Ipsos Healthcare
The Healthcare Research Specialists

Edurant / Eviplera Health Care Professional Survey

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Ipsos Healthcare

Edurant/Eviplera Health Care Professional Survey

TABLE OF CONTENTS

1. Background

The current summaries of product characteristics (SmPCs) state that Edurant (rilpivirine) must be administered with a meal and Eviplera (emtricitabine/rilpivirine/tenofovir disoproxil fumarate) must be administered with food*. Adherence to these instructions is important to ensure that adequate rilpivirine levels are maintained in order to optimise a patient's response to rilpivirine treatment.

There is a need to attest that patients are being properly instructed to take Edurant or Eviplera with a meal / with food as part of the therapeutic advice they receive from a health care professional (HCP). To address this, a survey is to be undertaken to establish current prescribing practices and instructions given to patients when a HCP prescribes / dispenses / instructs on the use of Edurant or Eviplera. This will enable an understanding of the effectiveness of the current prescribing conditions (SmPC instructions and HCP instructions) with regards to the intake of the products with food / with a meal.

The survey is to be developed and conducted by Ipsos Healthcare (a division of Ipsos MORI), who are an independent research agency conducting the survey on behalf of Janssen and Gilead. Ipsos Healthcare have extensive experience in conducting research in the HIV therapeutic area and already conduct research in the area across a range of geographies using a variety of methodologies. Ipsos Healthcare has created the HIV therapy monitor study, a syndicated prescription monitoring study looking at the HIV treatment market across a series of major markets (EU5, USA, Japan). The Ipsos therapy monitor is the longest running study of its kind and provides the Ipsos team with a wealth of knowledge on this area that will be brought to bear when conducting the survey detailed in this document. Specifically, data collected by the HIV monitor survey (e.g. patient load, work setting, access to drugs, the number of years in a specialty and prescribing behaviour) will be used to help guide the design and analysis stages of the proposed research.

Ipsos MORI have considerable experience in conducting research and are aware of the need to address any potential compliance concerns. The Ipsos Polls for Publication team are able to provide support and feedback to ensure all appropriate checks are put in place and ensure compliance with legal, regulatory and industry codes of practice. The Ipsos Healthcare team will work closely in consultation with the Polls for Publication team to ensure optimal questionnaire development.

2. Survey Objective

The survey objective is to gain an understanding of the effectiveness of the current prescribing conditions (HIV HCP understanding and utilization of the Edurant and Eviplera prescribing instructions related to food intake contained within the SmPC) in minimising the risk associated with taking the products without food / a meal.

The survey is specifically designed to focus on the food intake instruction that HCPs provide as part of their therapeutic advice when prescribing Edurant or Eviplera.

* Section 4.2 (posology and method of administration) of the Eviplera SmPC was amended from instruction to take Eviplera "with a meal" to take Eviplera "with food" (Variation EMEA/H/C/002312/II/0017 - CHMP positive opinion January 2013).

3. Survey Considerations

3.1 Questionnaire Design

The design of the questionnaire is such that it will engender unbiased answers around the use of the instructions on food intake given by health care providers, as part of their therapeutic advice for Edurant or Eviplera.

3.2 Suitable Methodology

Ipsos Healthcare recommend that the most effective design for this survey will involve an online quantitative approach to provide representative numbers of HCPs who instruct patients on how to take Edurant or Eviplera. This will be preceded by a small qualitative pilot phase conducted prior to the main quantitative survey in order to test the questionnaire. This structure will allow a better understanding of HCP behaviours and their discussions with patients regarding the Edurant and Eviplera prescribing instructions.

A limitation of this approach is that it will only provide feedback on HCP behaviour with regards to providing the correct instructions. It will not provide an assessment of whether patients actually adhere to this requirement. Secondly, an online quantitative approach will not allow for in-depth probing of respondent answers in order to gain deep understanding of HCP behaviour as the answers to the closed questions in the questionnaire are pre-defined.

However, an online methodology has a number of associated advantages including covering a wide geographical spread, flexibility for respondents to complete the survey at a convenient time in addition to allowing respondents to be completely honest without feeling like they are being questioned / judged by an interviewer. A quantitative online survey is considered the most suitable methodology over a qualitative method, as the latter would not allow for robust sample sizes and therefore results would only be of an indicative / directional nature.

The survey will be conducted in accordance with the European Pharmaceutical Marketing Research Association (EphMRA) and the European Society for Opinion and Marketing Research (ESOMAR) guidelines.

3.3 Target Group

In preparation for this survey, Ipsos Healthcare independently conducted a mini survey which investigated the current prescribing practices of HIV treating physicians from 7 European countries, together with their attitude to current HIV medication package inserts. The survey also examined who had responsibility/was involved in the instruction of patients on how to take their medication.

The results showed that in the majority of countries HIV treating physicians identified themselves as the main HCP responsible for instructing patients on how to take their medication. However, in many countries, nurses and pharmacists were also identified by physicians as being involved.

Using information from this previous survey, the target group for the current survey has been identified as HIV treating physicians, nurses and pharmacists, with physicians making up the majority of the target group.

4. Methodology

As outlined above, Ipsos Healthcare recommends that the optimal approach for this survey is to conduct it across two phases; an initial small qualitative pilot phase followed by a main quantitative phase.

4.1 Initial Qualitative (Pilot) Interviews

To better understand questionnaire clarity and flow amongst target HCPs, and to help crystallise the wording used in the final research materials, a mini qualitative survey will be conducted prior to launch of the main quantitative survey. This will help ensure that the final questionnaire will provide data relevant to the objectives needing to be addressed.

For this initial qualitative pilot phase, 6 Tele-depth interviews of 45 minute duration will be conducted (2 each in the UK, France and Germany) with HIV prescribing physicians.

Respondents will be asked to complete the online questionnaire. Upon completion of the questionnaire a short follow up phone call will be made to gauge reaction to the survey and obtain feedback on suggested improvements.

The feedback received from these pilot interviews will be incorporated into the final survey questionnaire which will be used in the main quantitative phase of this process.

4.2 Quantitative Survey

To meet the objectives of this survey the most effective data collection method is considered to be a quantitative online survey.

An online approach allows respondents the flexibility as to when they complete the survey. This has the overall effect of reducing the need to arrange interviews at specific times that best suit the respondent. The questionnaire will be translated into the local language for each relevant country.

The online approach also ensures a wide geographical spread of respondents can be obtained, thus allowing a representative and balanced sample to be achieved.

The online surveys will last approximately 15 minutes.

4.2.1 Questionnaire Design

The questionnaire will be developed to assess usage and understanding of product instructions for either Edurant or Eviplera, or both (if this is relevant to the respondent). Each product will be assessed separately by respondents who have experience with prescribing or instructing patients on taking that product.

The questionnaire will be scripted and routed in such a way that a respondent will only answer questions that are relevant to them and will consist of open, closed and multiple choice questions.

The survey will be programmed so that the respondent can only progress forward through the questions and is not allowed to go back to return to previously given answers. The respondent is therefore unable to alter answers once responses have been given. Every question must be answered for the respondent to progress forward through the survey.

Prior to launching the survey the online link will be thoroughly tested by the Ipsos project team. This will ensure the programming of the questionnaire is correct and the questions are asked in the right order. Email invites will be sent to respondents and once 10% of the total sample has completed the survey Ipsos will perform checks on this interim data. Following these initial data checks further email invites will be sent out in order to achieve the remaining 90% of the sample.

4.2.2 Recruitment and Screening Criteria

All physician respondents will be independently recruited from Ipsos panels and / or our fieldwork partners and will not be sourced from Janssen or Gilead target lists. Ipsos conducts a regular prescription monitoring survey amongst HIV prescribers and collects this information in the HIV therapy monitor database. For the purposes of this study, Ipsos will provide access to this panel of physicians. Ipsos will initially target physicians to complete the survey and they will also be used as a source of recruiting nurses and pharmacists. Where physicians indicate that another HCP is most involved in providing instructions to patients, in relation to taking their HIV medication, Ipsos will target this other healthcare provider. The physician and/or the physician's workplace will be contacted in order to invite the relevant HCP involved in instructing patients how to take their HIV medication to participate in the survey. HIV prescribing physicians will be a mix of HIV/AIDS, infectious disease, internal medicine, genitourinary medicine specialists and General Practitioners / Primary Care Physicians and will be reflective of the universe of HIV treating clinicians in the different countries of interest. A stratified random sampling approach will be adopted when recruiting the target respondents.

The survey will be stratified as follows (Table 1).

Table 1 Health Care Professional Criteria

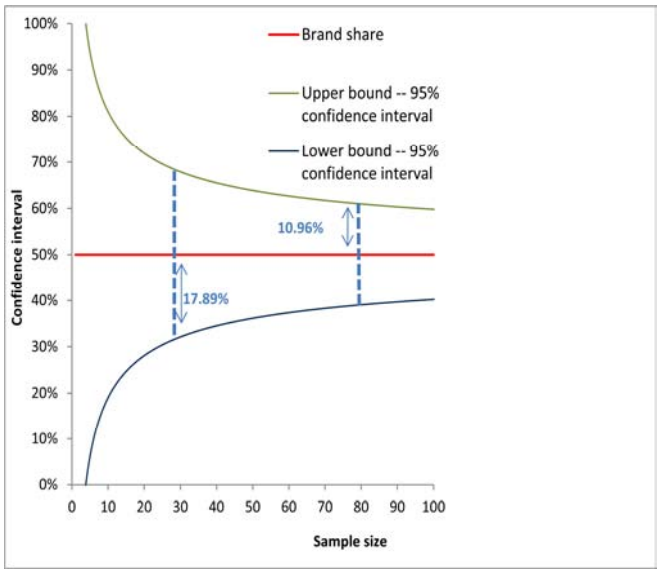
Health Care Professionals: Must see at least 10 HIV patients per month Will have recently prescribed / dispensed / instructed patients to take Edurant and/or Eviplera within the last 3 months Will be the person most involved, within their current work setting, in instructing patients on how to take their HIV medication

A screening question will assess whether the respondent has prescribed / dispensed / instructed patients to take either Edurant and/or Eviplera within the last 3 months. The respondent selection of either Eviplera or Edurant or both will determine the route they will follow to answer the questionnaire.

4.2.3 Sample Size

For quantitative research it is recommended that there is a minimum sample of 30 when analysing data sets (Figure 1). In countries where the total market size (universe size) is larger, increasing the sample size improves the 95% 2-sided bounds confidence interval (CI) for an observed rate of 50% as shown in figure 1. However, returns diminish on data certainty as sample size increases e.g. a sample of 100 compared to 80 provides an improvement in CI of less than +/-1%. The difficulty in achieving the larger sample size begins to outweigh the CI improvement.

Figure 1 Sample Size Considerations



A summary of universe size information for target markets is provided in Table 2.

The sample for this research takes into consideration the universe size of HIV treating physicians seeing at least 10 HIV patients, the number of Edurant / Eviplera prescribing physicians (see 4.2.4) and the willingness of target respondents to participate in market research. The survey will be run in 9 countries where both products are launched. These countries are UK, France, Germany, Austria, Belgium, Netherlands, Sweden, Norway and Denmark

Table 2 Summary of Universe Size Information, by country

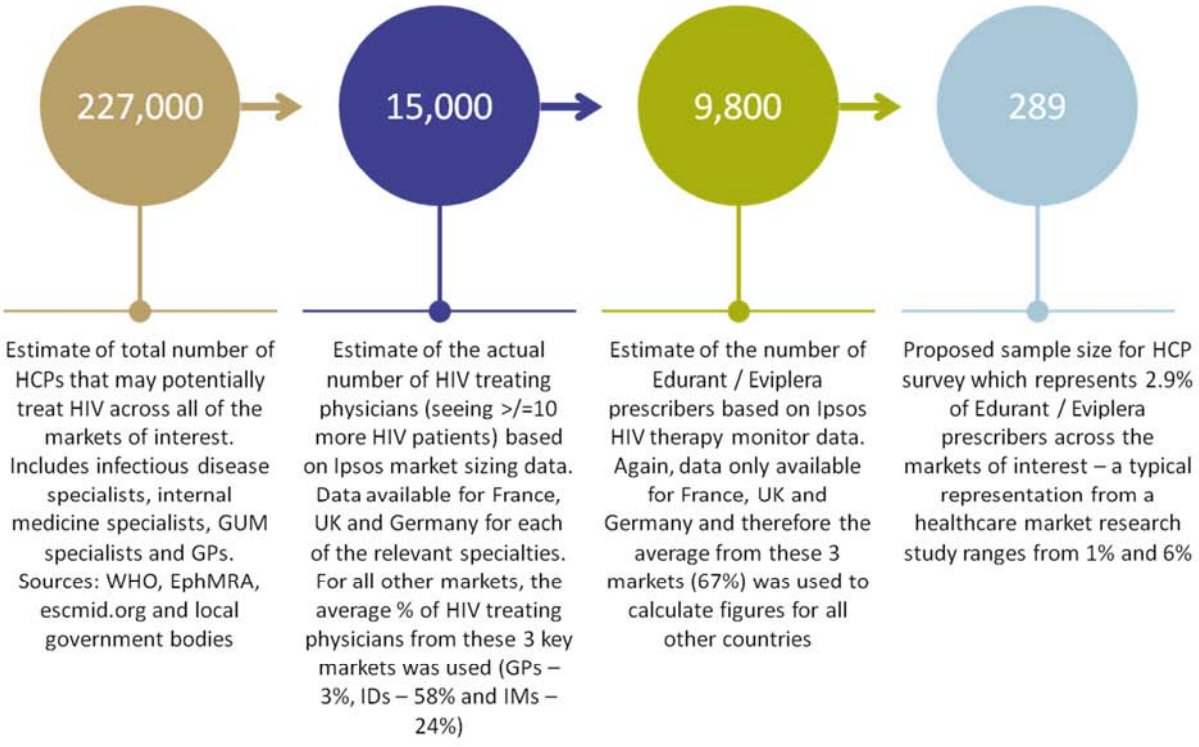
Country	Treatment provided by	Treatment centre	Universe size	Info source
UK	Mainly ID / GUM Specialists	Most treatment is done in sexual health clinics – GUM clinics	1,983 GUM/ID Specialists 40,720 GPs	EphMRA
France	Mainly ID Specialists	Information not available	900 ID Specialists, 2373 IM Specialists and 96,717 GPs	EphMRA
Germany	Mainly ID Specialists	35 specialised HIV out-patient clinics and 189 HIV ambulatory care centres	871 ID Specialists, 25,000 IM Specialists and 41,863 GPs	WHO, EphMRA
Austria	ID Specialists, IM Specialists and GP's No defined HIV Specialty	7 specialised HIV treatment centres	Approximately 25 ID Specialists and 3,369 IM Specialists and 12,000 GPs.	escmid.org, statistic.at, bmg.gv.at, unaids.org
Belgium	Mainly ID Specialists. Knowledge from previous Ipsos studies indicate IM specialists also treat HIV patients	Approximately 8 specific HIV treatment centres	Universe size for ID Specialists around 100; with IM Specialists universe size likely to be larger	stpierre-bru.be, aidsmap.com, escmid.org, previous HIV work conducted by Ipsos
Netherlands	Mainly by ID Specialists	Approximately 24 specialised HIV treatment centres	The universe size for the ID Specialists is 98 (from 2007). Including all specialties involved in treatment, could increase to 200	Sources: life2live.nl, escmid.org

Table 2 Summary of Universe Size Information, by country

Sweden	Mainly ID Specialists and VD Specialists	Information not available	Around 356 VD Specialists and 480 ID Specialists	rfsl.se, smittskyddinstitutet.se, karolinska.se
Norway	Mainly ID Specialists.	Information not available	Universe size of ID Specialists is around 83 (from 2007), with other specialties, could increase to 100	escmid.org, aidsmap.com, unn.no, oslo-universitetssykehus.no
Denmark	Mainly ID Specialists	Treatment concentrated in 9 centres (from 2005)	No figures available on universe size	rigshospitalet.dk, ncbi.nlm.nih.gov

ID=Infectious diseases, IM=Internal medicine, VD=Venereal disease, GUM=Genitourinary medicine

Ipsos' recommendation is to interview a total of 289 HCPs. The below graphic outlines the process taken to confirm that a total sample of 289 i.e. 2.9% of Edurant / Eviplera prescribers, is a robust and appropriate representation of HCPs for this survey.



A sample is considered to be robust if it provides a basis for unbiased estimation of the true target parameter of interest. The proposed sample is designed to be a representative sample of Edurant / Eviplera prescribers, and the overall size will allow for estimation of responses with a margin of less than +/- 5%, assuming the true success rate is at least 80%. Based on the above, the proposed sample is suitable for the purposes of this research with regards to assessing the understanding of the effectiveness of the current prescribing conditions for Edurant and Eviplera. The survey data will provide a suitable means to test the study hypotheses (as shown in section 6.1 – at least 80% of HCPs are aware of the food instructions relating to Edurant and/or Eviplera and communicate this to at least 80% of patients taking these products for the first time).

Email invites will be sent to the relevant HCPs on the Ipsos panel asking if they would be willing to participate in this survey. These invites will be sent in batches until 289 respondents have entered the survey and fully completed all questions. The number of invites sent per country, per batch, will be in accordance with the total sample required within each of the target markets and will be sent at random without any pre-selection of respondents.

The sample composition in terms of the exact number of physicians, nurses and pharmacists interviewed will vary by country and will be determined by individual market considerations relating to the type of HCPs that provide the instructions on how to take Edurant and/or Eviplera, as previously described.

4.2.4 Number of Prescribers

The proposed sample was designed based on the number of HCPs prescribing Edurant and / or Eviplera. To help determine the achievable numbers of actual prescribers of Edurant and Eviplera, the most recent (Q4 2012) Scope Data (dynamic market capturing data for HIV prescriptions) for three major EU markets was examined. This data demonstrated the low number of Edurant prescribers in these three major markets compared to Eviplera (Table 3).

The difference in ratio of prescribers for Edurant and Eviplera will be reflected in the sample size of the HCP survey.

Table 3 Number of Physicians Prescribing Edurant and Eviplera or Both

Country	Number of physicians in sample	Prescribed		
		Eviplera	Edurant	Both
France	42	32 (76%)	1 (2%)	1 (2%)
Germany	39	24 (62%)	8 (21%)	6 (15%)
United Kingdom	38	26 (68%)	5 (13%)	5 (13%)

Based on current market shares it is anticipated that the HIV treating sample provided below in Table 4 will be comprised of approximately 80% Eviplera prescribers and 20% Edurant prescribers.

Table 4 Expected Total Number of Health Care Professionals in Sample, by Country

Country	Total
France	68
Germany	68
Austria	15
UK	60
Belgium	20
Netherlands	20
Sweden	15
Norway	15
Denmark	8
Total	**289**

The sample size in Table 4 refers to the total number of HCPs completing the survey which will be included in the final analysis of results. The sample does not include non-responders.

For the analysis of the data a grouping based on geographic proximity will be made to allow the inclusion of countries with a universe size too small to allow an achievable sample to analyse by individual country. The groupings will be:

- Germany and Austria (n=83)
- Belgium and the Netherlands (n=40)
- Norway, Sweden and Denmark (n=38)
- UK (n=60)
- France (n=68)

4.2.5 Data management

As part of the Trust Alliance, Ipsos perform rigorous automated “real time” checks to ensure that the data collected is valid and of a high quality. These checks involve:

- Reviewing the length of time respondents take to complete sections of the survey, as well as total survey length
- Looking at patterned responses to grid questions
- Looking at verbatim questions for nonsensical answers.

If a respondent is identified as failing one of these checks, they are removed from the data analysis (before providing to the sponsor) and flagged on the database. If they are flagged three times, they are removed from the panel and added to the global Trust Alliance blacklist. In addition, the IP address of respondents completing the survey is closely monitored to ensure that multiple completes do not come from the same computer / device.

The quality of the Ipsos panel meets high standards. Automated systems are in place to ensure that the quality of our respondents remains high. When a HCP signs up to the panel they are asked to provide their registration number e.g. GMC. This is cross referenced against the GMC database. For countries that do not have a registration number, each respondent receives a call at their place of work to ensure that they are a registered healthcare professional.

The online approach allows Ipsos to store the data on an internal server and to use security measures which restrict access to only the core project team. In filling out the questionnaire electronically, the data will be captured and saved in real time. As previously described, respondents can only progress forward through the questionnaire after having provided an answer and are unable to return to questions to amend any previously given answers.

5. Timings

The total estimated timing for the quantitative survey from start to finish is approximately 9 weeks. This includes the time taken to programme the questionnaire, check the survey links, recruitment and fieldwork. The estimated time to complete the analysis of the survey data is an additional 12 weeks.

Steps	Time
Project initiation	4Q13*
Translation of materials and programming of English questionnaire	
Approval of translations and programming of other language questionnaires	
Fieldwork completed	1Q14
Provision of analysis outcomes and results to survey sponsor	2Q14

*start date dependant on PRAC/CHMP approval of survey proposal

6. Analysis of Data

Upon completion of the survey by the required sample respondents, data collected during the course of the survey will be aggregated and tabulated. All questions will be analysed individually as well as cross-tabulated with other survey questions to allow for more in-depth analysis. Most commonly anticipated cross-tabulations will include HCP type and prescription level (high versus medium versus low). Answers to open-ended questions will be grouped together and assigned to aggregated answer codes for the purposes of analysis and reporting.

The analysis outputs will be provided to the sponsors for the compilation of the study report. These outputs will show data based on absolute numbers of respondents and percentages of the total sample. For each question, the base of the respondents answering it will be presented. All results included will be significance tested (95% CI) and where significant differences are observed these will be highlighted. Significance testing will determine whether or not a finding is the result of a genuine difference between two groups or whether this is just due to chance and therefore will provide an assessment of differences between the respondent groups included in the survey.

For full breakdown of proposed analysis please see table specification plan in Appendix 1

6.1 Outcome

The objective of the survey is to gain an understanding of the effectiveness of the current prescribing conditions in minimising the risk associated with taking the products without food. The prescribing conditions would be considered to be sufficient in minimising this risk, firstly, if the majority of HCPs are aware of the need to take Edurant/Eviplera with a meal/with food and, secondly, if the majority of patients are informed of the food intake requirements of Edurant/Eviplera by their HCPs. The following key questions have been selected to address these measures of effectiveness, respectively:

- Q2. Please indicate which of the following instructions / restrictions written below applies to the following HIV treatment (Edurant / Eviplera)
    - Must be taken with food / with a meal

    - Must be taken without food / without a meal
    - Can be taken with or without food / a meal
    - Must be taken on an empty stomach
    - Don't know
- Q3a. To what proportion of patients that you prescribe / dispense / instruct to take the following treatment do you communicate the following instruction when prescribing it for the first time?
    - Eviplera must taken with food / with a meal:_____%
    - Edurant must be taken with a meal:_____%

To consider the current prescribing conditions sufficient to minimise the risk of patients taking Edurant / Eviplera without a meal / food, at least 80% of HCPs will correctly identify (Q2) the instructions for these products relating to food intake. Additionally, it will be necessary for at least 80% of patients, on average, to be given the instruction that Edurant must be taken with a meal / Eviplera must be taken with food / a meal when prescribed the treatment for the first time.

7. Responsibilities

The project management, development of screener and questionnaire, translation, recruitment, fieldwork and briefing of fieldwork agency together with the analysis and interpretation of the findings will be the responsibility of Ipsos Healthcare.

Ipsos Quality Credentials

Ipsos MORI's standards & accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Moreover, our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.

MRS Company Partnership – By being an MRS Company Partner, Ipsos MORI endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation

ISO Standards: This work will be carried out in accordance with the requirements of the international quality standard for market research, ISO 20252:2006, International general company standard ISO 9001:2008 and International standard for information SECURITY ISO 27001:2005

Ipsos T/Cs: This work will be carried out in accordance with the Ipsos MORI Terms and Conditions which can be found here

Ipsos follows the European Society of Market Research Organisations (ESOMAR) Code of Conduct for international fieldwork. Ipsos is a member of EphMRA and the BHBIA, all executives are certified with the EphMRA code of conduct and BHBIA Adverse events training (project team members certificates can be provided on request).

About Ipsos Healthcare

About Ipsos Healthcare
Ipsos Healthcare is a global business focusing on research in the pharmaceutical, bio-tech, and medical device markets. It is also the leading provider of global syndicated patient chart studies covering over 20 different disease areas in over 20 countries.

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In 2011, Ipsos generated global revenues of €1.363 billion (1.897 billion USD), Marketing research contributing to nearly 50% of Ipsos revenues.

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Appendix 1 – Proposed Table Specification Plan

Question Number	Table Title	Crossed with	Base reference	Notes
S1	Country of practice (individual and groupings e.g. Germany+Austria, Sweden+Norway+Denmark etc)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists)	All HCPs	
S2	Specialty (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists)	S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs	
S3	Level/ Grade	S2 - Current role / job title	All specialists	
S4	Number of HIV patients seen in an average month	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists)	All HCPs	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
S5	Most involved person in providing instruction to patients regarding their HIV medication	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs	
S6	To approximately how many patients in the last 3 months have you prescribed / dispensed / instructed to take Eviplera?	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs	
S6	To approximately how many patients in the last 3 months have you prescribed / dispensed / instructed to take Edurant?	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs	

Main Questionnaire - for both Eviplera and Edurant				
Q1	Prescription of Eviplera and Edurant - instructions to be communicated to the patients about taking this medication	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Eviplera - instructions to be communicated to the patients about taking this medication	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Edurant - instructions to be communicated to the patients about taking this medication	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Eviplera - instructions to be communicated to the patients about taking this medication	S6 - Number of Eviplera prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Eviplera in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Edurant - instructions to be communicated to the patients about taking this medication	S6 - Number of Edurant prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Eviplera and Edurant - instructions to be communicated to the patients about taking this medication	Q2	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Eviplera - instructions to be communicated to the patients about taking this medication	Q2	All HCPs who have prescribed Eviplera in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q1	Prescription of Edurant - instructions to be communicated to the patients about taking this medication	Q2	All HCPs who have prescribed Edurant in the last 3 months	Verbatim responses will be coded into appropriate

				groupings
Q2	Which of the following instructions applies to Eviplera and Edurant	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	
Q2	Which of the following instructions applies to Eviplera	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	
Q2	Which of the following instructions applies to Edurant	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months	
Q2	Which of the following instructions applies to Eviplera	S6 - Number of Eviplera prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Eviplera in the last 3 months	
Q2	Which of the following instructions applies to Edurant	S6 - Number of Edurant prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Edurant in the last 3 months	
Q3	Proportion of patients who are instructed that Eviplera must be taken with food/ with a meal / Edurant must be taken with a meal - for patients receiving the treatment for the first time	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown

Q3	Proportion of patients who are instructed that Eviplera must be taken with food/ with a meal / Edurant must be taken with a meal - during subsequent follow up appointments	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q3	Proportion of patients who are instructed that Eviplera must be taken with food/ with a meal - for patients receiving the treatment for the first time	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q3	Proportion of patients who are instructed that Edurant must be taken with a meal - for patients receiving the treatment for the first time	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q3	Proportion of patients who are instructed that Eviplera must be taken with food/ with a meal during subsequent follow up appointments	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown

Q3	Proportion of patients who are instructed that Edurant must be taken with food/ with a meal during subsequent follow up appointments	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q3	Proportion of patients who are instructed that Eviplera must be taken with food/ with a meal - for patients receiving the treatment for the first time	S6 - Number of Eviplera prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Eviplera in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q3	Proportion of patients who are instructed that Edurant must be taken with a meal - for patients receiving the treatment for the first time	S6 - Number of Edurant prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Edurant in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q3	Proportion of patients who are instructed that Eviplera must be taken with food/ with a meal during subsequent follow up appointments	S6 - Number of Eviplera prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Eviplera in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown

Q3	Proportion of patients who are instructed that Edurant must be taken with food/ with a meal during subsequent follow up appointments	S6 - Number of Edurant prescriptions in last 3 months - grouped into low, medium, high depending on data	All HCPs who have prescribed Edurant in the last 3 months	Responses will be grouped into sensible bands e.g. 0%, 1-10%, 11-20% etc and a mean score will also be shown
Q4a	Reasons for not communicating the instructions that patients must take Eviplera with food/ with a meal / Edurant with a meal - for patients receiving this treatment for the first time	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q4a	Reasons for not communicating the instructions that patients must take Eviplera with food/ with a meal - for patients receiving this treatment for the first time	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who do not always communicate the food / meal instructions when giving Eviplera for the first time	Verbatim responses will be coded into appropriate groupings
Q4a	Reasons for not communicating the instructions that patients must take Edurant with a meal - for patients receiving this treatment for the first time	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who do not always communicate the meal instructions when giving Edurant for the first time	Verbatim responses will be coded into appropriate groupings
Q4b	Reasons for not communicating the instructions that patients must take Eviplera with food/ with a meal / Edurant with a meal - during subsequent follow up appointment	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q4b	Reasons for not communicating the instructions that patients must take Eviplera with food/ with a meal - during subsequent follow up appointment	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark	All HCPs who do not always communicate the food / meal instructions when giving Eviplera during follow up	Verbatim responses will be coded into appropriate groupings

		etc)	appointments	
Q4b	Reasons for not communicating the instructions that patients must take Edurant with a meal - during subsequent follow up appointment	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who do not always communicate the meal instructions when giving Edurant during follow up appointments	Verbatim responses will be coded into appropriate groupings
Q5	Importance of communicating the instructions for taking Eviplera with food/ with a meal / Edurant with a meal	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	
Q5	Importance of communicating the instructions for taking Eviplera with food/ with a meal	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	
Q5	Importance of communicating the instructions for taking Edurant with a meal	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months	
Q5	Importance of communicating the instructions for taking Eviplera with food/ with a meal	Q3 - Bands will be created based on responses given e.g 0%, 1-10%, 11-20% etc	All HCPs who have prescribed Eviplera in the last 3 months	
Q5	Importance of communicating the instructions for taking Edurant with a meal	Q3 - Bands will be created based on responses given e.g 0%, 1-10%, 11-20% etc	All HCPs who have prescribed Edurant in the last 3 months	
Q6	Reasons why communicating the instructions regarding Eviplera/Edurant is important	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings	All HCPs who believe giving the food / meal instructions with Eviplera/Edurant is important	Verbatim responses will be coded into appropriate groupings

		(e.g. Germany+Austria, Sweden+Norway+Denmark etc)		
Q6	Reasons why communicating the instructions regarding Eviplera is important	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who believe giving the food / meal instructions with Eviplera is important	Verbatim responses will be coded into appropriate groupings
Q6	Reasons why communicating the instructions regarding Edurant is important	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who believe giving the meal instructions with Edurant is important	Verbatim responses will be coded into appropriate groupings
Q6	Reasons why communicating the instructions regarding Eviplera/Edurant is not important	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who believe giving the food / meal instructions with Eviplera/Edurant is not important	Verbatim responses will be coded into appropriate groupings
Q6	Reasons why communicating the instructions regarding Eviplera is not important	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who believe giving the food / meal instructions with Eviplera is not important	Verbatim responses will be coded into appropriate groupings
Q6	Reasons why communicating the instructions regarding Edurant is not important	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who believe giving the meal instructions with Edurant is not important	Verbatim responses will be coded into appropriate groupings
Q7	Way of explaining the instructions that Eviplera/Edurant must be taken with food/ with a meal (spontaneous, open ended)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings

		etc)		
Q7	Way of explaining the instructions that Eviplera must be taken with food/ with a meal (spontaneous, open ended)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q7	Way of explaining that Edurant must be taken with a meal (spontaneous, open ended)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months	Verbatim responses will be coded into appropriate groupings
Q7	Way of explaining the instructions that Eviplera must be taken with food/ with a meal (spontaneous, open ended)	Q5 - 1-2 Not important, 3-5 Neutral, 6-7 Important	All HCPs who have prescribed Eviplera in the last 3 months	
Q7	Way of explaining that Edurant must be taken with a meal (spontaneous, open ended)	Q5 - 1-2 Not important, 3-5 Neutral, 6-7 Important	All HCPs who have prescribed Edurant in the last 3 months	
Q8	Way of communicating the instructions to the patients that Eviplera must be taken with food/ with a meal / Edurant with a meal (pre-coded, closed question)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months	
Q8	Way of communicating the instructions to the patients that Eviplera must be taken with food/ with a meal (pre-coded, closed question)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months	
Q8	Way of communicating the instructions to the patients that Edurant must be taken with a meal (pre-coded, closed question)	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings	All HCPs who have prescribed Edurant in the last 3 months	

		(e.g. Germany+Austria, Sweden+Norway+Denmark etc)		
Q8	Way of communicating the instructions to the patients that Eviplera must be taken with food/ with a meal (pre-coded, closed question)	Q5 - 1-2 Not important, 3-5 Neutral, 6-7 Important	All HCPs who have prescribed Eviplera in the last 3 months	
Q8	Way of communicating the instructions to the patients that Edurant must be taken with a meal (pre-coded, closed question)	Q5 - 1-2 Not important, 3-5 Neutral, 6-7 Important	All HCPs who have prescribed Edurant in the last 3 months	
Q9	Additional information sheets/ patients handouts for Eviplera/Edurant provided to their patients	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera and Edurant in the last 3 months and provide additional information sheets / patient handouts	
Q9	Additional information sheets/ patients handouts for Eviplera provided to their patients	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Eviplera in the last 3 months and provide additional information sheets / patient handouts	
Q9	Additional information sheets/ patients handouts for Edurant provided to their patients	S2 - Current role / job title (Specialists grouped together and shown individually, GPs / PCPs, Nurses and Pharmacists) / S1 - Country groupings (e.g. Germany+Austria, Sweden+Norway+Denmark etc)	All HCPs who have prescribed Edurant in the last 3 months and provide additional information sheets / patient handouts	