

Calcium Channel Blocker Statement

Patient name _____

Physician name _____

Prior to the initiation of prostacyclin therapy the patient underwent trial therapy as follows.
The following calcium channel blocker was tested:

- | | | |
|---|---|--|
| <input type="checkbox"/> <i>Calan</i> ® SR (verapamil) | <input type="checkbox"/> <i>DynaCirc</i> ® (isradipine) | <input type="checkbox"/> <i>Plendil</i> ® (felodipine) |
| <input type="checkbox"/> <i>Cardene</i> ® (nicardipine) | <input type="checkbox"/> <i>Nimotop</i> ® (nimodipine) | <input type="checkbox"/> <i>Procardia</i> ® (nifedipine) |
| <input type="checkbox"/> <i>Cardizem</i> ® (diltiazem) | <input type="checkbox"/> <i>Norvasc</i> ® (amlodipine) | <input type="checkbox"/> <i>Sular</i> ® (nisoldipine) |
- Other (specify) _____

With the following response:

- | | |
|--|--|
| <input type="checkbox"/> Pressures continued to climb. | <input type="checkbox"/> Disease continued to progress. |
| <input type="checkbox"/> Patient became hypotensive. | <input type="checkbox"/> Patient had an allergic reaction. |
| <input type="checkbox"/> Other (specify) _____ | |

A calcium channel blocker was not tested because:

- Patient is hemodynamically unstable.
- Patient did not respond to vasodilator challenge with greater than 20% reduction in mean pulmonary artery pressure.
- Patient has systemic hypotension.
- Patient has depressed cardiac output.
- Other (specify) _____

Physician signature _____

Date _____

Fax completed form to 800.711.3526

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