



L-PVDOMICS STUDY

PH and Concomitant Medications Form #510

Instructions: This form is completed once per participant. This form should record all medications including those medications prescribed by physician, nurse practitioner, or physician assistant as well as any over-the-counter medications such as multivitamins, nutraceuticals, herbal remedies and so on. Review participant's medical record and **ask the Level 1 or Level 2 participant** what medications that are prescribed and/or OTC meds usually taken even if not taken that day but would take normally. **Review chart for Level 3 participants.**

*See note on calcium channel blocker use.

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1. Identification Number

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2. Alphacode

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3. Date of medication review (mm/dd/yyyy)

4. Were meds documented and/or participant provided information about meds? (0=No; 1=Yes)..... ____
5. In the last three months has participant received any of following therapies?
- Blood transfusion(s) (0=No; 1=Yes, 9=Unknown)..... ____
 - Platelet transfusion(s) (0=No; 1=Yes, 9=Unknown) ____
 - Intravenous immunoglobulin (IVIG) (0=No; 1=Yes, 9=Unknown)..... ____
 - Chemotherapy and/or immunosuppressive medication(s)? ____
0=No; 1=Yes, complete table below, 9=Unknown

You will be able to enter as many medications as needed.

Name of Immunosuppression/Chemotherapy Medications since last parent study visit	Duration 1=0-3mos, 2=4-6 mos, 3=7-12mos, 4= >1 year 9=Unknown	Last Dose 1=0-3mos, 2=4-6 mos, 3=7-12mos, 4= >1 year 9=Unknown

6. Is the participant currently taking any medications and/or OTC supplements? ____
(0=No, 1=Yes, 9=Unknown)

Name of Medication/Supplement

Name of Medication/Supplement

[illegible]

- a. If yes, is CCB being used specifically for PH? (0=No, 1=Yes, 9=Unknown)..... ____

9. Is the participant currently using oxygen at **rest**? (0=No; 1=Yes, 9=Unknown)

- 1=1-2 lpm 3=5-6 lpm 5=greater than 8 lpm
2=2-4 lpm 4=6-8 lpm **9=Unknown**

10. Is the participant currently using oxygen at **night**? (0=No; 1=Yes, 9=Unknown) _____
 a. If yes, how much does participant report using in liters per minutes (lpm) _____
 1=1-2 lpm 3=5-6 lpm 5=greater than 8 lpm
 2=2-4 lpm 4=6-8 lpm 9=Unknown
11. Is the participant currently using oxygen on **exertion**? (0=No; 1=Yes, 9=Unknown) _____
 a. If yes, how much does participant report using in liters per minutes (lpm) _____
 1=1-2 lpm 3=5-6 lpm 5=greater than 8 lpm
 2=2-4 lpm 4=6-8 lpm 9=Unknown
199. Username of physician reviewing medications list and determining and/or confirming that a medication was used for PH..... _____
 (Username of physician is the first 6 letters of last name and first initial.)
200. Date this form completed (mm/dd/yyyy) _____/_____/_____
201. Username of person completing this form _____

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) _____/_____/_____

Username of person entering this form _____

See list of Calcium Channel Blockers (CCB)/Calcium Antagonists/Calcium Channel Antagonists/ PH Meds

Drug Name	Generic
Adalat CC (Pro)	nifedipine
Afeditab CR (Pro)	nifedipine
Calan (Pro)	verapamil
Calan SR (Pro)	verapamil
Cardene (Pro)	nicardipine
Cardene IV (Pro)	nicardipine
Cardene SR (Pro)	nicardipine
Cardizem (Pro)	diltiazem
Cardizem CD (Pro)	diltiazem
Cardizem LA (Pro)	diltiazem

Drug Name	Generic
Cartia XT (Pro)	diltiazem
Cleviprex (Pro)	clevidipine
Covera-HS (Pro)	verapamil
Dilacor XR (Pro)	diltiazem
Dilt-XR (Pro)	diltiazem
Diltia XT (Pro)	diltiazem
Diltzac (Pro)	diltiazem
Dynacirc (Pro)	isradipine
DynaCirc CR (Pro)	isradipine
Isoptin SR (Pro)	verapamil

Drug Name	Generic
Katerzia	amlodipine
Matzim LA (Pro)	diltiazem
Nifediac CC (Pro)	nifedipine
Nifedical XL (Pro)	nifedipine
Nimotop (Pro)	nimodipine
Norvasc (Pro)	amlodipine
Nymalize (Pro)	nimodipine
Plendil (Pro)	felodipine
Procardia (Pro)	nifedipine
Procardia XL (Pro)	nifedipine

Drug Name	Generic
Sular (Pro)	nisoldipine
Taztia XT (Pro)	diltiazem

Drug Name	Generic
Tiadyt ER	diltiazem
Tiazac (Pro)	diltiazem

Drug Name	Generic
Verelan (Pro)	verapamil
Verelan PM (Pro)	verapamil

DRUG	PH med	* = could be non-PH use	if non PO delivery	notes
ADALAT/nifedipine	Y*	raynauds, HTN		
ADALAT CC/nifedipine	Y*	raynauds, HTN		
ADCIRCA/tadalafil	Y	raynauds		
ADEMPAS/riociguat	Y			
AMBRISANTAN/Letairis	Y			
AMLODIPINE/Norvasc	Y*	raynaud, HTN		
AMLODIPINE BESILATE/Norvasc	Y*	raynaud, HTN		
AMLODIPINE BESYLATE	Y*	raynaud, HTN		
BOSENTAN/tracleer	Y	raynauds		
CARDIZEM	Y*	HTN, atrial fib, SVT		
CARDIZEM CD	Y*	HTN, atrial fib, SVT		
CARTIA	Y*	HTN, atrial fib, SVT		
CARTIA XT	Y*	HTN, atrial fib, SVT		
CIALIS/tadalafil	occ	pulmonary htn, ED		*cialis = tadalafil; pt used it \$ wise
DILT-XR	Y*	HTN, atrial fib, SVT		
DILTIAZEM	Y*	HTN, atrial fib, SVT		
DILTIAZEM CD	Y*	HTN, atrial fib, SVT		
DILTIAZEM HCL	Y*	HTN, atrial fib, SVT		
EPOPROSTENOL/Flolan/Veletri	Y		IV	
EPOPROSTENOL SODIUM	Y		IV	
ILOPROST	Y		inhaled	
LETAIRIS/ambrisentan	Y			
MACITENTAN	Y			
NIFEDICAL XL/nifedipine	Y*	raynauds, HTN		
NIFEDIPINE	Y*	raynauds, HTN		
NIFEDIPINE ER	Y*	raynauds, HTN		
NIFEDIPINE XL	Y*	raynauds, HTN		
OPSUMIT	Y			
ORENITRAM	Y			
REMODULIN/treprostinal	Y		IV, SQ, inhaled PO	
REVATIO/sildenafil	Y			
RIOCIGUAT	Y			
SELEXIPAG	Y			
SILDENAFIL	Y	pulmonary htn, ED		
SILDENAFIL CITRATE	Y	pulmonary htn, ED		

DRUG	PH med	* = could be non-PH use	if non PO delivery	notes
TADAFIL (form of tadalafil)	Y	pulmonary htn, ED		
TADALAFIL	Y	pulmonary htn, ED		
TRACLEER/bosentan	Y			
TREPROSTINIL/remodulin	Y		PO, IV, SQ, inhled	
TREPROSTINIL DIOLAMIN	y		PO, IV, SQ, inhled	
TREPROSTINIL SODIUM	y		PO, IV, SQ, inhled	
TYVASO	Y		inhaled	
UPTRAVI	Y			
VELETRI	Y		IV	