According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0910-0695 and the expiration date is 2/28/2021. The time required to complete this information collection is estimated to average three minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.

## SCREENER FOR HEALTHCARE PROFESSIONAL FOCUS GROUPS **AND IN-DEPTH INTERVIEWS**

#### **INTRODUCTION**

Hello, my name is [Moderator's Name], and I am calling from the research firm, Lightspeed Health, for a study sponsored by the U.S. Food and Drug Administration. FDA is sponsoring a series of online [focus groups/interviews] to obtain insight about healthcare professionals' experiences and opinions communicating with patients about a specific type of drug. Each [focus group/interview] will be led by a qualified researcher [FOR FOCUS GROUPS ONLY: and will include about five to eight participants who will be asked to share their thoughts]. The [focus groups/interviews] will be held online via screen-sharing and will last about 90 minutes. Those who participate will receive an incentive as a thank you for taking part in the study.

May I ask you a few questions to see if you are eligible to participate in the study?

Yes	[ ]	[CONTINUE]
No	[ ]	[THANK AND TERMINATE]

Great! Before we begin, you should know that there are no wrong answers to the guestions I'm going to ask you. If an answer leads to me ending the call, it just means that you weren't eligible to participate based on the requirements for this specific study.

## [Termination Language]

Thank you for your time. Unfortunately, you are not eligible to participate at this time.

## **SECTION 1: SCREENER & DEMOGRAPHIC OUESTIONS**

1. In the past five years up to today, have you or a member of your immediate family worked for any of the following types of organizations? [Recruiter: READ LIST AND RECORD]

A pharmaceutical company	[]	> TERMINATE
A research firm or department	[]	IF YES TO

U.S. Food and Drug Administration (FDA) National Institutes of Health (NIH)	[]	ANY
Centers for Medicare and Medicaid Services (CMS) Centers for Disease Control and Prevention (CDC)	[]	
U.S. Department of Health and Human Services	[]	

2. When, if ever, was the last time you participated in a research study, such as an interview or a group discussion? [Recruiter: **DO NOT READ LIST**]

Within the past three months	[ ]	> TERMINATE
Over three months ago	[ ]	> CONTINUE
Never	[ ]	> CONTINUE

3. Which of the following best describes your occupation? [Recruiter: **READ** LIST]

Physician (MD, DO)	r 1	>
	LJ	CONTINUE
Pharmacist	[ ]	>CONTINUE
Nurse practitioner	[ ]	>
Physician assistant	[ ]	>CONTINUE
Other healthcare professional [Specify]	[ ]	>TERMINATE

4. Are you currently practicing medicine [Recruiter: replace "practicing" medicine" with "dispensing medicine" if Q3=Pharmacist] in the USA?

Yes [What is the zip code of your primary		>
practice location (i.e., where you see the	[ ]	
most patients)?		CONTINUE
No	[ ]	>TERMINATE

# [Recruiter: IF Q3=Pharmacist AND Q4=Yes, SKIP TO Q7]

Physician, Nurse Practitioner, and Physician Assistant Only Questions:

5. In what medical specialty do you currently practice?

Rheumatology			>
	[	]	
			CONTINUE
Oncology	[	]	>

6. In which medical setting do you practice most often?

Community hospital	[ ]	>SKIP TO Q8
Academic hospital	[ ]	>SKIP TO Q8
Outpatient clinic	[ ]	>SKIP TO Q8
Private/group practice	[ ]	>SKIP TO Q8
Other outpatient setting	[ ]	>SKIP TO Q8
(e.g., infusion center, dialysis clinic)		
Other[Specify{[RECORD]	[ ]	>SKIP TO Q8

# **Pharmacist Only Question:**

7. In which pharmacy setting do you practice most often?

Community hospital	[ ]	> CONTINUE
Academic hospital	[ ]	> CONTINUE
Community pharmacy/chain drug store	[ ]	> CONTINUE
Outpatient clinic	[ ]	> CONTINUE
Other outpatient setting	[ ]	> CONTINUE
(e.g., infusion center, dialysis clinic)		
Other [Specify[RECORD]	[ ]	> CONTINUE

# All Audience Questions:

8. How long have you been practicing?

years [RECORD]	[	]	> CONTINUE

[Recruiter: PLEASE AIM TO RECRUIT A MIX OF YEARS OF PRACTICE **ACROSS ALL [GROUPS/INTERVIEWS].** 

9. In an average year, what percentage of your work time is spent on patient care? Patient care activities include examining patients, performing diagnostic tests, prescribing or dispensing medications, reviewing patient records, and other activities directly connected to treatment. Non-patient care activities include teaching, research, and administration.

50% or more	[	]	> CONTINUE
Less than 50%	[	]	> TERMINATE

In this study, we will focus on biological products other than vaccines. Biological products are medications derived from a living organism, such as humans, animals, micro-organisms or yeast. Examples of the types of FDA-approved biological products we'll discuss in the [focus groups/interviews] include Humira, Enbrel, Remicade, Rituxin, Herceptin, Neulasta, and Neupogen.

10. When was the last time you prescribed [Recruiter: replace "prescribed" with "dispensed" if Q3=Pharmacist] a biological product to a patient?

Never		> TERMINATE
Within the past 6 months	[ ]	> CONTINUE (To be considered first-tier recent)
More than 6 months up to 1 year		> CONTINUE (To be considered first-tier recent)
More than 1 year but less than 2 years	[ ]	> CONTINUE (to be considered second-tier recent)
More than 2 years ago [How long?]	[ ]	>CONTINUE
Don't Know		> TERMINATE
		I I

To be asked only of respondents who indicate they have recent/within the last year (first 2 categories in Q10) experience prescribing biologics:

11.To about how many different patients have you prescribed [Recruiter: replace "prescribed" with "dispensed" if Q3=Pharmacist] biological products in the past year?

None		> CONTINUE
	[]	(see note
		below)
Fewer than 1 per month	r 1	> CONTINUE
1 to 3 patients per month		> CONTINUE
3 to 5 patients per month		> CONTINUE
More than 5 patients per month		> CONTINUE
Don't Know	[ ]	> CONTINUE

[Recruiter: Initially, only participants with **recent** experience prescribing or dispensing biologics should be scheduled for [focus groups/interviews], i.e. those that answered Q10 with timeframes of "within the past 6 months" or "more than 6 months up to 1 year"; these participants should be scheduled immediately for [focus group/interview] participation. However, do not immediately terminate participants who indicate it has been longer than 1 year. Ask these participants the Studies to Enhance FDA Communications Addressing Biosimilar Drug POMB# 0910-0695 PERCENSION PROPERTY OF THE PR Screener



rest of the screening questions and use script at end of screener: "Thank you for your time today. We will follow up with you soon if you are eligible for the study."]

[Recruiter: PLEASE AIM TO RECRUIT A MIX OF RACE/ETHNICITIES FOR **EACH GROUP. and ACROSS THE INTERVIEWS. ANYONE WHO SELECTS** MORE THAN ONE RACIAL CATEGORY SHOULD BE CONSIDERED OF MIXED RACE, AND BE COUNTED AS SUCH FOR THE PURPOSES OF DIVERSITY.

[ ]

[ ]

]

> CONTINUE

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

17.What i	s your age?	
	[RECORD NUMBER]	[ ] > CONTINUE
PAS	cruiter: IF PARTICIPANT HAS PRESCRIBE ST YEAR, THANK FOR TIME AND INDICAT FER TO SCHEDULE WITH THEM]	
Thank you the study.	u for your time today. We will follow up with	you soon if you are eligible for
_	SECTION 3: SCRIPT FOR INVITATION TO NTERVIEW]	PARTICIPATE IN [FOCUS
[focus group experiences and will get y	ke to invite you to participate in [a focus gower interview] will take place online, and we wand opinions about communicating with patiour feedback on some educational material ew] will be audio and video recorded.	vill be asking about your ents about biologic drugs
	group/interview] will last approximately 90 DUNT per amounts stated in the protocol n	
Your opinions	s are very important to us.	
18.Are you ir	nterested in participating in this study? Yes No	[ ] > CONTINUE [ ] >TERMINATE
	s group will take place on DATE at TIME onlines oate at this time? Yes No	ne. Will you be available    Output
	e interview slots available at the following Il you be available to participate at any of the Yes [SCHEDULE FOR SELECTED SLOT] No	

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We will send you a confirmation email with instructions for the [group/interview]. Could you please confirm your name, email address and phone number?

Name:	
Email:	
Phone:	

Your participation in this study is very important. If for some reason you will not be able to attend, please let us know right away so we can find someone to take your spot. You can call us anytime at [PHONE #], and if we are not here, please leave a message and we will return your call.