

# Practical considerations for managing transitions from parenteral prostacyclins to an oral IP receptor agonist

Jean M Elwing, MD<sup>1</sup>; Christina Benninger, MSN, APRN<sup>2</sup>; Paul Strachan, MD<sup>2</sup>; Korawin Triyasakorn, PharmD<sup>2</sup>; Marla Choren, PharmD, MPH<sup>2</sup>; Kody Timms, PharmD<sup>2</sup>; Lori Reed, NP-C<sup>3</sup> <sup>1</sup>University of Cincinnati, Cincinnati, OH, USA; <sup>2</sup>Johnson & Johnson, Titusville, NJ, USA; <sup>3</sup>Piedmont Healthcare, Atlanta, GA, USA

## Introduction

- The prostacyclin pathway represents a key foundational pathway in the treatment of patients with pulmonary arterial hypertension (PAH), with over 30 years of clinical experience—including 10 years with an oral IP receptor agonist<sup>1-3</sup>
- Parenteral prostacyclin pathway agents (PPAs) are often used for the treatment of patients at high risk, or for those who remain at intermediate/high risk on initial therapy<sup>4</sup>

- Parenteral PPA use may be limited by administration difficulties, including the need for continuous infusion, administration side effects, and complexities of a chronic indwelling catheter
- An alternative route of therapy, such as oral administration, may be a more favorable option for some patients
- Methods for transitioning to an oral IP receptor agonist remain undefined as treatment protocols are lacking
- A systematic literature review revealed a high level of heterogeneity in approaches to transitioning from a parenteral PPA to an oral IP receptor agonist (Elwing et al, PH Hope 2025 Poster), highlighting a need for standardized, evidence-based, practical recommendations for managing this transition

## Objective

- To describe practical considerations for managing patients who are transitioning from a parenteral PPA to an oral IP receptor agonist based on the expertise of two healthcare providers

## Results

### SELECT PPA BASED ON PROS AND CONS

#### PARENTERAL



- Long-term outcomes data from registries
- Rapid dose-adjustment effects with no maximum dose
- Implied adherence because of administration route



- Complexities and challenges associated with continuous infusion and equipment, including line infections, loss of lines, line maintenance, and subcutaneous catheter site pain
- Need for additional care partner, social, and nursing support; close monitoring; and management of the pump and lines, and systemic adverse effects
- Medication side-effects, uptitration, and administration
- Limited long-term care or rehab options if facilities are not familiar with the medication required for inpatient management
- Education required for care facility staff and care partners

#### ORAL IP RECEPTOR AGONIST

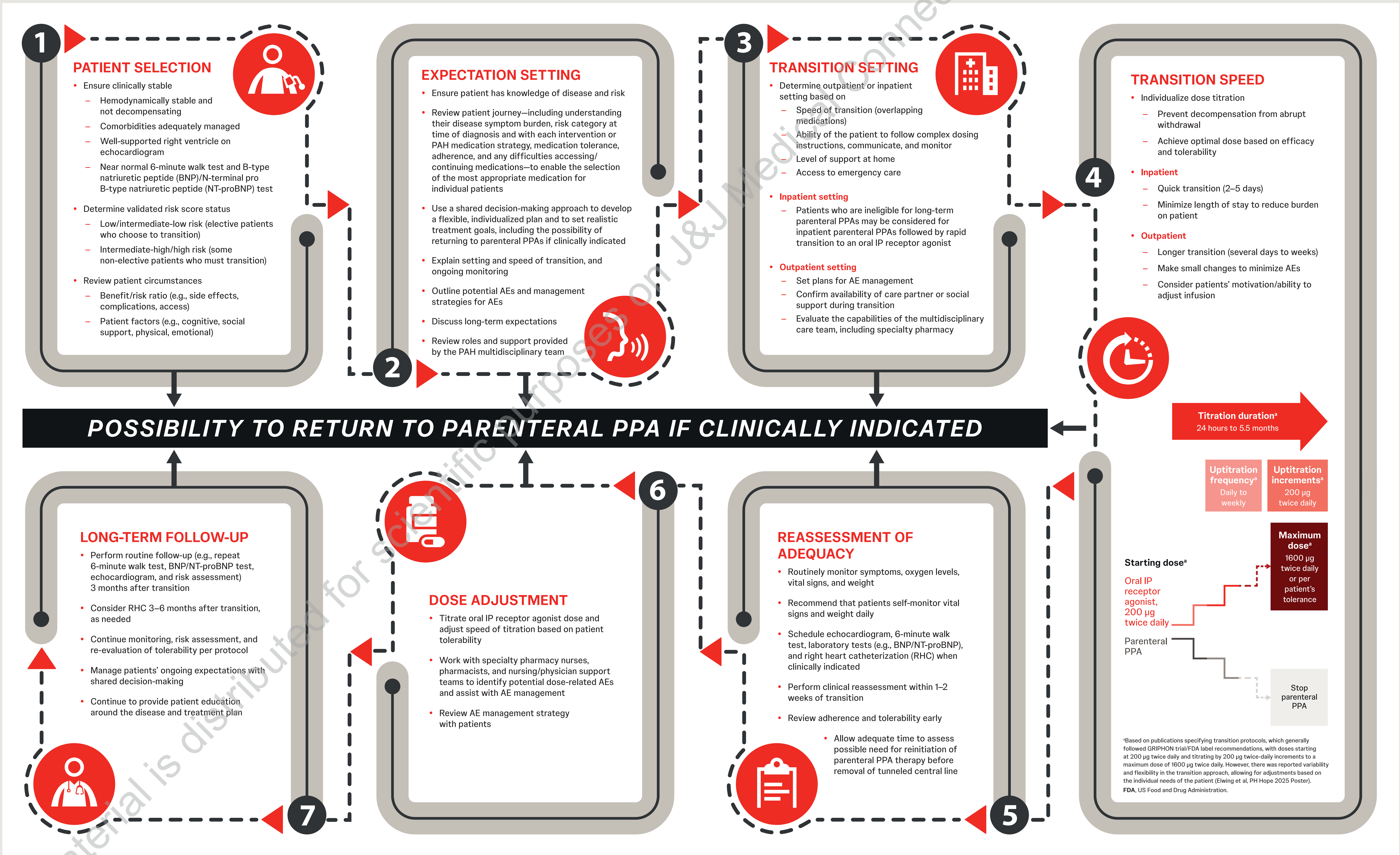


- Long-term survival outcomes data
- Convenience and improved safety of not having a continuous infusion or central line, pumps, or catheters (intravenous or subcutaneous)
- Fewer safety concerns if medication is abruptly discontinued
- Well-established dosing with a personalized goal dose
- Manageable side effect profile
- Potential for improved quality of life



- Frequent management and monitoring with dose titration
- Potential side effects and adverse events (AEs)
- Possible decreased adherence with intermittent, twice-daily dosing schedule

### CONSIDERATIONS FOR TRANSITIONING FROM PARENTERAL PPA TO ORAL IP RECEPTOR AGONIST



## Key takeaway

Transitioning from a parenteral PPA to an oral IP receptor agonist can be a challenging and complex process. However, a patient's opportunity for a successful transition is maximized through careful planning, setting transparent expectations, and an individualized approach with close monitoring and long-term follow-up

## Conclusions

- Careful selection of patients is imperative to successfully transition from a parenteral PPA to an oral IP receptor agonist
- It is important to set transparent and realistic expectations through an individualized, shared decision-making approach with patients and involvement of a multidisciplinary team
- Patients should be informed of the possibility of returning to parenteral PPAs throughout the process, if clinically indicated
- Close monitoring during the transition, immediately after completion, and long-term follow-up are essential for successful transition

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## Disclosures

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## Pulmonary Hypertension



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