# Study Information

| | |
|---|---|
| **Title** | Healthcare Provider Survey to Assess the Effectiveness of Risk Evaluation and Mitigation Strategy for Dulaglutide (36 Month) |
| **Version identifier** | 1.0 |
| **Date of last version** | April 20, 2017 |
| **Active substance** | Dulaglutide |
| **Dosage forms and strengths:** | • Injection: 0.75 mg/0.5 mL solution in a single-dose pen<br>• Injection: 1.5 mg/0.5 mL solution in a single-dose pen<br>• Injection: 0.75 mg/0.5 mL solution in a single-dose prefilled syringe<br>• Injection: 1.5 mg/0.5 mL solution in a single-dose prefilled syringe |
| **Sponsor(s)** | Eli Lilly and Company |
| **Research question and objectives** | This study aims to assess the impact of a Risk Evaluation and Mitigation Strategy (REMS) for dulaglutide on healthcare provider knowledge regarding the risk of pancreatitis and the potential risk of medullary thyroid carcinoma associated with dulaglutide therapy. A threshold of at least 80% will be used to assess healthcare provider understanding of the key risk messages. |
| **Country(-ies) of study** | US |

# 1. Table of Contents

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# 2. List of Abbreviations

| Term | Definition |
|---|---|
| **CI** | confidence interval |
| **FDA** | United States Food and Drug Administration |
| **GLP-1 RA** | glucagon-like peptide-1 receptor agonist |
| **HCP** | healthcare provider (examples: doctors, including physicians in internal medicine and family practice; nurse practitioners, and physician assistants) |
| **Lilly** | Eli Lilly and Company |
| **MTC** | medullary thyroid carcinoma |
| **REMS** | Risk Evaluation and Mitigation Strategy |
| **US** | United States |

# 3. Responsible Parties

| Responsible Party | Name, Degree(s) | Title | Affiliation and Address |
|---|---|---|---|
| Authors | Ayad Ali, PhD | Senior Pharmacoepidemiologist | Eli Lilly and Company<br>Lilly Corporate Center<br>Indianapolis, IN 46285, USA |
| | Jonathon Wright | Research Manager | Nielsen<br>60 Corporate Woods<br>Rochester, NY 14623, USA |

# 4. Milestones

| Milestone | Planned date |
|---|---|
| Start of data collection | Estimated May 2017 |
| End of data collection | Estimated July 2017 |
| Final report of study results | Estimated August 2017 |

# 5. Rationale and Background

On 18 September 2014, the United States (US) Food and Drug Administration (FDA) approved dulaglutide (TRULICITY™), a long-acting glucagon-like peptide-1 receptor agonist (GLP-1 RA), as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes. Dulaglutide is marketed under the brand name of TRULICITY™ as 0.75 mg and 1.5 mg injectable formulations. In accordance with Section 505-1 of the Federal Food, Drug and Cosmetic Act [1], the FDA has determined that a Risk Evaluation and Mitigation Strategy (REMS) is necessary to ensure that the benefits of TRULICITY outweigh the risk of pancreatitis and the potential risk of medullary thyroid carcinoma (MTC). The REMS for TRULICITY comprises a communication plan that includes a REMS letter to Healthcare Providers (HCPs) and Professional Societies, a REMS-specific website, and a REMS Factsheet [2].

The following key messages are included in the TRULICITY REMS:

- Risk of pancreatitis:
    - Pancreatitis has been reported with the use of GLP-1 RAs.
    - Cases of pancreatitis have been described in association with TRULICITY during clinical trials.
    - Counsel patients to contact their HCP promptly if they experience symptoms of pancreatitis.
    - Discontinue TRULICITY promptly if pancreatitis is suspected, perform confirmatory test for pancreatitis, and initiate appropriate pancreatitis management.
    - Do not restart TRULICITY if pancreatitis is confirmed. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Potential risk of MTC:
    - In male and female rats, dulaglutide causes a dose-related and treatment-duration-dependent increase in the incidence of thyroid C-cell tumors (adenomas and carcinomas) after lifetime exposure.
    - It is unknown whether TRULICITY will cause thyroid C-cell tumors, including MTC in humans, as the human relevance of dulaglutide-induced rodent thyroid C-cell tumors has not been determined.
    - TRULICITY is contraindicated in patients with a personal or family history of MTC and patients with multiple endocrine neoplasia syndrome type 2.
    - Counsel patients regarding the potential risk of MTC.
        - Instruct patients to report the symptoms of thyroid tumors to their HCP.

- Patients with thyroid nodules noted on physical examination or neck imaging should be further evaluated.
- Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with TRULICITY. Such monitoring may increase the risk of unnecessary procedures, due to the low test specificity for serum calcitonin and a high background incidence of thyroid disease. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated.

An initial assessment of the effectiveness of the TRULICITY REMS program was conducted 18 months after initial approval of the REMS (18 September 2014). This survey is part of the 36-month REMS assessment report.

# 6. Research Question and Objectives

The purpose of this survey is to evaluate the impact of the TRULICITY REMS on HCPs' knowledge regarding the risk of pancreatitis and the potential risk of MTC associated with dulaglutide therapy. This survey will assess HCPs' awareness of the key risk messages in the TRULICITY REMS, including understanding of:

- the potential risk of MTC
- the risk of pancreatitis
- the need for prompt evaluation of patients who develop symptoms suggestive of pancreatitis
- the need to immediately discontinue TRULICITY if pancreatitis is suspected, and not restart TRULICITY if pancreatitis is confirmed
- appropriate TRULICITY patients

The target for the assessment of the effectiveness of the TRULICITY REMS program is that at least 80% of participating HCPs demonstrate awareness of the key risk messages in the REMS program.

# 7. Research Methods

## 7.1. Study Design Overview

The TRULICITY REMS assessment will be conducted by an online or telephone survey of HCPs. All potential participants will be prescreened for qualification based on their specialty and if they have prescribed TRULICITY to at least 1 patient. The survey will take approximately 10 to 15 minutes to complete.

The reporting interval covered by the assessment will conclude approximately 60 days before the submission date for the assessment time interval. Eli Lilly and Company (Lilly) will submit the assessment so that it will be received by the FDA on or before the due date.

## 7.2. Study Population

The research will be conducted among certain HCPs who have prescribed TRULICITY to at least 1 patient.

The participant must:

- live in the US
- be a current or past prescriber of TRULICITY
- be an HCP (including physicians [family practice, internal medicine, and endocrinologists], nurse practitioners, and physician assistants)

Additionally, participants or their immediate family members who are current or past employees of Lilly and Nielsen, the third-party panels (Schlesinger Associates and SERMO), or the FDA will be excluded.

Survey participants will be recruited from a target list of HCPs consisting of multiple specialties, who currently prescribe TRULICITY. The target list will be identified from IMS Xponent PlanTrak prescriber-level data [3] and will consist of prescribers who have prescribed TRULICITY at least once. Nielsen will establish the portion of the full target list who match to 2 online panels (Schlesinger Associates [4] and SERMO [5]), which consists of HCPs who have opted into participating to take online surveys. Nielsen will then send survey invitations to a computer-generated random sample of those HCPs via email. Those who do not match to an online panel will receive an invitation via postal mail, fax, or telephone to participate in either the online or telephone survey. The survey invitation will be sent to participants from an independent third party (see Appendix 2 for example invitation), with an encrypted survey link including information for accessing the survey. Reminder invitations will be sent to HCPs who have not yet completed the survey. For those HCPs matching to online panels, the first reminder will be sent after 48 hours of the initial invitation and then a second reminder 24 hours after the first reminder, as needed. Reminders for those receiving an initial invitation via postal mail, fax, or telephone will follow later by postal mail (approximately 2 weeks), fax (approximately 1 week), or telephone (approximately 1 week). The survey will be fielded for approximately 2 months until the target sample size is met, and HCPs will only be allowed to complete the survey

once. All participants will be screened; qualifying participants who complete the survey will be offered nominal monetary compensation.

User testing was performed prior to conducting the survey, and recommended modifications were incorporated into the survey to ensure comprehension.

## 7.3. Survey Content

Screening criteria as outlined in Study Population Section 7.2.

Data to be collected in the survey include:

- sex
- years in clinical practice
- role in clinical practice (physician, nurse practitioner, or physician assistant)
- primary area of clinical practice (family practice, internal medicine, or endocrinology)
- region of clinical practice in the US (Northeast, Midwest, South, or West)

The survey instrument is designed to collect information regarding:

- confirmation that HCPs are aware of the potential risk of MTC associated with TRULICITY
- confirmation that HCPs are aware of the risk of pancreatitis associated with TRULICITY
- the need for prompt evaluation by the HCP of patients who develop symptoms suggestive of pancreatitis
- confirmation of HCPs' understanding that patients who have confirmed pancreatitis should be discontinued from TRULICITY and not be restarted
- confirmation that HCPs understand the patient prescribing criteria as per the TRULICITY label

### *7.3.1. Survey Pretest*

An earlier version of the survey questionnaire was pretested in April and May 2015 using 8 HCPs, with a mix of primary care physicians, internists, endocrinologists, nurse practitioners, and physician assistants. The primary goals of pretesting were to identify any questions that are confusing, difficult to answer, or at an inappropriate literacy level. Potential pretest participants were prescreened over the telephone from a target list, and those who met study qualifications were invited to participate in a telephone 45- to 60-minute qualitative interview. Qualifying potential participants were offered nominal monetary compensation for their participation.

Each participant completed the survey utilizing the FocusVision InterVU platform. All participants completed the survey online and conversed by phone with the Nielsen researcher who moderated the pretests. As they moved through the survey, the participant was asked to

"think aloud" while the moderator observed. Upon completion of the survey, participants were further debriefed on any areas where they may have had trouble as well as any preidentified probes.

Minor content, instructions, and formatting updates were made to the survey based on participants' feedback and finalized prior to survey fielding.

## 7.4. Survey Administration

The online survey will be programmed and hosted on a secure website; it will be self-administered by participants. Participants will be given an individualized link to the questionnaire, which will allow them to stop and start their completion of the survey at any time within the specified study period. The survey will also be hosted by the telephone. Participants will be given a telephone number where the survey can be completed via a call-center interviewer. Once the participant enters the survey, they will only be able to move forward throughout. There is no option to go back and forth between questions. The survey will not be able to be reviewed once completed. All questions must be completed in order to receive compensation; however, participants will have the option to respond "don't know" to most questions. Online survey participants will receive the correct answers after they complete the survey. HCPs completing the survey by telephone will be mailed a letter with the correct answers (see Appendix 1 for letter and correct answers).

The information for each participant will be stored as a unique data file. No personally identifiable information about survey participants is disclosed, except in reporting the survey responses as required by law or legal process. Personally identifiable information means information that individually identifies the participant, such as name, address, email address, or Medical Education number. Names and addresses of participants are captured by the third party administering the survey for the purpose of participant payment only. Lilly will not have access to the personal information of participants.

Participants will be identified by a Respondent ID number assigned only for the purpose of managing the data for the individual survey.

## 7.5. Study Size

A sample size of approximately 200 completed surveys will be collected for HCPs. This sample size was determined based on the width of confidence intervals (CIs) it will provide. Table 1 shows 2-sided 95% CIs based on the normal approximation to the binomial distribution for a single sample size of approximately 200.

**Table 1. Sample Size Calculations**

| | | 2-Sided 95% Confidence Interval | | |
|---|---|---|---|---|
| Sample Size | Observed Response Rate[a] (eg, Knowledge) | Half-Width | Lower Limit | Upper Limit |
| 200 | 50% | 6% | 43% | 57% |
| | 60% | 6% | 53% | 67% |

| Sample Size | Observed Response Rate[a] (eg, Knowledge) | 2-Sided 95% Confidence Interval | | |
|---|---|---|---|---|
| | | Half-Width | Lower Limit | Upper Limit |
| | 70% | 6% | 64% | 76% |
| | 80% | 5% | 74% | 86% |
| | 90% | 4% | 86% | 94% |

[a] Percentage of responders who correctly answered a question.

## 7.6. Data Management

All data collected during the surveys will be verified for accuracy, and will be held confidentially by Nielsen. To ensure participant confidentiality is maintained, the survey will be conducted in accordance with the relevant national guidelines relating to the conduct of non-interventional studies and will use the Council of American Survey Research Organizations guidelines as a minimum standard [6].

## 7.7. Data Analysis

The study analysis is primarily descriptive with univariate statistical tests (for example, t-test, chi-square) planned where needed. Frequencies and proportions with exact 95% confidence limits will be calculated for responses that address the survey questions. Data deliverables will include all questions in a data file and tables in excel format, which will be analyzed in total as well as by specialty. Data will be reported in aggregate only, without any participant personal identifiers.

A threshold of at least 80% will be used for each individual question and for the 2 risk domains of pancreatitis and MTC. One of the primary analyses includes assessing the level of HCPs' understanding for each domain of key risk messages. The average number of responses for each response category under each of the key risk messages will be calculated, as well as the percentage of prescribers who understand the key risk messages. The percentage of prescribers above and below the specified knowledge threshold of at least 80% will be reported for each domain of key risk messages. Additionally, knowledge rates will be reported with 95% CIs for each key message and on average for each domain. Subgroup analyses will be conducted to report knowledge rates by HCP specialty (ie, endocrinologists, primary care providers, and nurse practitioners/physician assistants).

## 7.8. Quality Control

Nielsen is responsible for implementing and maintaining a quality management system with written development procedures and functional area standard operating procedures to ensure that studies are conducted and data are generated, documented, and reported in compliance with the protocol, accepted standards of Good Pharmacoepidemiology Practice, and all applicable federal, state, and local laws, rules, and regulations relating to the conduct of the study.

## 7.9. Limitations of the Research Methods

Since HCPs decide independently whether or not to participate in the survey, the study is subject to volunteer bias. However, HCPs will be randomly selected from a list of HCPs who prescribed TRULICITY in the US, which should be generalizable to overall TRULICITY prescribers. Additionally, survey designs are susceptible to reporting bias given the self-reported information.

# 8. Management and Reporting of Adverse Events/Adverse Reactions

**Adverse events**

Adverse events will not be actively collected as this study is assessing HCP knowledge regarding TRULICITY therapy; therefore, it is not relevant to this survey. Survey participants and other study personnel are requested to report any suspected adverse reactions with the drug to regulators as they would in normal practice as required by applicable laws, regulations, and practices.

**Product complaints**

Survey participants are instructed to report product complaints as they would for products in the marketplace.

# 9. Plans for Disseminating and Communicating Study Results

The study final report will be developed for submission to the FDA within the timeframe specified in Section 4, Milestones.

# 10. References

[1] Food and Drug Administration. Guidance for industry: format and content of proposed Risk Evaluation and Mitigation Strategy (REMS), REMS assessments, and proposed REMS modifications. Draft guidance. Available at: http://www.fda.gov/ucm/groups/fdagov-public/@fdagov-drugs-gen/documents/document/ucm184128.pdf. Published September 2009. Accessed December 2, 2016.

[2] TRULICITY™ REMS. Trulicity™ REMS Risk Evaluation and Mitigation Strategy. Eli Lilly and Company. Available at: http://www.TRULICITYrems.com. Accessed December 2, 2016.

[3] IMS Xponent PlanTrak. QuintilesIMS Information Services Catalog web site. Available at: http://www.catalog.imshealth.com/index.php?keywordsearch=IMS+Xponent+Plantrak. Accessed December 15, 2016.

[4] Schlesinger Associates: our panels. Schlesinger Associates web site. Available at: http://www.schlesingerassociates.com/interactive_solutions/our_panels.aspx. Accessed December 1, 2016.

[5] SERMO Intelligence. Our research network. SERMO Intelligence web site. Available at: http://www.sermo.com/business-solutions/intelligence-solutions. Accessed December 1, 2016.

[6] Council of American Survey Research Organizations. Code of standards & ethics for market, opinion, and social research. Available at: http://c.ymcdn.com/sites/www.casro.org/resource/resmgr/Media/Code_of_Standards_and_Ethics.pdf. Accessed December 2, 2016.

# 11. Appendices

# Appendix 1. Questionnaire

## Screening Questions

**BASE: ALL RESPONDENTS**

**S1a.** The purpose of this study is to assess awareness and experience with medical treatments. This research is being conducted by Nielsen in conjunction with Schlesinger Associates, an independent market research agency working within specific market research Codes of Conduct. You may access Nielsen privacy policy through the following link. [INSERT LINK TO FOLLOWING SITE: http://www.harrisinteractive.com/AboutUs/PrivacyPolicy.aspx]

Please read the following text, which explains key information regarding this research:

- This research is sponsored by a pharmaceutical company and is being carried out within the Code of Conduct of the Market Research Society.
- The research is not intended to be promotional and any information presented is done so solely to explore reactions to such information.
- Any information shown during the course of this research should be assumed to represent hypotheses about what can be said about a product and should not be used to influence decisions outside the research setting.
- During your participation, you have the right to refuse to answer any question or withdraw from participation at any time. If you encounter a survey question that requires your response in order to continue, you may exit the survey and end your participation if you do not want to answer the question.

It is estimated that the survey will take 10 to 15 minutes to complete.

If you wish to contact us about this survey, here are our contact details.

Rose Walker: info@harrisinteractive.com

Please confirm that you have read and understood this information, and you agree to proceed.

1. Yes
2. No [TERMINATE]

**BASE: ALL US RESPONDENTS**

**S1.** What is your current role at your practice?

1. Physician
2. Nurse Practitioner
3. Physician Assistant
4. Other [TERMINATE]

**BASE: MD, NP, PA**

**S2.** What is your primary medical specialty/practice area?

1. Family Practice
2. Internal Medicine
3. Endocrinology
4. Other (please specify)

**BASE: ALL QUALIFIED RESPONDENTS**

**S3.** In what state is your practice located? If you practice in more than one state, please select the state where you consider your primary practice to be located.

[INSERT DROP DOWN LIST OF STATES]

[TERMINATE IF MINNESOTA, VERMONT, DC, OR MASSACHUSETTS]

**BASE: HCP AND PRACTICE IS NOT IN MN, VT, DC, MA**

**S4.** Are you or were you employed, or are your immediate family members employed by Eli Lilly and Company, Nielsen, FDA, or third-party research panels?

1. Yes [TERMINATE]
2. No

**BASE: NOT COMPETITIVELY EMPLOYED**

**S5.** Have you ever prescribed TRULICITY (dulaglutide)?

1. Yes
2. No [TERMINATE]
3. I don't know [TERMINATE]

## Main Survey Questions

## INTRO

In this survey, we will be asking you questions about a Risk Evaluation and Mitigation Strategy (REMS).

A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.

**BASE: ALL QUALIFIED RESPONDENTS**

**Q1.** Based on the TRULICITY prescribing information, which of the following describes the indication for TRULICITY? Please select all that apply.

[RANDOMIZE]

1. TRULICITY is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
2. TRULICITY is a sodium-glucose transporter-2 (SGLT-2) inhibitor indicated to improve glycemic control in adults with type 2 diabetes mellitus.
3. TRULICITY is indicated for the treatment of adults with type 1 diabetes mellitus.
4. TRULICITY is indicated for the treatment of children with diabetes mellitus.
5. None of the above [ANCHOR].
6. I do not know [ANCHOR].

**BASE: ALL QUALIFIED RESPONDENTS**

**Q2.** Based on the TRULICITY prescribing information, please indicate which of the following are "limitations of use" for TRULICITY.

[RANDOMIZE]

| **1. HIDDEN** | **a** | **b** | **c** |
|---|---|---|---|
| | True | False | I don't know |

| | [RANDOMIZE] |
|---|---|
| 1 | Not recommended as first-line therapy for patients inadequately controlled on diet and exercise |
| 2 | Has not been studied in patients with a history of pancreatitis. Consider another anti-diabetic therapy in patients with history of pancreatitis |
| 3 | Not for treatment of type 1 diabetes mellitus or diabetic ketoacidosis |
| 4 | Not for patients with pre-existing severe gastrointestinal disease |
| 5 | Not for treatment of insomnia in adults |
| 6 | Not for treatment of type 2 diabetes mellitus |

**BASE: ALL QUALIFIED RESPONDENTS**

**Q3.** Which, if any, of the following risks or potential risks are listed in the prescribing information as being associated with the use of TRULICITY? Please include whatever risks or potential risks you know of, even if your patients have not experienced them. Please select all that apply.

[RANDOMIZE]

1. Medullary thyroid carcinoma
2. Pancreatitis
3. Upper respiratory tract infection
4. Tuberculosis
5. None of the above [ANCHOR]
6. I do not know [ANCHOR]

**BASE: ALL QUALIFIED RESPONDENTS**

**Q4.** Prior to receiving the invitation to participate in this survey regarding the TRULICITY REMS program, were you aware that there was a REMS program for TRULICITY?

1. Yes
2. No

**BASE: ALL QUALIFIED RESPONDENTS**

**Q5.** Have any of the following sources of information on safety and risks of TRULICITY been provided to you?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

| HIDDEN | 1 | 2 | 3 |
|---|---|---|---|
| | Yes | No | I don't know |

| | [RANDOMIZE] |
|---|---|
| A | TRULICITY REMS Factsheet for Healthcare Providers |
| B | TRULICITY prescribing information |
| C | TRULICITY REMS Website address |
| D | TRULICITY Medication Guide |
| E | TRULICITY REMS Letter to Healthcare Providers from Eli Lilly and Company |
| F | TRULICITY REMS Letter to Healthcare Providers from a Professional Society |

**BASE: PROVIDED TRULICITY REMS LETTER (Q5/e = YES)**

**Q6.** Did you read the TRULICITY REMS Letter to Healthcare Providers?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

1. Yes, I read all of it
2. Yes, I read at least some of it
3. No, I did not read it
4. I don't remember reading it

**BASE: PROVIDED TRULICITY REMS FACT SHEET (Q5/a = YES)**

**Q7.** Did you read the TRULICITY REMS Factsheet for Healthcare Providers?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

1. Yes, I read all of it
2. Yes, I read at least some of it
3. No, I did not read it
4. I don't remember reading it

**BASE: WERE PROVIDED TRULICITY REMS LETTER TO PROFESSIONAL SOCIETIES (Q5f Response Yes to Receiving Letter from Professional Societies)**

**Q8.** Did you read the TRULICITY REMS Letter to Professional Societies?

1. Yes, I read all of it
2. Yes, I read at least some of it
3. No, I did not read it
4. I don't remember reading it

**BASE: WERE PROVIDED TRULICITY PRESCRIBING INFORMATION (Q5/b = YES)**

**Q9.** Did you read the TRULICITY Prescribing Information?

1. Yes, I read all of it
2. Yes, I read at least some of it
3. No, I did not read it
4. I don't remember reading it

**BASE: WERE PROVIDED TRULICITY REMS WEBSITE ADDRESS (Q5/c = YES)**

**Q10.** How much of the content of the Trulicity REMS Website have you read?

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

1. I read all or most of it
2. I read at least some of it
3. I did not read any of it
4. I don't remember reading it

**BASE: ALL QUALIFIED RESPONDENTS**

**Q11.** Which of the following are required of a healthcare provider regarding medullary thyroid carcinoma (MTC) in patients taking TRULICITY as described in the TRULICITY REMS Factsheet for Healthcare Providers? Please select all that apply.

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

[RANDOMIZE]

1. Instruct patients to contact their healthcare provider (HCP) if they have symptoms of thyroid tumors (eg, a mass in the neck, dysphagia, dyspnea, or persistent hoarseness).
2. Further evaluate patients if thyroid nodules are noted upon physical examination or neck imaging.
3. No further evaluation is necessary if thyroid nodules are noted upon physical examination or neck imaging.
4. Further evaluate patients if serum calcitonin is measured and found to be elevated.
5. Do not inform patients of the potential risks with medullary thyroid carcinoma (MTC) with TRULICITY.
6. None of the above [ANCHOR].
7. I don't know [ANCHOR].

**BASE: ALL QUALIFIED RESPONDENTS**

**Q12.** Which of the following are required of a healthcare provider regarding pancreatitis in patients taking TRULICITY as described in the TRULICITY REMS Factsheet for Healthcare Providers? Please select all that apply.

Please click here for a definition of REMS.

[A Risk Evaluation and Mitigation Strategy (REMS) is a strategy to manage known or potential serious risks associated with a drug product and is required by the Food and Drug Administration to ensure that the benefits of the drug outweigh its risks.]

[RANDOMIZE]

1. Counsel patients to contact their HCP promptly if they experience symptoms of pancreatitis (for example, persistent, severe abdominal pain sometimes radiating to the back, which may or may not be accompanied by vomiting).
2. Immediately discontinue TRULICITY if pancreatitis is suspected.
3. Continue TRULICITY if pancreatitis is suspected.

4. Perform confirmatory tests, and initiate appropriate management for pancreatitis. If pancreatitis is confirmed, TRULICITY should not be restarted.
5. Restart TRULICITY if pancreatitis is confirmed.
6. Do not inform patients of the risks with pancreatitis and TRULICITY.
7. I don't know [ANCHOR].
8. None of the above [ANCHOR].

## Healthcare Provider Demographic Questions

**D1.** Are you…?
1. Male
2. Female

**D2.** How many years have you been in clinical practice?
1. Less than 10 years
2. 10 to 20 years
3. More than 20 years

If you have any questions about any of the TRULICITY REMS material, please contact your local field representative or the TRULICITY REMS Call Center at 1-800-545-5979.

# Results

Frequencies in numbers and percentages for responses to each question will be reported. Results will be provided to the FDA as per the Timetable for Assessments outlined in the current REMS Supporting Document.

**Survey End Page [Will be mailed by call center interviewer for respondents completing by phone. Call center interviewer to confirm/request mailing address.]**

Thank you for completing this survey. Please review the following correct answers for the questions in this survey:

**Q1.** Based on the TRULICITY prescribing information, the following describes the indication for TRULICITY:

- TRULICITY is a glucagon-like peptide-1 (GLP-1) receptor agonist indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

**Q2.** Based on the TRULICITY prescribing information, the following are the "limitations of use" for TRULICITY:

- Not recommended as first-line therapy for patients inadequately controlled on diet and exercise
- Has not been studied in patients with a history of pancreatitis. Consider another anti-diabetic therapy in patients with a history of pancreatitis
- Not for treatment of type 1 diabetes mellitus or diabetic ketoacidosis
- Not for patients with pre-existing severe gastrointestinal disease
- Not for treatment of insomnia in adults
- Not for treatment of type 2 diabetes mellitus

**Q3.** The following risks or potential risks listed in the prescribing information as being associated with the use of TRULICITY are as follows:

- Medullary thyroid carcinoma
- Pancreatitis

**Q11.** The following are required of a healthcare provider regarding medullary thyroid carcinoma (MTC) in patients taking TRULICITY as described in the TRULICITY REMS Factsheet for Healthcare Providers:

- Instruct patients to contact their healthcare provider (HCP) if they have symptoms of thyroid tumors (eg, a mass in the neck, dysphagia, dyspnea, or persistent hoarseness).
- Further evaluate patients if thyroid nodules are noted upon physical examination or neck imaging.
- Further evaluate patients if serum calcitonin is measured and found to be elevated.

**Q12.** The following are required of a healthcare provider regarding pancreatitis in patients taking TRULICITY as described in the TRULICITY REMS Factsheet for Healthcare Providers:

- Counsel patients to contact their HCP promptly if they experience symptoms of pancreatitis (eg, persistent, severe abdominal pain sometimes radiating to the back, which may or may not be accompanied by vomiting).
- Immediately discontinue TRULICITY if pancreatitis is suspected.
- Perform confirmatory tests, and initiate appropriate management for pancreatitis. If pancreatitis is confirmed, TRULICITY should not be restarted.

# Appendix 2. Sample Invitation Letter

**Dear [HCP Designation],**

You are invited to participate in a survey about TRULICITY. If you complete the entire 10- to 15-minute survey, you will be reimbursed for your time and participation.

If you choose to participate, please be assured that survey results will be presented in aggregate form only. Individual responses will be kept confidential.

Compensation: $[xx.xx]

To complete the survey, go to [Insert survey link] [for email, fax, mail, or telephone invitations] or telephone XXXX [for fax, mail, and telephone invitations] to get started.

Thank you in advance for your participation. Your help in completing this survey is greatly appreciated.

Sincerely,

Inspired Opinions Health Team

**help@inspiredopinions.com | https://health.inspiredopinions.com/**

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Please take the time to add this address survey@inspiredopinions.com to your trusted or safe sender list to ensure that our emails to you get delivered to your Inbox.

You have been sent this email because you subscribed as a member of the Inspired Opinions community. If you no longer wish to receive emails from us please click here to unsubscribe: %OPTOUTLINK%


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**Signature meaning: Approved**

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