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:

☐ *Calan*® SR (verapamil)
☐ *Cardene*® (nicardipine)
☐ *Cardizem*® (diltiazem)
☐ *DynaCirc*® (isradipine)
☐ *Nimotop*® (nimodipine)
☐ *Norvasc*® (amlodipine)
☐ *Plendil*® (felodipine)
☐ *Procardia*® (nifedipine)
☐ *Sular*® (nisoldipine)

☐ Other (specify) _____

With the following response:

☐ Pressures continued to climb.
☐ Patient became hypotensive.
☐ Disease continued to progress.
☐ Patient had an allergic reaction.
☐ 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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