Pulmonary Arterial Hypertension | TreatmentTrends | US | 2015

Pulmonary arterial hypertension (PAH) is a severe and debilitating disease with rapid progression and high rates of mortality. If left untreated, life expectancy is less than three years; even treated patients experience considerable deterioration in exercise capacity and ultimately succumb to heart failure. Existing PAH drugs have increased the expected life span of patients, but clinicians continue to seek novel therapies that can increase patients’ life expectancy, exercise capacity, and time to clinical worsening but with fewer safety concerns and contraindications than those of existing agents. This report offers a snapshot of the PAH market dynamics and competitive landscape through comprehensive primary research with pulmonologists. The report provides valuable insight into the current and anticipated treatment of patients with PAH, with a particular focus on the use of recently launched therapies. We also assess surveyed physicians’ perceptions of products for PAH—including their advantages and disadvantages, prescribing patterns, and barriers to growth—and current detailing and messaging efforts for approved PAH brands. Respondents are queried about their awareness of and interest in products in development or recently approved for PAH.

Questions Answered in This Report:

- While there are multiple therapies available for the treatment of PAH, none have the ability to reverse disease progression. How are patients with different NYHA/WHO functional classes currently being managed and treated? How has the treatment algorithm changed over the past six months? Is treatment anticipated to change over the next six months? What factors are driving these anticipated changes?

- Macitentan (Actelion’s Opsumit), riociguat (Bayer Healthcare’s Adempas), and oral treprostinil (United Therapeutics’ Orenitram) have recently launched for the treatment of PAH. How have these therapies been incorporated into the PAH treatment algorithm? How has their availability impacted use of other PAH therapies? How do physicians perceive each of these agents to perform across multiple product attributes?

- There is increasing interest in the use of combination therapies for the treatment of PAH. What are the most commonly prescribed combinations of PAH therapies? At what point in the treatment algorithm is combination pharmacotherapy initiated? What changes have pulmonologists made to their prescribing patterns of combination therapy in the past six months? What changes do they expect to make in the coming six months?
Several therapies are in the later stages of development for the treatment of PAH. How familiar are physicians with these products? How unique do physicians perceive these products to be compared with current therapies, and what are their biggest advantages and disadvantages? Where do physicians expect selexipag (Actelion’s Uptravi) to fit in the PAH treatment algorithm? What percentage of pulmonologists expects to incorporate the implantable pump for parenteral treprostinil (United Therapeutics’ Remodulin) into their PAH treatment algorithm?

Scope:
Markets covered: United States.
Primary research: 99 pulmonologists.
Emerging therapies: Phase II: 1 drug; preregistration: 2 drugs.

Report Details
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