

### Appendix 1: Patient interview script and questions.

Thank you for taking the time to allow me to interview you. Your records indicate that you had a MedsCheck done recently at your community pharmacy; the purpose of this interview is to learn about your experience with the MedsCheck program. I will be asking you a series of questions about your experience. This may take approximately 30 minutes of your time. During the interview you may decline to answer any questions if you feel uncomfortable. You may also request to stop the interview at any time.

Just to remind you, the information you share with me today will be kept confidential and only used for the purposes of this study. Your willingness to participate in the study is appreciated and the information we discuss today will help us understand more about patient experiences with the MedsCheck program. Do you have any questions before we begin?

1. How did you hear about the MedsCheck program? (RPh request, MD referral, self-referral, had one before, etc.)
2. Who conducted the MedsCheck medication review? (RPh, student, intern)
3. Where did the MedsCheck occur? (home, pharmacy counter, private counselling room, phone)
  - a. Did you feel that other people might overhear the conversation?
4. How much time did you spend with the pharmacist/student/intern? (< 5 minutes, 5–15 minutes, 15–30 minutes, > 30 minutes)
  - a. Did you feel like this was enough time, just right, too much?

I would now like to ask you some questions about your feelings about the MedsCheck program. You may feel that these are “personal questions”, but providing me with your honest answers will help us understand how patients experience the MedsCheck program and hopefully improve the impact of the program in the future.

5. What were your expectations (prior to receiving MedsCheck)? Were your expectations met?
6. Tell me about/describe your MedsCheck experience (see prompts below if required).
  - a. Did the pharmacist review your prescription medications?
  - b. Did the pharmacist review your non-prescription and natural health products?
  - c. Did you receive a list of your medications? If so, do you think this list is important? Have you shared this list with anyone?
  - d. Was a medication change (addition, deletion, adjustment) suggested or discussed?
7. Did you learn anything new during your MedsCheck? / Did the MedsCheck change your understanding of your medications/ medical conditions/health?
8. Do you think the MedsCheck program is important? (why/why not) What are the benefits you feel you received from the service?
9. Were you satisfied with the MedsCheck? (why/why not)
10. Do you have any concerns about the MedsCheck program?
11. What did you like about the service? What did you dislike?
12. Do you feel that having had a MedsCheck was helpful during your admission to SHSC [Sunnybrook Health Sciences Centre]? (helpful, not helpful, repetitive, annoying to have to restate)
13. Any additional comments?

That concludes the interview, thank you for taking the time to answer my questions. If you have any questions feel free to contact (\_\_\_\_\_).

### Appendix 2: Focus group questions for pharmacy staff.

1. If one of your patients had a MedsCheck completed at a community pharmacy, describe how you would use the MedsCheck during their time at the hospital.
2. What do you think are the benefits of having access to a patient’s MedsCheck?
3. Do you experience any barriers when using a patients’ MedsCheck?
4. Do you think the MedsCheck program is important?
5. Any additional comments about the MedsCheck program, as it relates to your practice?

**Appendix 3: Definition of high-risk medications.**

The following list of high-risk medications is based on the lists of high-alert medications in long-term care settings<sup>1</sup> and high-alert medications in community/ambulatory healthcare,<sup>2</sup> as defined by the Institute for Safe Medication Practices (US).

Type of Drug Therapy	Drug Classes and Examples
Antiretroviral agents	Entry inhibitors (e.g., maraviroc) Fusion inhibitors (e.g., enfuvirtide) Integrase inhibitors (e.g., dolutegravir, raltegravir) NRTIs (e.g., abacavir, didanosine, lamivudine, stavudine, zidovudine) NtRTI (e.g., tenofovir) NNRTI (e.g., delavirdine, efavirenz, etravirine, nevirapine, rilpivirine) Protease inhibitors (e.g., atazanavir, darunavir, fosamprenavir, indinavir, lopinavir, nelfinavir, ritonavir, saquinavir, tipranavir)
Antithrombotics	Acetylsalicylic acid (ASA) Direct oral anticoagulants: apixaban, rivaroxaban, edoxaban, dabigatran Heparin and low-molecular-weight heparin Warfarin
Chemotherapeutic agents	e.g., cyclophosphamide, temozolomide
Antihyperglycemics	Acarbose Dipeptidyl peptidate-4 (DPP-4) inhibitors (e.g., linagliptin) Glucacon-like peptide-1 (GLP-1) agonists (e.g., liraglutide) Meglitinides (e.g., repaglinide) Metformin Sodium-glucose co-transporter-2 (SGLT2) inhibitors (e.g., canagliflozin) Sulfonylureas (e.g., gliclazide) Thiazolidinediones (e.g., rosiglitazone)
Immunosuppressant agents	e.g., azathioprine, cyclosporine, tacrolimus
Insulin	Long-acting analogues (e.g., insulin detemir) NPH insulin Rapid-acting analogues (e.g., insulin aspart) Regular insulin
Methotrexate	
Opioids	e.g., morphine, fentanyl, hydrocodone, oxycodone

NRTI = nucleoside reverse transcriptase inhibitor, NtRTI = nucleotide reverse transcriptase inhibitor,  
 NNRTI = non-nucleoside reverse transcriptase inhibitor,

**References**

1. High-alert medications in long-term care (LTC) settings. Horsham (PA): Institute for Safe Medication Practices; 2017 [cited 2019 Aug 7]. Available from: <https://www.ismp.org/recommendations/high-alert-medications-long-term-care-list>
2. High-alert medications in community/ambulatory settings. Horsham (PA): Institute for Safe Medication Practices; 2011 [cited 2019 Aug 7]. Available from: <https://www.ismp.org/recommendations/high-alert-medications-community-ambulatory-list>