

Focus Group Telephone Screening Guide

Date Completed: _____

Initials: _____

Hello, my name is Nazleen Khan. I'm part of the research team at Brigham and Women's Hospital leading this project in which we seek to better understand how authorized generic drugs can be used to improve safety surveillance for generic drug products. We were excited to hear about your interest in participating in the [Physician/Pharmacist] Workshop. The workshop is a 1.5-to-2-hour in-person meeting of [physicians who practice in primary care/pharmacists who practice in retail pharmacy settings]. During this workshop, which will be conducted as a focus group, topics of discussion will include issues related to authorized generics, including knowledge of and experience with authorized generics; opinions about whether, when, and why authorized generics should be preferred over brand-name or other generic products; and the price premium that should be placed on authorized generics relative to other products. Participants will be offered a [\$250/\$150] honorarium.

I'd like to take a few minutes to learn a little bit more about you. The following questions will help us determine whether you qualify and help ensure a diversity of participants for this workshop.

1.) Are you a physician who spends at least 50% of your time practicing primary care [or pharmacist who practices in a retail pharmacy setting]?

If yes: continue to question 2.

If no: "Thank you for your interest in participating. However, we are seeking physicians who spend at least 50% of their time practicing primary care [We are seeking pharmacist who practice in a retail pharmacy setting]. Thank you for your time. Good bye.

2.) The in-person focus groups will be held in Boston. Do you practice in the Boston area?

If yes: continue to question 3.

If no: "Thank you for your interest in participating. However, we are seeking physicians who practice in the Boston area [We are seeking pharmacist who practice the Boston area]. Thank you for your time. Good bye.

3.) The focus group will be held at our offices, which are located at 1620 Tremont Street in Boston. Will you be able to travel to our facility to participate in the focus group?

If yes: continue to question 4.

If no: "Thank you for your interest in participating. However, individuals will need to be able to travel to our facility for the in-person focus group. Thank you for your time. Good bye.

4.) We anticipate that the workshop will be held in [Month]. Can you tell me which days you are available? Or, can you provide me with the contact information for the person who manages your schedule so that we can begin the process of finding a mutually convenient time for all of the participants?

Thank you. You are eligible for the focus group. We will contact you by email within the next two weeks to finalize the date and time of the focus group. If you have any questions in the interim, please do not hesitate to contact me.

If individual is not available in [month]: "Thank you for your interest in participating. Please let us know if your availability changes. May we contact you if we plan for a different month?"

Thank you for your time. Good bye.

Focus Group Email Screening Guide

Subject: Authorized Generics [Physician/Pharmacist] focus group screening

Dear [Mr./Ms./Dr. X],

On behalf of our research team at Brigham and Women's Hospital and Harvard Medical School, thank you for your interest in participating in our focus group in which we seek to better understand how authorized generic drugs can be used to improve safety surveillance for generic drug products. The focus group is a 1.5-to-2-hour in-person meeting of [physicians who practice in primary care/pharmacists who practice in retail pharmacy settings]. During focus group, topics of discussion will include issues related to authorized generics, including knowledge of and experience with authorized generics; opinions about whether, when, and why authorized generics should be preferred over brand-name or other generic products; and the price premium that should be placed on authorized generics relative to other products. Participants will be offered a [\$250/\$150] honorarium.

Please complete the following questions, which will help us determine whether you qualify for the focus group.

- 1.) Are you a [physician who spends at least 50% of your time practicing primary care/ pharmacist who practices in a retail pharmacy setting]? (Yes or No)
- 2.) The in-person focus groups will be held in Boston. Do you practice in the Boston area? (Yes or No)
- 3.) The focus group will be held at our offices, which are located at 1620 Tremont Street in Boston. Will you be able to travel to our facility to participate in the focus group? (Yes or No)
- 4.) We anticipate that the workshop will be held in [Month]. Please indicate which days you are available. Or, please provide the contact information for the person who manages your schedule so that we can begin the process of finding a mutually convenient time for all of the participants.

We will respond within two business days to confirm your eligibility.

Sincerely,
Nazleen Khan

Follow-up Email

Subject: CONFIRMATION: Authorized Generics [Physician/Pharmacist] focus group

Dear [Mr./Ms./Dr. X],

If eligible: I wanted to confirm your eligibility at the [Physician/Pharmacist] focus group at Brigham and Women's Hospital in [month]. We will be back in touch with you within the next two weeks to finalize the date and time of the focus group.

If not eligible: Thank you for your interest in our project. [*provide appropriate response below*]

- Unfortunately, you are not eligible to participate in the focus group. [We are seeking physicians who spend at least 50% of their time practicing primary care./We are seeking pharmacist who practice in a retail pharmacy setting.]
- Unfortunately, you are not eligible to participate in the focus group. [We are seeking physicians who practice in the Boston area./We are seeking pharmacist who practice the Boston area.]
- Unfortunately, you are not eligible to participate in the focus group. Individuals will need to be able to travel to our facility for the in-person focus group.
- We are sorry that [month] will not work for you. Please let us know if your availability changes. We will get back in touch with you if we plan for a different month.

For any additional questions, please feel free to contact me at (617) 278-0930 or by e-mail at [email].

Sincerely,
Nazleen Khan

Focus group Confirmation E-mail (to be sent to all eligible participants)

Subject: CONFIRMATION: Authorized Generics [Physician/Pharmacist] focus group

Dear [Mr./Ms./Dr. X],

On behalf of the US Food and Drug Administration and my research team at Brigham and Women's Hospital and Harvard Medical School, I want to thank you for assisting us in our focus group on authorized generic drugs. We wanted to confirm that the focus group will be held:

[Date: XX

Time: XX

Location: XX]

For any additional questions, please feel free to contact me at (617) 278-0930 or by e-mail at [email].

We look forward to seeing you at the focus group!

Sincerely,
Nazleen Khan

Focus group Reminder E-mail (to be sent to all eligible participants)

Subject: FINAL REMINDER: Authorized Generics [Physician/Pharmacist] focus group

Message Send Date: [Three business days prior to meeting]

Dear [Mr./Ms./Dr. X],

The Authorized Generics focus group is just around the corner! As a reminder, the meeting details are:

[Date: XX

Time: XX

Location: XX]

For any additional questions, please feel free to contact me at (617) 278-0930 or by e-mail at [email].

We look forward to seeing you at the focus group!

Sincerely,
Nazleen Khan