



## My *Personalized* Treatment Plan

Name: \_\_\_\_\_ Use this worksheet with your pulmonary hypertension (PH) specialist to build a treatment plan that fits your needs. Bring this completed handout to your appointments to track progress and next steps.

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

Today's Date: \_\_\_\_\_

### Diagnosis

I have Group \_\_\_\_\_ pulmonary hypertension

Specific Type: \_\_\_\_\_

**Examples:** Group 1 PAH (Idiopathic, Heritable, Connective Tissue Disease (CTD)-Associated PAH), Group 2 PH (HfPEF-PH), Group 3 PH (PH-ILD, PH-COPD), Group 4 CTEPH, Group 5 PH (Multifactorial)

### Treatment Plan

Circle or mark the medications included in your plan:

Medication Category	Options
<b>PDE-5 inhibitors/sGC stimulator</b>	<input type="checkbox"/> Sildenafil (Revatio) <input type="checkbox"/> Riociguat (Adempas) <input type="checkbox"/> Tadalafil (Adcirca)
<b>Endothelin Receptor Antagonists (ERAs)</b>	<input type="checkbox"/> Ambrisentan (Letairis) <input type="checkbox"/> Bosentan (Tracleer) <input type="checkbox"/> Macitentan (Opsumit)
<b>Prostacyclin Pathway - Inhaled</b>	<input type="checkbox"/> Inhaled Treprostinil (Nebulized Inhalation Solution) <input type="checkbox"/> Treprostinil inhalation powder (Tyvaso DPI) <input type="checkbox"/> Treprostinil inhalation powder (Yutrepia) <input type="checkbox"/> Inhaled Iloprost (Ventavis)
<b>Prostacyclin Therapies - Oral</b>	<input type="checkbox"/> Oral Treprostinil (Orenitram) <input type="checkbox"/> Selexipag (Uptravi)
<b>Prostacyclin Therapies - IV/SQ</b>	<input type="checkbox"/> Treprostinil SQ (Remodulin SQ) <input type="checkbox"/> Epoprostenol (Veletri/Flolan) <input type="checkbox"/> Treprostinil IV (Remodulin IV)
<b>Activin Signaling Inhibitor</b>	<input type="checkbox"/> Sotatercept (Winrevair)
<b>Other Medications</b>	<input type="checkbox"/> Diuretic: _____ <input type="checkbox"/> SGLT-2 inhibitor (Jardiance/Farxiga) <input type="checkbox"/> Potassium: _____ <input type="checkbox"/> Blood thinner (Warfarin/Eliquis/Xarelto): _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____



## **Lifestyle Prescription**

### **Sleep Goals:**

---

---

### **Nutrition Goals:**

Daily Sodium Allowance: \_\_\_\_\_

Daily Fluid Allowance: \_\_\_\_\_

---

---

### **Exercise / Movement Goals:**

---

---

### **Mental Health / Emotional Well-Being:**

---

---

## **Questions for My Doctor**

---

---

---

## **Follow-Up Appointments & Testing Plan**

---

---

---