Patient perspectives on fixed-dose combination therapy for pulmonary arterial hypertension: exploratory focus group insights

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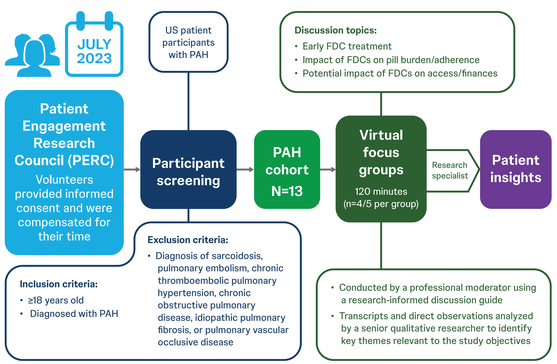
Introduction

- Pulmonary arterial hypertension (PAH) requires lifelong medication, with patients taking an average of 12 pills per day[1]
- There are fixed-dose combination (FDC) treatment options for chronic diseases, including systemic arterial hypertension and diabetes, which have been associated with decreasing patient pill burden and increasing adherence[2–5]
- The objective of this exploratory research was to gather insights from patients with PAH about their beliefs surrounding the use of FDCs (i.e., combination pills; two PAH medications combined in a single tablet), their perceptions of its potential benefits, and what they saw as challenges to its use
- At the time this research was conducted in July 2023, there were no approved FDCs for PAH in the United States, participants were not given any information about the proposed medications that may be included in FDC composition, and discussions were hypothetical

Methods

- Eligible participants were adults living in the United States, part of Johnson & Johnson's Patient Engagement Research Council (PERC) program, and had a self-reported PAH diagnosis
- Johnson & Johnson's PERC program covers over 16 chronic disease states and includes patients and caregivers from a diverse group of ethnic and socio-demographic backgrounds
- PERC participants volunteered to share their insights at specific focus groups, provided informed consent, and were compensated for time spent participating in the focus groups
- For this engagement, three exploratory focus group sessions were moderated by a research specialist (Evidera) using a semi-structured discussion guide in July 2023; transcripts were analyzed using MAXQDA software to identify key themes about FDCs for PAH (**Figure 1**)

FIGURE 1. Focus group recruitment and design



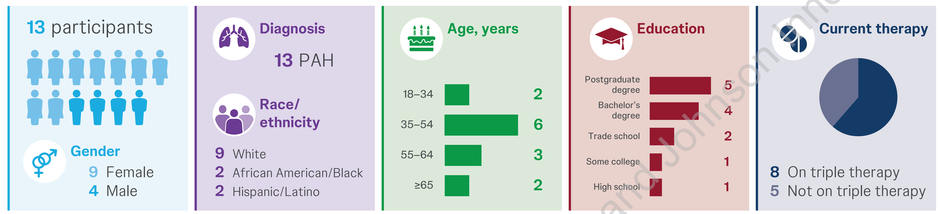
FDC, fixed-dose combination; **PAH**, pulmonary arterial hypertension.

Results

Participants

- In total, 13 patients with PAH participated in the focus groups (**Figure 2**)
- Most participants (11/13) were not familiar with FDCs for PAH or combination pills prior to the focus groups

FIGURE 2. Focus group participant self-reported demographics

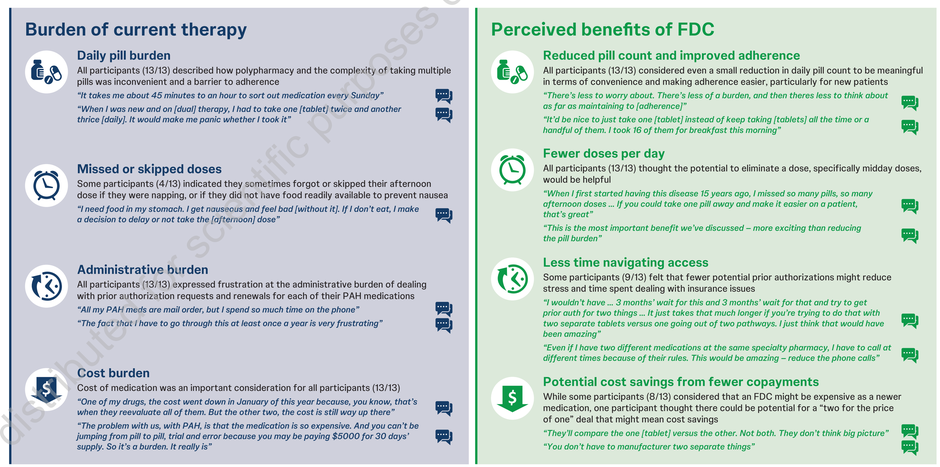


PAH, pulmonary arterial hypertension.

Perceived benefits of FDCs as single-tablet combination therapy for the treatment of PAH

- Participants considered improved adherence and convenience (both in terms of reduced pill count/lower dosing frequency and less time spent navigating insurance coverage), alongside potential cost savings, to be the most compelling benefits of FDCs (**Figure 3**)

FIGURE 3. Participant insights on burden of medication in PAH and perceived benefits of FDCs



FDC, fixed-dose combination; **PAH**, pulmonary arterial hypertension.

- Participants felt that even the elimination of one tablet or of one dose per day (especially the mid-day dose) would be meaningful in terms of improving adherence
- Participants also perceived that one fewer potential prior authorization could reduce stress

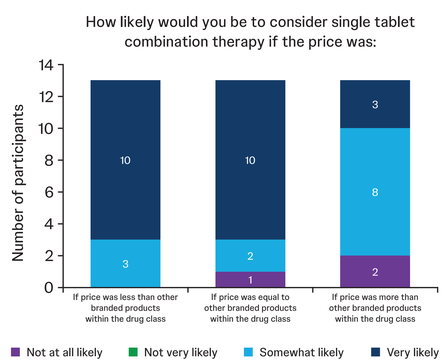
Uncertainties around FDCs

- Participants suggested that there may be challenges with medication titration and difficulty identifying which of the two combined medications caused any side effects they might experience
- Although participants thought that use of an FDC may facilitate combination therapy, including upfront titration management would still be important
- The group anticipated challenges in dealing with insurance companies about FDCs, but were certain that their healthcare providers would help them get coverage if the medication was appropriate for them

Receptiveness to FDCs

- During the engagement, all but one participant (12/13) expressed interest in taking an FDC for their PAH
  - The disinterested participant was generally skeptical about trying any medication without a history of real-world use over years or even decades
- Most participants indicated they would be likely to consider FDCs, even if the costs were higher than other branded products within the drug class (**Figure 4**)

FIGURE 4. Likelihood of considering FDCs in various cost scenarios: responses to a focus group poll



FDC, fixed-dose combination.

Conclusions

- **Most participants with PAH expressed interest in taking an FDC as a single-tablet combination therapy if it were an option for them and thought an FDC would simplify adherence to a combination therapy regimen**
- **Participants saw potential benefits in terms of convenience (through a fewer number of tablets/ simplified daily doses and less time spent dealing with prior authorization issues) as well as cost, both of which can be barriers to medication adherence**
- **This exploratory research provides insights on the perceptions of US patients regarding the utility of FDCs in PAH; it also identifies an unmet need for education around FDCs and the importance of adherence in PAH**

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Disclosures

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