Edurant and Eviplera HCP Survey

Introduction

Thank you very much for your willingness to participate in this survey which is being conducted for regulatory purposes with regards to clinical practice relating to HIV medications. The survey should take you approximately 15 minutes to complete.

Please read the following text, which further explains the key aspects of this research:

- **[UK only]** This research is conducted on behalf of pharmaceutical companies and will comply with all UK laws protecting your personal data and the British Healthcare Business Intelligence Association and Market Research Society guidelines.
- **[All markets except UK]** This research is conducted on behalf of pharmaceutical companies and will comply with all local laws protecting your personal data and the EphMRA and Market Research Society guidelines.
- The research is not intended to be promotional and any information presented is done so solely to explore reactions to such information.
- Your responses will be collated with other respondents and presented to regulatory authorities in aggregated or anonymised form.
- Your responses will be confidential and will not be used for any other purposes other than as described above.
- You have the right to withdraw from the survey at any time and to withhold information as you see fit.

Please confirm that you have read and understood this information:

1	Yes	☐ ➔ ***CONTINUE***
2	No	☐ ➔ ***CLOSE***

Adverse Event Reporting

Also, we are now being asked to pass on to our client details of adverse events that are mentioned during the course of market research surveys. Although this is a market research survey and what you say will, of course, be treated in confidence, should you raise during the survey an adverse event in a specific patient or group of patients, we will need to report this even if it has already been reported by you directly to the company or the regulatory authorities **[**using the MHRA's 'Yellow Card' system **[UK ONLY]]**. In such a situation you have the option to waive the confidentiality given to you under the Market Research Codes of conduct specifically in relation to that adverse event. Everything else you say during the course of the survey will continue to remain confidential, and you will still have the option to remain anonymous if you wish. Are you happy to proceed with the survey on this basis?

1	Yes	☐ ➔ ***CONTINUE***
2	No	☐ ➔ ***CLOSE***

Please indicate if you are willing to waive your confidentiality if an adverse event is identified during the course of this survey.

[All excluding Germany] If you agree to waive the confidentiality given to you, then your name and contact details will be forwarded to the sponsor's Pharmacovigilance department for the express and sole purpose of follow-up of such report(s).If you do not agree, then we will forward the report(s) to the sponsor's Pharmacovigilance department, but your anonymity remains unaffected – and you will not be contacted again regarding such report(s). You are able to participate in this research regardless of whether or not you are willing to waive your confidentiality in relation to any adverse events mentioned.

1	I agree to waive my confidentiality for the express and sole purpose of follow-up of adverse events mentioned by me during this survey	☐ ➔ ***CONTINUE***
2	I do not agree to waive my confidentiality for the express and sole purpose of follow-up of adverse events mentioned by me during this survey and choose to stay anonymous	☐ ➔ ***CONTINUE***

[Germany only] If you agree to waive the confidentiality given to you, due to German Data protection laws you will need to contact the sponsor's Pharmacovigilance department to provide the details for the express and sole purpose of follow-up of such report(s), in this event [insert market research agency] will re-contact you to provide you with the details. If you do not agree, then we will forward the report(s) to the sponsor's Pharmacovigilance department, but your anonymity remains unaffected – and you will not be contacted again regarding such report(s). You are able to participate in this research regardless of whether or not you are willing to waive your confidentiality in relation to any adverse events mentioned.

1	I agree to waive my confidentiality for the express and sole purpose of follow-up of adverse events mentioned by me during this survey, in this event [insert market research agency] will re-contact me to provide the details and I will be responsible for contacting the sponsoring pharmaceutical company	☐ ➔ ***CONTINUE***
2	I do not agree to waive my confidentiality for the express and sole purpose of follow-up of adverse events mentioned by me during this survey and choose to stay anonymous	☐ ➔ ***CONTINUE***

We will first check if you qualify for the interview for the specific topic of HIV medications with a few initial questions.

SCREENER

[PN: DO NOT SHOW; INTERVIEWER TO INDICATE WHICH COUNTRY RESPONDENT IS LOCATED IN]

S1. Country

UK	1
France	2
Germany	3
Austria	4
Belgium	5
Netherlands	6
Sweden	7
Norway	8
Denmark	9

S2. Which of the following is the best description of your current role / job title?

Please select one answer

[PN: SINGLE CODE]

HIV/AIDS Specialist	1	**CONTINUE**
Infectious Disease Specialist	2	**CONTINUE**
Virologist	3	**CONTINUE**
Internal medicine	4	**CONTINUE**
Genito-Urinary Medicine specialist **[UK ONLY]**	5	**CONTINUE**
GP / PCP	6	**CONTINUE**
Nurse	7	**CONTINUE**
Pharmacist	8	**CONTINUE**
Other	9	**CONTINUE TO END OF SCREENER AND THEN CLOSE**

[ASK S3 IF S2 = 1-5]

S3. What is your level / grade?

Please select one answer

[PN: SINGLE CODE]

Consultant	1	**CONTINUE**
Specialist Registrar (SpR) Level 5	2	**CONTINUE**
Specialist Registrar (SpR) Level 4	3	**CONTINUE**
Specialist Registrar (SpR) Level 3	4	**CONTINUE**
Specialist Registrar (SpR) Level 2	5	**CONTINUE**
Specialist Registrar (SpR) Level 1	6	**CONTINUE**

[ASK ALL]

S4. In an average month how many HIV patients do you typically see?

If the same patient is seen twice during a month please only count this as one patient

Number of HIV patients seen in a typical month: _____

IF < 10 THEN CONTINUE TO END OF SCREENER AND THEN TERMINATE

S5. Within your current workplace, who is the person who is **most involved** in providing instructions to patients on how to take their HIV medication with regards to administration, contraindications etc?

[PN: SINGLE CODE]

Me	1
<Another **[if code 1-6 at S2>** Physician	2
<Another **[if code 7 at S2>** Nurse	3
<Another **[if code 8 at S2>**Pharmacist	4
Other please specify_____	5

IF 2, 3, 4 OR 5 SELECTED THEN TERMINATE

S6. Which of the following HIV treatments, if any, have you prescribed / dispensed / instructed patients to take in the last 3 months?

Please select all that apply

[PN: ROTATE, MULTICODE, EXCEPT 'NONE OF THE ABOVE']

			To approximately how many patients in the last 3 months have you prescribed / dispensed / instructed to take this treatment?
Edurant	1		
Eviplera	2		
None of the above	12	**THANK AND CLOSE**	

IF CODES 1 OR 2 ARE NOT SELECTED THEN CLOSE

S8. Are you or any of your family members employed or affiliated with a pharmaceutical or healthcare company, marketing research firm, or advertising agency as a paid consultant or researcher?
[PN: SINGLE CODE]

Yes	1	**THANK AND CLOSE**
No	2	**CONTINUE**

[PN: IF BOTH CODES 1 AND 2 ARE SELECTED AT S6 THEN DIRECT RESPONDENT THROUGH QUESTIONNAIRE TWICE. ONCE ANSWERING ABOUT EVIPLERA AND ONCE ANSWERING ABOUT EDURANT. ROTATE THROUGHOUT SAMPLE.
IF ONLY 1 OR 2 IS SELECTED AT S6 THEN DIRECT THROUGH RELEVANT QUESTIONNAIRE]

MAIN QUESTIONNAIRE

As you proceed through the questionnaire, please take your time to read the questions and carefully consider your answers.

1. When you prescribe / dispense / instruct patients to take <Eviplera **[IF CODE 2 IS SELECTED AT S6]** / Edurant **[IF CODE 1 IS SELECTED AT S6]>**, what are the instructions that immediately come to your mind that need to be communicated to a patient about taking this medication?

   Please provide details on the instructions that are top of mind that need to be communicated to a patient with regards to taking this treatment

2. Please indicate which of the following instructions / restrictions written below applies to the following HIV treatment.

[PN: SINGLE CODE, ROTATE ANSWERS]

	1. Must be taken **WITH** food / **WITH** a meal	2. Must be taken **WITHOUT** food / **WITHOUT** a meal	3. Can be taken with or without food / a meal	4. Must be taken on an empty stomach	5. Don't know
Eviplera **[IF CODE 2 IS SELECTED AT S6]**					
Edurant **[IF CODE 1 IS SELECTED AT S6]**					

IF ANSWER DOES NOT EQUAL CODE 1 THEN TERMINATE

3. To what proportion of patients that you prescribe / dispense / instruct to take the following treatment do you communicate the following instruction a) when prescribing it for the first time and b) during subsequent follow up appointments?

		a) % patients receiving the treatment for the **first time**	b) % patients during **subsequent follow up appointments**
Eviplera **[IF CODE 2 IS SELECTED AT S6]**	must be taken with food / with a meal		
Edurant **[IF CODE 1 IS SELECTED AT S6]**	must be taken with a meal		

ANSWERS BETWEEN 0 - 100%

[PN: ASK 4A IF Q3A < 100]

4. a) You stated that you do not always communicate the instructions that patients must take <Eviplera with food / with a meal **[IF CODE 2 IS SELECTED AT S6]** / Edurant with a meal **[IF CODE 1 IS SELECTED AT S6]>** when giving this treatment to a patient for the **first time**. Please explain the reasons for not communicating this instruction to all of your patients taking this treatment for the **first time**?

   Please provide all scenarios for which you do not communicate this instruction and the reason(s) for not doing so

[PN: ASK 4B IF Q3B < 100]

b) You stated that you do not always communicate the instructions that patients must take <Eviplera with food / with a meal **[IF CODE 2 IS SELECTED AT S6]** / Edurant with a meal **[IF CODE 1 IS SELECTED AT S6]>** **during subsequent follow up appointments**. Please explain the reasons for not communicating this instruction to all of your patients taking this treatment **during subsequent follow up appointments**?

Please provide all scenarios for which you do not communicate this instruction and the reason(s) for not doing so

[PN: SHOW Q5, Q6 ON THE SAME SCREEN]

5. On a scale of 1 to 7, where 1 = not at all important and 7 = extremely important, how important do you believe it is to communicate the instructions for taking <Eviplera with food / with a meal **[IF CODE 2 IS SELECTED AT S6]** / Edurant with a meal **[IF CODE 1 IS SELECTED AT S6]>**?

1 = Not at all important	2	3	4	5	6	7 = Extremely important	Don't Know

[PN: ASK Q6 IF Q5 = 1, 2, 6 or 7]

6. Why do you say that?

7. How do you explain the instruction that <Eviplera must be taken with food / with a meal **[IF CODE 2 IS SELECTED AT S6]** / Edurant must be taken with a meal **[IF CODE 1 IS SELECTED AT S6]>** to your patients?

8. Which of the following best describes how you communicate the instruction to your patients that they must take <Eviplera with food / with a meal **[IF CODE 2 IS SELECTED AT S6]** / Edurant with a meal **[IF CODE 1 IS SELECTED AT S6]>**?

[PN: ROTATE, SINGLECODE]

I verbally tell them and provide them with additional information sheets / patient handouts	1
I provide them with information sheets / patient handouts. There is no verbal discussion around this instruction	2
I only communicate the instruction verbally	3
None of the above	4

[PN: ASK Q9 IF Q8 = 1 OR 2]

9. Which of the following additional information sheets / patient handouts for <Eviplera **[IF CODE 2 IS SELECTED AT S6]** / Edurant **[IF CODE 1 IS SELECTED AT S6]>** do you provide to your patients?

[PN: ROTATE, MULTICODE EXCEPT CODE 7]

Patient information sheet provided by company sales representative	1
Patient information sheet created by my current workplace	2
Patient information sheet downloaded from the manufacturer website	3
Patient information sheet downloaded from a source other than the manufacturer website	4
Product information sheet included within medication packaging (package insert)	5
Other specify_____	6
None of the above	7

Many thanks for taking the time to complete this survey.