



Ipsos MORI – Patient Preference HCP Topline Questionnaire

Technical note:

Ipsos interviewed a sample of 751 physicians online who chose to take part in the survey across EU5 countries (UK (150), Spain (150), Italy (151), Germany (150) and France (150) between 25th March and 9th June 2020.

Physicians were general practitioners/ primary care physicians, internal medicine, cardiologists (non-interventional in UK), endocrinologists, diabetologists or lipidologists and were personally responsible for discussing and recommending and/ or prescribing medication for hypercholesterolaemia or mixed dyslipidaemia. Physicians in the UK personally manage at least 30 patients with a confirmed diagnosis of hypocholesterolaemia or mixed dyslipidaemia and in other countries at least 50. At least 70% of these needed to be taking a lipid lowering medication. Physicians also needed to see at least 5 patients in a typical month who were at high or very high risk of cardiovascular disease (CVD) according to the ECS/EAS 2019 guidelines. They needed to have been practising their specialty between 3 and 35 years.

Profile of HCP sample:

	UK	Spain	Italy	Germany	France	TOTAL
PCPs	45	45	45	45	45	225
Cardiologists	60	60	60	60	60	300
Internist with secondary specialty / Lipidologists/ Endocrinologists/ Diabetologists	45	45	45	45	45	225
TOTAL	150	150	150	150	150	750



S1a

Please indicate the region in which you practice.

Base: All respondents

ITALY

	HCPs (n=151)
Abruzzo	-
Basilicata	-
Calabria	1%
Campania	3%
Emilia-Romagna	1%
Friuli-Venezia Giulia	-
Lazio	4%
Liguria	-
Lombardia	2%
Marche	-
Molise	-
Piemonte	1%
Puglia	2%
Sardegna	1%
Sicilia	2%
Toscana	1%
Trentino-Alto Adige	-
Umbria	-
Valle d'Aosta	-
Veneto	1%

UK

	HCPs (n=150)
East of England	2%
East Midlands	1%
London	5%
North East	1%
North West	3%
Northern Ireland	-
Scotland	1%
South East	2%
South West	1%



Wales	-
West Midlands	3%
Yorkshire & Humberside	1%

GERMANY

	HCPs (n=150)
Baden-Württemberg	2%
Bayern	3%
Berlin	1%
Brandenburg	-
Bremen	-
Hamburg	1%
Hessen	2%
Mecklenburg-Vorpommern	-
Niedersachsen	1%
Nordrhein-Westfalen	5%
Rheinland-Pfalz	-
Saarland	-
Sachsen	1%
Sachsen-Anhalt	-
Schleswig-Holstein	1%
Thüringen	-

SPAIN

	HCPs (n=150)
Andalucía	4%
Aragón	1%
Asturias (Principado de)	-
Balears (Illes)	-
Canarias	1%
Cantabria	-
Castilla -La Mancha	1%
Castilla y León	1%
Cataluña	3%
Ceuta and Melilla	-
Comunidad Valenciana	2%
Extremadura	1%
Galicia	-
Madrid (Com. De)	6%
Murcia (Región de)	-



Navarra (C. Foral de)	-
País Vasco	-
Rioja (La)	-

FRANCE

	HCPs (n=150)
Auvergne-Rhones-Alpes	2%
Bourgogne-Franche-Comté	1%
Bretagne	1%
Centre-Val de Loire	1%
Corse	-
Grand Est	1%
Hauts-de-France	2%
Ile-de-France	4%
Normandie	1%
Nouvelle-Aquitaine	1%
Occitanie	2%
Pays-de-la-Loire	1%
Provence-Alpes-Cote d'Azur	3%

S1b.

Which of the following describes how you think of yourself?

Base: All respondents

	HCPs (n=751)
Male	74%
Female	25%
In another way	-
Prefer not to say	2%



S2a.

What is your primary medical specialty?

Base: All respondents

	HCPs (n=751)
General Practitioner / Primary Care Physician	30%
Internal Medicine	12%
Cardiology	40%
Endocrinology	8%
Diabetology	7%
Lipidology	3%
Other (please specify)	-

S2b.

Do you have a secondary medical specialty? In...

Base: Internal medicine only

	HCPs (n=92)
Cardiology	21%
Endocrinology	5%
Diabetology	12%
Lipidology	32%
[UK ONLY] Metabolic Medicine	2%
Another medical speciality (please specify)	10%
Do not have a secondary medical speciality	18%

S2c.

Which of the following describes your role best?

Base: Cardiologists only

		HCPs (n=300)
1	Non-Interventional Cardiology	77%
2	Interventional Cardiology	23%
98	Other (please specify)	-

S3.

How many years have you been practicing your current specialty?

Base: All respondents

HCPs: 16.8 years on average (n=751)



S4.

Approximately, how many patients with a **confirmed diagnosis of hypercholesterolaemia or mixed dyslipidaemia** do you personally manage in a typical month?

If you are unsure, please give your best estimate.

Base: All respondents

HCPs: 148.4 patients on average (n=751)

S5.

Of these patients that you personally manage in a typical month, approximately how many are **taking prescription medication for lipid lowering?**

If you are unsure, please give your best estimate.

Base: All respondents

HCPs: 129 patients on average (n=751)

S6.

Of the patients on lipid lowering prescription medication for hypercholesterolaemia or mixed dyslipidaemia, how many fall into each of the following **cardiovascular risk categories** (as recognized by ESC/EAS Guidelines 2019)?

If you are unsure, please give your best estimate

Base: All respondents

	HCPs (n=751)
Low risk	22%
Moderate risk	33%
High risk	38%
Very high risk	33%
Don't know	-

S7.

Which of the following, if any, **are you personally responsible** for in relation to your patients with this condition- hypercholesterolaemia or mixed dyslipidaemia?

Please select all that apply

Base: All respondents

	HCPs (=751)
Discussing and recommending prescription medication	90%
Prescribing medication	96%
Administering prescription medication	54%
None of the above	-

SECTION LABEL: MAIN QUESTIONNAIRE

Q1a

Which prescription medications, if any, do you **currently prescribe to your patients** with hypercholesterolaemia or mixed dyslipidaemia who are at high or very high risk of cardiovascular disease (CVD)?

Please select all that apply

Base: All respondents

	HCPs (n=751)
Statins	99%
Cholesterol absorption inhibitors (e.g. ezetimibe)	94%
Fixed-dose combination of statin and ezetimibe	86%
PCSK9 inhibitors [Do not show in FR]	46%
Other prescription medications	13%

Q1b

To what **proportion of your patients** that are receiving statins do you prescribe the following?

Base: Those who prescribe statins

	HCPs (n=743)
High intensity statin	46%
Moderate intensity statin	34%
Low intensity statin	19%
Don't know	-



Q1c

To what **proportion of your patients** that are receiving a fixed-dose combination of statin and ezetimibe do you prescribe this fixed-dose-combination in the following intensity?

Base: Those who prescribe fixed dose combination of statin and ezetimibe

	HCPs (n=648)
High intensity statin containing	44%
Moderate intensity statin containing	36%
Low intensity statin containing	19%
Don't know	-

Q2

Overall, to what extent are you **satisfied or dissatisfied with the current prescription medication** options available for patients at high or very high risk of cardiovascular disease (CVD) with elevated cholesterol levels?

Base: All respondents

	HCPs (n=751)
Very dissatisfied	3%
Fairly dissatisfied	15%
Neither satisfied nor dissatisfied	10%
Fairly satisfied	63%
Very satisfied	10%
Don't know	-

Q3

Please imagine the following hypothetical scenario:

Two pharmaceutical companies are launching new prescription medications for patients with hypercholesterolaemia or mixed dyslipidaemia at high or very high risk of cardiovascular disease (CVD). These new prescription medications will be **taken as an add-on along with current prescription medication to further decrease their low-density lipoprotein cholesterol (LDL-C) if LDL-C goals were not reached.**

One company will launch an oral single pill to be taken once daily, while the other company will launch an injection to be given by a healthcare professional twice yearly, both as an add-on along with current prescription medication to further decrease their low-density lipoprotein cholesterol (LDL-C).

Given the choice, in this hypothetical scenario: What would be **your preferred** mode of administration?



We are interested in your preference on the mode of administration only, regardless of efficacy or costs

Base: All respondents

	HCPs (n=751)
Single pill taken orally once daily as an add-on along with current prescription medication to further decrease their low-density lipoprotein cholesterol (LDL-C)	42%
Injection twice per year given by a healthcare professional along with current prescription medication to further decrease their low-density lipoprotein cholesterol (LDL-C)	47%
No preference between the pill or injection	10%
Don't know	1%

Q4a

What are the main reasons, if any, you **prefer a single pill taken orally** once daily as **an add-on along with current prescription medication** for your patients with hypercholesterolaemia or mixed dyslipidaemia at high or very high risk of cardiovascular disease (CVD)?

Base: Those who preferred single pill taken orally as an add-on

	HCPs (n=314)
Less burden for healthcare system (time)	41%
Less burden for healthcare system (costs)	34%
Patient preference	58%
Easy for my patients to take	81%
Easy for my practice to prescribe	52%
Patients don't have to come into practice to receive an injection	62%
Discussing the pill prescription can be integrated into routine patient visits to the practice	41%
Other reason	4%
Don't know	1%

Q4b

What are the main reasons, if any, you **prefer an injection twice per year** as an **add-on along with current prescription medication** for your patients with hypercholesterolaemia or mixed dyslipidaemia at high or very high risk of cardiovascular disease (CVD)?

Base: Those who prefer injections twice per year

	HCPs (n=353)
Less burden for healthcare system (time)	25%
Less burden for healthcare system (costs)	20%
Patient preference	26%
Easy for my patients to take	50%
Easy for my practice to prescribe	29%
Better patient adherence	91%
Administering an injection can be integrated into routine patient visits to the practice	76%
Other reason	-
Don't know	-

Q5a

For your patients with hypercholesterolaemia or mixed dyslipidaemia at high or very high risk of cardiovascular disease (CVD), what would a single pill taken orally once daily, **as an add-on along with current prescription medication**, need to offer for you to **select oral over injection?**

Base: Those who prefer injection twice per year

Please select all that apply

	HCPs (n=353)
Better safety of single pill taken orally once daily	70%
Better efficacy of single pill taken orally once daily	74%
Something else	3%
Nothing will change my preference	10%
Don't know	1%

Q5b

For your patients with hypercholesterolaemia or mixed dyslipidaemia at high or very high risk of cardiovascular disease (CVD), what would an injection administered twice per year **as an add-on along with current prescription medication**, need to offer for you to **select injection over oral?**

Base: Those who prefer single pill

	HCPs (n=314)
Better safety of injectable administered twice per year to be given by a healthcare professional	53%

Better efficacy of injectable administered twice per year to be given by a healthcare professional	76%
Something else	4%
Nothing will change my preference	11%
Don't know	2%

SECTION B: EXPOSURE TO STIMULI

Q6

How likely, or unlikely, would you be **to prescribe each of the following medications** as an **add-on to current prescription medication** for hypercholesterolaemia or mixed dyslipidaemia patients at high or very high risk of cardiovascular disease (CVD) in order to further reduce their LDL-C if LDL-C goals were not reached?

Base: All respondents

Product X

	HCPs (n=751)
Very unlikely	3%
Fairly unlikely	18%
Fairly likely	50%
Very likely	28%
Don't know	1%

Product Y

	HCPs (n=751)
Very unlikely	2%
Fairly unlikely	15%
Fairly likely	49%
Very likely	34%
Don't know	1%

Product M

	HCPs (n=751)
Very unlikely	3%
Fairly unlikely	15%
Fairly likely	31%
Very likely	48%

Don't know	2%
------------	----

Product Z

	HCPs (n=601)
Very unlikely	7%
Fairly unlikely	25%
Fairly likely	39%
Very likely	25%
Don't know	3%

Q7

Which, if any, of the products you have just seen **would you prefer** to prescribe **as an add-on prescription medication** for hypercholesterolaemia or mixed dyslipidaemia patients at high or very high risk of cardiovascular disease (CVD) in order to further reduce their LDL-C if LDL-C goals were not reached?

Base: All respondents

	HCPs (n=751)
Product X (Single pill taken orally once daily) as an add-on to current prescription medication	19%
Product Y (Fixed Dose Combination with ezetimibe single pill taken orally once daily) as an add-on to current prescription medication	19%
Product M (Injection twice per year given by a healthcare professional in practice) as an add-on to current prescription medication	49%
[Do not show in FR] Product Z (Injection pen every 2 weeks self-administered) as an add-on to current prescription medication	9%
No preference	3%
Don't know	1%

Q8a

From the following list, **what reasons**, if any, would you prescribe Product X (**Single pill taken orally once daily**) as an **add-on to current medication** for your hypercholesterolaemia or mixed dyslipidaemia patients at high or very high risk of cardiovascular disease (CVD) in order to further reduce their LDL-C if LDL-C goals were not reached?

Base: Those who prefer Product X

	HCPs (n=141)
Less burden for healthcare system (time)	29%
Less burden for healthcare system (costs)	26%
Patient preference	53%
Easy for my patients to take	74%
Easy for my practice to prescribe	52%
Patients don't have to come into the practice to receive injections	62%
Efficacy profile	34%
Safety profile	40%
Discussing the pill prescription can be integrated into routine patient visits to the practice	36%
Other	2%
Don't know	1%
I would not prescribe this product	-

Q8b

From the following list, what reasons, if any, would you prescribe Product Y (**Fixed Dose Combination with ezetimibe single pill taken orally once daily**), as an **add-on to current medication** for your hypercholesterolaemia or mixed dyslipidaemia patients at high or very high risk of cardiovascular disease (CVD) in order to further reduce their LDL-C if LDL-C goals were not reached?

Base: Those who prefer product Y

	HCPs (n=145)
Less burden for healthcare system (time)	28%
Less burden for healthcare system (costs)	25%
Patient preference	36%
Easy for my patients to take	68%
Easy for my practice to prescribe	49%
Patients don't have to come into the practice to receive injections	50%
Efficacy profile	48%
Safety profile	48%
Exchange two single pills with one fixed-dose combination pill	65%
Discussing the pill prescription can be integrated into routine patient visits to the practice	39%
Other	-
Don't know	-
I would not prescribe this product	-

Q8c



From the following list, what reasons, if any, would you prescribe **Product M (Injection twice per year given by a healthcare professional in practice)** as an **add-on to current medication** for your hypercholesterolaemia or mixed dyslipidaemia patients at high or very high risk of cardiovascular disease (CVD) in order to further reduce their LDL-C if LDL-C goals were not reached?

Base: Those who prefer product M

	HCPs (n=371)
Less burden for healthcare system (time)	23%
Less burden for healthcare system (costs)	16%
Patient preference	20%
Easy for my patients to take	37%
Easy for my practice to prescribe	27%
Better patient adherence	78%
Efficacy profile	59%
Safety profile	38%
Prefer to prescribe medication twice per year than more frequently	54%
Administering the injection can be integrated into routine patient visits to the practice	67%
Other	1%
Don't know	-
I would not prescribe this product	-

Q8d

From the following list, what reasons, if any, would you prescribe **Product Z (Injection pen twice-weekly self-administered)** as an **add-on to current medication** for your hypercholesterolaemia or mixed dyslipidaemia patients at high or very high risk of cardiovascular disease (CVD) in order to further reduce their LDL-C if LDL-C goals were not reached?

Base: Those who prefer Product Z (not shown in France)

	HCPs (n=66)
Less burden for healthcare system (time)	18%
Less burden for healthcare system (costs)	11%
Patient preference	24%
Easy for my patients to take	38%
Easy for my practice to prescribe	27%
Better patient adherence	38%
Efficacy profile	68%
Safety profile	42%
Prefer patients to self-administer with injection pen	38%
Prefer to prescribe medication twice weekly per year than more frequently	20%

Administering the injection can be integrated into routine patient visits to the practice	18%
Other	5%
Don't know	-
I would not prescribe this product	-

Q9

Given the choice, which of the prescription medications do you think **most of your patients** would prefer, as an **add-on to current prescription medication**?

Base: All respondents

	HCPs (n=751)
Product X (Single pill taken orally once daily) as an add-on to current prescription medication	24%
Product Y (Fixed Dose Combination with ezetimibe single pill taken orally once daily) as an add-on to current prescription medication	25%
Product M (Injection twice per year given by a healthcare professional in practice) as an add-on to current prescription medication	43%
[NOT SHOWN IN FRANCE] Product Z (Injection pen every 2 weeks self-administered) as an add-on to current prescription medication	4%
Patients would not have a preference	3%
Don't know	3%

Q10a

Why do you think that **Product X (Single pill taken orally once daily)** as an **add-on to current prescription medication** would be preferred by most patients?

Base: Those that think patients would prefer product X

	HCPs (n=178)
Easy for patients to take	76%
Patients are comfortable with taking pills	72%
Patients do not like receiving injections	61%
Does not hurt patients to take a pill	63%
Patients do not need to go into healthcare professional practice for an injection	69%
Other reason	3%
No particular reason	1%
I don't know	-

Q10b



Why do you think that **Product Y (Fixed Dose Combination with ezetimibe single pill taken orally once daily)** as an **add-on to current prescription medication** would be preferred by most patients?

Base: Those that think patients would prefer product Y

	HCPs (n=186)
Easy for patients to take	72%
Patients are comfortable with taking pills	54%
Patients do not like receiving injections	62%
Does not hurt patients to take a pill	46%
Patients do not need to go into healthcare professional practice for an injection	55%
Exchange two single pills for one fixed-dose combination pill	62%
Other reason	-
No particular reason	2%
I don't know	-

Q10c

Why do you think that **Product M (Injection twice per year given by a healthcare professional in practice)** as an **add-on to current prescription medication** would be preferred by most patients?

Base: Those that think patients would prefer Product M

	HCPs (n=320)
Easy for patients to take	41%
Patients are comfortable with receiving an injection	25%
Patients do not like taking pills	37%
Patients may forget to take pills	65%
Prefer twice yearly over daily oral medication	75%
PN: DO NOT SHOW IN FRANCE Prefer twice year over twice weekly injection medication	53%
Other	1%
No reason	-
I don't know	-

Q10d

Why do you think that **Product Z (Injection pen twice weekly self-administered)** as an **add-on to current prescription medication** would be preferred by most patients?

Base: Those that think patients would prefer product Z (not shown in France)

	HCPs (n=27)
Easy for patients to take	33%
Patients are comfortable with receiving an injection	19%
Patients do not like taking pills	26%
Patients may forget to take pills	48%
Prefer twice weekly over daily medication	26%
Prefer self-administered injection pen over injection in healthcare professional practice	44%
Other	4%
No reason	-
I don't know	-

Q11

In a situation where only **oral products became available** as an **add-on to current prescription medication** for patients with hypercholesterolaemia or mixed dyslipidaemia to help further reduce their cholesterol, which, if any, of the following products would be your preference?

Base: All respondents

Code Label	HCPs (n=751)
Product X (Single pill taken orally once daily) as an add-on to current prescription medication	31%
Product Y (Fixed Dose Combination with ezetimibe single pill taken orally once daily) as an add-on to current prescription medication	56%
No preference	11%
Don't know	2%