitis (MASH)</p> <p>OR</p> <p>Non-alcoholic steatohepatitis (NASH)</p> <p>If <a href="#">diabetes</a> present, see that section.</p>	<p>See the <a href="#">CACI MASH/NASH Worksheet</a>.</p> <p>This requires a current, detailed Clinical Progress Note from the Hepatologist (Liver Specialist) and fibrosis score.</p> <p>If the pilot meets all CACI worksheet criteria and is otherwise qualified:</p>	<p align="center"><b>ISSUE</b></p> <p>If the pilot meets all CACI worksheet criteria and is otherwise qualified,</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><b>C. All others</b></p> <ul style="list-style-type: none"> <li>• Symptomatic</li> <li>• Fibrosis score F2 or greater</li> <li>• FIB-4 index greater than 1.45</li> <li>• Liver biopsy showed cirrhosis</li> </ul> <p><a href="#">Cirrhosis</a> - See that section</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> <li>1. A <b>current, detailed Clinical Progress Note</b> generated from a clinic visit with the treating <b>Hepatologist</b> or treating physician no more than <b>90 days</b> before the AME exam. It must include: <ul style="list-style-type: none"> <li>• A detailed summary of the history of the condition;</li> <li>• Current medications, dosage, and side effects (if any);</li> <li>• Ophthalmological exam findings;</li> <li>• Results of any testing performed;</li> <li>• Diagnosis;</li> <li>• Assessment and plan;</li> <li>• Prognosis; and Follow-up.</li> </ul> </li> <li>2. <b>Lab.</b> Current liver function testing, CBC, and any other testing clinically indicated.</li> <li>3. Results of any imaging studies performed or clinically indicated.</li> <li>4. Liver biopsy results (if performed).</li> </ol>	<div style="background-color: red; height: 15px; width: 100%;"></div> <p style="text-align: center;"><b>DEFER</b></p> <p style="text-align: center;">Submit the information to the FAA for a possible Special Issuance</p> <p>Annotate (elements or findings) in Block 60.</p>