**SUPPLEMENT 1:** Questionnaire for a survey study about prescribers' considerations when selecting inhaler devices for patients.

# **CONSENT FORM:**

We invite you to take part in our survey entitled "Inhaler Device Choices." We want to understand the factors you consider when choosing specific inhaler device types for your asthma and COPD patients. The completion of this survey will take approximately 5-10 minutes and consists of 10 questions. After you complete the survey, if you are interested in entering the draw for a gift card, please enter your email address. However, if you are not interested in entering, then please note that this is **not** a mandatory requirement for this survey.

## **INTRODUCTION AND STUDY PURPOSE:**

The purpose of this survey is to understand what factors you consider when deciding on inhaled medication devices for your patients. You are invited to participate in this survey because you are a registered prescriber (authorized to write prescriptions for medications) within Alberta, British Columbia, or Manitoba. Your participation is greatly appreciated.

## **STUDY PROCEDURES:**

This online survey will take approximately 10 minutes to complete and consist of multiplechoice and open-ended responses. Please note that you are only able to respond once, and once you submit the survey, you will not be able to go back and change any responses.

#### **CONFIDENTIALITY:**

Unless you provide your email address to be entered into the draw, no personal information will be collected to maintain your privacy and confidentiality. If you do submit your email address, the results are collected and de-identified to maintain your privacy and confidentiality.

#### FUNDING:

The authors of this survey have received no financial support from any funding agency in the public, commercial, or not-for-profit sector.

#### **QUESTIONS OR CONCERNS:**

Questions about your information and this research study may be directed to the Principal Investigator: Aaron Tejani at aaron.tejani@ubc.ca.

#### DEMOGRAPHICS

# Q1: Are you currently a registered prescriber within Alberta (AB), British Columbia (BC) or Manitoba (MB)?

Check boxes: Yes, No

If **NO**: Thank you for your interest in participating in our survey. You previously answered "No" to being a registered prescriber within AB, BC, or MB, and therefore do not meet the criteria to further participate in this survey. As mentioned, we are looking to review and evaluate the current practice of prescribers regarding inhaler device choices within these provinces in Canada. If you have any questions or concerns, please contact our Principal Investigator: Aaron Tejani at aaron.tejani@ubc.ca

If **YES**: move on to the next question, Q2.

#### Q2: Do you prescribe within the community or a primary care setting?

Check boxes: Yes, No

If **NO**: Thank you for your interest in participating in our survey. You previously answered "No" to being a registered prescriber within the community or primary care setting and therefore do not meet the criteria to further participate in this survey. We are looking to review and evaluate the current practice of prescribers regarding inhaler device choices within an outpatient setting. If you have any questions or concerns, please contact our Principal Investigator: Aaron Tejani at aaron.tejani@ubc.ca

If **YES**: move on to the next question, Q3.

#### Q3: What province(s) do you currently practice in?

Check boxes: Alberta, British Columbia, Manitoba, None of the above

If **none of the above**: Thank you for your interest in participating in our survey. You previously answered "None of the above" to practicing within AB, BC, or MB, and therefore do not meet the criteria to further participate in this survey. As mentioned, we are looking to review and evaluate the current practice of prescribers regarding inhaler device choices within these provinces in Canada. If you have any questions or concerns, please contact our Principal Investigator: Aaron Tejani at aaron.tejani@ubc.ca

If AB, BC or MB then on to next question, Q4

# Q4: Please indicate the type of prescriber you are registered as.

Check boxes: Physician, Pharmacist, Nurse Practitioner, Other (open text box), I am not a prescriber

If **I am not a prescriber**: Thank you for your interest in participating in our survey. You previously answered "I am not a prescriber" to the type of prescriber you are registered as, and therefore do not meet the criteria to further participate in this survey. If you have any questions or concerns, please contact our Principal Investigator: Aaron Tejani at aaron.tejani@ubc.ca

If Physician, Pharmacist, Nurse Practitioner or Other then move on to the next question, Q5

# Q5: How long have you been a prescriber for?

Check boxes: <5 years, 5–10 years, >10 years, prefer not to answer Any answer will proceed to next question

# Q6: How did you access this survey?

Checkboxes: Facebook, Twitter, Prescriber Member Website, Email Invite Any answer will proceed to next question

# SITUATIONAL QUESTIONS

Case 1:

Q7: A 83-year-old female presents to your practice with increased shortness of breath and a confirmed spirometry diagnosis of COPD. This patient has a CAT score of 10 and is categorized as "moderate" COPD according to the Canadian Thoracic Society (CTS). The patient is already prescribed salbutamol MDI 100-200mcg (1-2 puffs) QID prn (max 6 puffs per day). In addition to the salbutamol, and in accordance with the CTS the next step would be to add a LABA or LAMA. Given that a LAMA would be appropriate, what inhaler device would you prescribe based on the presented information?

Check boxes:

- Incruse Ellipta (umeclidinium bromide)
- Seebri Breezhaler (glycopyrronium bromide)
- Spiriva Handihaler (tiotropium bromide monohydrate)
- Spiriva Respimat (tiotropium bromide monohydrate)
- Tudorza Genuair (aclidinium bromide)

Q8: a) What factors would you consider when making your decision about the specific device? For example, how did you choose between the Ellipta, Breezhaler, Handihaler, Respimat, and Genuair devices?Recall, all the choices involved drugs from the same class (i.e. LAMAs) but each product uses a different delivery device.

Open textbox

**Q8: b) Please rank the factors you considered above in order of importance.** Open textbox

## Case 2:

Q9: A 21-year-old male student with asthma presents to your practice complaining of increased coughing and wheezing about 2-3 times per week, which has led to increased use of the salbutamol he uses PRN. He also reports difficulties sleeping and exercising due to his symptoms. He is currently taking salbutamol PRN. According to the Global Initiative for Asthma (GINA) guidelines, the next step would be to add an inhaled corticosteroid. Given this information, what inhaler device would you prescribe based on the presented information? Checkboxes:

- Alvesco MDI (ciclesonide)
- Flovent MDI (fluticasone propionate)
- Arnuity Ellipta (fluticasone)
- Asmanex Twisthaler (mometasone furoate)
- Flovent Diskus (fluticasone propionate)
- Pulmicort Turbuhaler (budesonide)
- Qvar MDI (beclomethasone dipropionate)

Q10: a) What factors would you consider when making your decision about the specific device? For example, how did you choose between the MDIs, Ellipta, Diskus, Twisthaler, and Turbuhaler devices? Recall, all the choices involved drugs from the same class (i.e. corticosteroids) but each product uses a different delivery device. Open textbox

**Q10: b) Please rank the factors you considered above in order of importance.** Open textbox

# Q11: \*Optional question\*:

If you are interested in entering the draw for a \$25 CAD Amazon gift card please enter your email address. However, if you are not interested in entering, then please note that this is <u>not</u> a mandatory question for this survey.

Open textbook

#### Survey Link on Qualtrics:

https://ubc.ca1.qualtrics.com/jfe/form/SV\_4NICVYodM0sh7OC

Scenario 1:		Scenario 2:		
83-year-old female with COPD			21-year-old male student with asthma	
Factors	Ranking		Factors	Ranking
Prescriber Experience	1 <sup>st</sup> : 33 times 2 <sup>nd</sup> : 4 times 3 <sup>rd</sup> : 5 times 4 <sup>th</sup> : 1 time		Prescriber Experience	1 <sup>st</sup> : 27 times 2 <sup>nd</sup> : 9 times 3 <sup>rd</sup> : 4 times 4 <sup>th</sup> : 1 time
Patient Considerations	$1^{st}$ : 6 times $2^{nd}$ : 11 times $3^{rd}$ : 11 times $6^{th}$ : 1 time	-	Patient Considerations	1 <sup>st</sup> : 8 times 2 <sup>nd</sup> : 7 times 3 <sup>rd</sup> : 4 times 4 <sup>th</sup> : 1 time
Cost	1 <sup>st</sup> : 15 times 2 <sup>nd</sup> : 18 times 3 <sup>rd</sup> : 6 time 5 <sup>th</sup> : 1 time		Cost	1 <sup>st</sup> : 22 times 2 <sup>nd</sup> : 14 times 3 <sup>rd</sup> : 6 times 4 <sup>th</sup> : 2 times
Device Factors	1 <sup>st</sup> : 1 time 2 <sup>nd</sup> : 8 times 3 <sup>rd</sup> : 6 times 4 <sup>th</sup> : 1 time		Device Factors	1 <sup>st</sup> : 9 times 2 <sup>nd</sup> : 14 times 3 <sup>rd</sup> : 6 times 4 <sup>th</sup> : 2 times
Drug Factors	1 <sup>st</sup> : 4 times 2 <sup>nd</sup> : 3 times 3 <sup>rd</sup> : 1 time 4 <sup>th</sup> : 4 times		Drug Factors	1 <sup>st</sup> : 4 times 2 <sup>nd</sup> : 3 times 3 <sup>rd</sup> : 1 time 4 <sup>th</sup> : 2 times 5 <sup>th</sup> : 1 time
Sample Availability	1 <sup>st</sup> : - 2 <sup>nd</sup> : 3 times 3 <sup>rd</sup> : 1 time		Sample Availability	1 <sup>st</sup> : - 2 <sup>nd</sup> : 1 time 3 <sup>rd</sup> : - 4 <sup>th</sup> : 1 time
Frequency of Dosing	1 <sup>st</sup> : 4 times 2 <sup>nd</sup> : 2 times 3 <sup>rd</sup> : 4 times 4 <sup>th</sup> : 1 time 5 <sup>th</sup> : 1 time		Frequency of Dosing	1 <sup>st</sup> : 6 times 2 <sup>nd</sup> : 3 times 3 <sup>rd</sup> : 2 times
Ease of Use	1 <sup>st</sup> : 18 times 2 <sup>nd</sup> : 15 times 3 <sup>rd</sup> : 8 times 4 <sup>th</sup> : 2 times		Ease of Use	1 <sup>st</sup> : 4 times 2 <sup>nd</sup> : 7 times 3 <sup>rd</sup> : 3 times 4 <sup>th</sup> : 2 times
Environmental	1 <sup>st</sup> : - 2 <sup>nd</sup> : 1 time 3 <sup>rd</sup> : - 4 <sup>th</sup> : 1 time 5 <sup>th</sup> : 1 time		Environmental	1 <sup>st</sup> : - 2 <sup>nd</sup> : 5 times 3 <sup>rd</sup> : 4 times
Other	1 <sup>st</sup> : 1 time 2 <sup>nd</sup> : 1 time 3 <sup>rd</sup> : 2 times		Other	1 <sup>st</sup> : 2 times 2 <sup>nd</sup> : - 3 <sup>rd</sup> : -
Other			Other	3 <sup>rd</sup> : -

# **SUPPLEMENT 2:** Frequency of ranking for each factor in scenario 1 and scenario 2.

Supplement to: Frank IR, Falk J, Korownyk C, Kolber MR, Tejani AM. How patient-centred are inhaler device choices? A survey of Canadian prescribers. *Can J Hosp Pharm*. 2024;77(2):e3507. doi: 10.4212/cjhp.3507