

# Understanding Clinicians' Perceptions Assessing Physicians' Awareness and Perception of S-Amlodipine (Chiral) in the Treatment and Management of Hypertension in Combination with Telmisartan – Zone 1

## Section 1: Awareness & Understanding

1. How familiar are you with the concept of chirality in drug molecules?
  - a) Very familiar
  - b) Somewhat familiar
  - c) Heard of it, but not in detail
  - d) Not familiar at all
  
2. How well do you understand the difference between S-Amlodipine and racemic Amlodipine?
  - a. Clearly understand both clinical and pharmacological differences
  - b. Aware of the difference, but unsure of clinical significance
  - c. Not well aware
  - d. Never considered the difference

## Section 2: Clinical Beliefs & Perceptions

3. Please rate your agreement with the following statements regarding S-Amlodipine on a 1 to 5 scale where, 1 = Strongly Disagree | 5 = Strongly Agree.

Statement	1	2	3	4	5
S-Amlodipine offers better tolerability than racemic Amlodipine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S-Amlodipine reduces the risk/incidence of pedal edema	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S-Amlodipine provides comparable or better BP control than the racemic version	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel more confident prescribing S-Amlodipine to elderly patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
S-Amlodipine enhances patient compliance due to a better safety profile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 3: Prescribing Behaviour

4. Do you currently prescribe S-Amlodipine in your clinical practice?
  - a. Yes, regularly
  - b. Occasionally
  - c. Rarely
  - d. Never

**5. In which patient groups do you consider S-Amlodipine over racemic Amlodipine?**

- a. Patients prone to pedal edema
- b. Elderly patients
- c. Patients with poor tolerance to racemic Amlodipine
- d. Long-term therapy cases
- e. Newly diagnosed hypertensives
- f. I do not differentiate currently

**6. Have you ever switched a patient from racemic Amlodipine to S-Amlodipine due to tolerability issues (e.g., pedal edema)?**

- a. Yes, frequently
- b. Occasionally
- c. Rarely
- d. Never

**Section 4: Barriers & Drivers**

**7. What do you consider the main barriers to wider adoption of S-Amlodipine?**

- a. Higher cost
- b. Lack of awareness about chirality benefits
- c. Limited clinical evidence
- d. Familiarity/comfort with racemic brands
- e. Lack of availability

**8. What would make you more likely to prescribe S-Amlodipine in your routine practice?**

- a. Stronger comparative clinical evidence
- b. Patient demand or feedback
- c. Better affordability
- d. More peer recommendations
- e. More CME/scientific content

**Section 5: Fixed-Dose Combination: Telmisartan + S-Amlodipine**

**9. How effective is Telmisartan + S-Amlodipine combination in achieving BP control within 4 weeks?**

- a. Very effective
- b. Moderately effective
- c. Slightly effective
- d. Not effective

**10. For which patient profiles would you specifically consider Telmisartan + S-Amlodipine?**

- a. Patients prone to pedal edema
- b. Patients requiring long-term therapy
- c. Elderly patients

**11. Do you switch patients from Telmisartan + racemic Amlodipine to Telmisartan + S-Amlodipine due to side effects (e.g., pedal edema)?**

- a. Yes, frequently
- b. Occasionally
- c. Rarely
- d. Never

**12. What would be the biggest driver for you to shift from Telmisartan + racemic Amlodipine to Telmisartan + S-Amlodipine?**

- a. Better tolerability (e.g., less edema)
- b. Stronger clinical evidence
- c. Better efficacy data
- d. Improved patient compliance
- e. Greater affordability for patients

**13. What barriers do you see in prescribing Telmisartan + S-Amlodipine more widely?**

- a. Cost compared to racemic combinations
- b. Limited awareness of chirality advantage
- c. Lack of strong comparative evidence
- d. Comfort with existing racemic brands
- e. No significant barriers