

**CALCIUM CHANNEL BLOCKER STATEMENT**

**Patient's name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Prior to initiation of other therapies for pulmonary arterial hypertension, the following calcium channel blocker (CCB) has been adequately trialed:

**Name of trialed CCB:**

- |   |   |
|---|---|
| <input type="checkbox"/> Amlodipine (Norvasc)               | <input type="checkbox"/> Mibefradil (Posicor)                 |
| <input type="checkbox"/> Bepridil (Vascor)                  | <input type="checkbox"/> Nicardipine (Cardene, Cardene SR)    |
| <input type="checkbox"/> Diltiazem (Cardizem)               | <input type="checkbox"/> Nifedipine (Procardia, Adalat, etc.) |
| <input type="checkbox"/> Felodipine (Plendil)               | <input type="checkbox"/> Nimodipine (Nimotop)                 |
| <input type="checkbox"/> Isradipine (DynaCirc, DynaCirc CR) | <input type="checkbox"/> Nisoldipine (Sular)                  |
| <input type="checkbox"/> Verapamil (Calan SR)               | <input type="checkbox"/> Other: _____                         |

**Patient's response to the above-trialed CCB:**

- Pressure continued to rise
- Disease continued to progress – symptoms persisted
- Patient allergic
- Other: \_\_\_\_\_

**OR**

**A calcium channel blocker has not been trialed due to the following reason(s):**

- Patient was hemodynamically unstable
- Patient did not response to vasodilator challenge with greater than 20% reduction in mPAP
- Patient has systemic hypotension
- Patient has depressed cardiac output
- Other: \_\_\_\_\_

I hereby certify and attest that the above statements are true and accurate.

**Prescriber's full name:** \_\_\_\_\_

**Prescriber's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_.

*Disclaimer Statement: CMS and certain private insurance companies require that prior to initiation of other therapies for pulmonary arterial hypertension, a calcium channel blocker (CCB) must be trialed and failed. If a CCB has not been trialed, specific reasons must be provided.*