# Appendix A: Survey Questionnaire

# Survey 1

## Demographics

1. Estimated years in practice (<5, 5-10, 10-15, >15)
2. Number of total days of therapy dispensed in the past month (free text)

## AUD Treatment Medications:

The first-line treatment for cravings for AUD is oral naltrexone (LU 532) or acamprosate (LU531).

Please answer the following questions to the best of your ability. If you are not certain, your best estimate or guess will be fine. Please answer questions as they pertain to the time of completion of this survey unless otherwise specified.

### Naltrexone

1. Do you currently stock oral naltrexone (LU 532) for dispensing? (Y/N)
2. If not, how long of a delay do you anticipate before you could obtain and dispense oral naltrexone? (same day, 1 day, 2 or more days)
   1. What are the possible reasons for the delay in obtaining this medication?
      1. We usually carry medication but it is currently out of stock
      2. Do not usually carry medication but can obtain
      3. Supply shortage
      4. Other (please specify)
3. In the past month, how many prescriptions for naltrexone do you think you have filled? (none, 1-5,5-10,>10)
4. If none in the past month, when was the last time you filled one of these prescriptions? (within the past 3 months, within the past 6 months, within the past year, more than a year)

### Acamprosate

1. Do you currently stock oral acamprosate (LU531) for dispensing? (Y/N)
2. If not, how long of a delay do you anticipate before you could obtain and dispense oral acamprosate? (same day, 1 day, 2 or more days)
   1. What are the possible reasons for the delay in obtaining this medication?
      1. We usually carry this medication but out of stock
      2. Do not usually carry medication but can obtain
      3. Supply shortage
      4. Other (please specify)
3. In the past month, how many prescriptions for acamprosate do you think you have filled? (none, 1-5,5-10,>10)
4. If none in the past month, when was the last time you filled one of these prescriptions? (within the past 3 months, within the past 6 months, within the past year, more than a year)

# Survey 2

## Understanding of AUD treatment efficacy

3-1. From your understanding of the topic, what is the efficacy of anti-craving medications for alcohol use disorder?

1. Not effective
2. Somewhat effective
3. Effective
4. Very effective
5. Not sure/other

## Barriers to access

3-2. If you do not stock oral naltrexone, what are the reasons? These could include (but are not limited to)

1. Request frequency
2. Costs
3. Availability from distributor
4. The stigma surrounding alcohol use disorder
5. Other (please specify)

3-3. If you do not stock oral acamprosate, what are the reasons? These could include (but are not limited to)

1. Request frequency
2. Costs
3. Availability from distributor
4. The stigma surrounding alcohol use disorder
5. Other (please specify)

## Interactions with patients seeking treatment for AUD

4-1. In the past month, has a patient approached someone at your pharmacy asking for guidance on treating AUD? (Y/N)

4-1. If not in the past month, when do you think your last interaction with a patient with a prescription for anti-craving medication for AUD was?

1. Within the past 3 months
2. Within the past 6 months
3. Within last year
4. More than a year
5. Not sure or not applicable or other

4-3. If you recently had a patient requesting guidance or presenting with a prescription for AUD, how would you describe your interaction?

4-4. How comfortable are you discussing anti-craving medications for AUD treatment with patients?

1. Not comfortable at all
2. Somewhat comfortable
3. Neutral
4. Comfortable
5. Very comfortable
6. Other/not applicable

4-5. Do you feel that you have adequate training to help counsel patients who are prescribed anti-craving medications for AUD?

1. Not trained at all
2. Minimal training
3. Neutral
4. A reasonable amount of training
5. Very well trained

## Suggestions for improvements

5-1. From your perspective, is there anything that is missing or needs to be improved around the availability or dispensing of AUD medications?

## Appendix B – Introduction script

Study Site

Study ID

Dear colleague,

My name is (insert your name here) and I am a (pharmacist/research assistant/other) from the North York General Hospital Emergency Department Research Team. Thank you for taking the time for my call today.

We are currently surveying pharmacists across Ontario about the availability and barriers for obtaining medications for alcohol use disorder. Our objective is to better understand the availability of these medications in outpatient pharmacies and what barriers patients might face if they try to obtain these treatments. The survey is brief and should only take 5 minutes to complete. The survey is completely voluntary.

The survey results will be completely confidential. We will not record any information that could identify you personally. The results will only be available to the research team members and will be stored on secured hospital databases.

There are no anticipated harms from participating in this study. By agreeing to proceed with the interview today, your consent is implied. Certainly, if you have any questions, I am happy to answer them to the best of my ability. If I cannot answer them sufficiently, I will contact the study investigators and get back to you as soon as possible. We can also email you a copy of this letter if you wish.

If you have any questions or concerns, please feel free to contact the study investigator or research ethics board at any time:

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2. Rita Reynolds, North York General Hospital Research Ethics Board Chair [rita.reynolds@nygh.on.ca](mailto:rita.reynolds@nygh.on.ca) or (416) 756-6444 ext 3485

Once again, thank you for taking a few minutes to help us with this project. We are greatly in your debt.

Sincerely

(your name)

On behalf of

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