

## Appendix 1

### Email Invitation

E-mail Language That We Will Send to All Pharmacist Members of the Maryland Pharmacists Association

**Email subject:** Input Needed About Abuse Deterrent Formulation Opioids

**Email body:**

Dear Pharmacist,

On behalf of the U.S. Food and Drug Administration, researchers from University of Kentucky Colleges of Pharmacy and Public Health are conducting a survey to collect information and opinions about the dispensing of abuse deterrent formulation opioid analgesics. As a licensed pharmacist with the authority to dispense controlled substances in Maryland, you are receiving this email invitation to participate in the survey. We hope you will consider completing the survey because the information you provide may help us better understand how abuse deterrent formulation opioids are being utilized in practice. This is an anonymous survey using an encrypted website. We will not capture your email address, nor will we use it in any way, and we will not contact you about your answers to this survey. The survey should take approximately 6 minutes to complete.

The survey can be accessed at the following link: <http://j.mp/2UeMkSQ>.

Thank you for considering the request to complete this survey.

## **SURVEY COVER LETTER**

You are invited to participate in a survey collecting information and opinions about prescribing and dispensing abuse deterrent formulation opioid analgesics. Researchers at the University of Kentucky Colleges of Pharmacy and Public Health will conduct this study on behalf of the U.S. Food and Drug Administration .

We are asking you to participate in this survey because you are a licensed pharmacist with the ability to dispense controlled substances in Maryland. Your participation in this survey is voluntary, and it will take approximately 6 minutes to complete. The survey asks about the stocking and dispensing of abuse deterrent formulation opioid analgesics in your pharmacy. The information that we generate from this research will assist in our understanding of how you use these medications in practice.

Your response to the survey is anonymous. The research team will not know who did or did not respond to the survey and will not attempt to trace responses back to individuals. We do not know of any risks associated with disclosure of your opinions about the prescribing and dispensing of abuse deterrent formulations of opioid analgesics. We will keep your information secure to the extent required by law. You may receive two additional email invitations to participate in this survey over the next two weeks. If you have already responded or elect not to respond to the survey, please ignore these additional emails.

Taking part in this research is completely voluntary. If you choose not to participate, there will be no penalty to you. You are free to skip any question that you do not want to answer, and you can discontinue the survey at any time. Although you will not personally benefit from completing the survey, the information that you provide may help us understand how you might use abuse deterrent formulations more effectively.

The University of Kentucky Medical Institutional Review Board reviewed this study.

If you have questions about this study, please call Patricia Freeman at 859-323-1381 or Svetla Slavova at 859-323-7873. If you have any questions about your rights as a volunteer in this research, please call the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428.

By clicking the "Next" button, you have given your consent to participate. Click the "Next" button (below) to start the survey.

Thank you for your time, and we appreciate your consideration in completing this survey.

Patricia Freeman, PhD  
Associate Professor  
University of Kentucky College of Pharmacy  
Svetla Slavova, PhD  
Associate Professor  
University of Kentucky College of Public Health

Paperwork Reduction Act Statement:

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 0910-0847 and the expiration date is 12/31/2022. The time required to complete this information collection is estimated to average 6 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden, [toPRASStaff@fda.hhs.gov](mailto:toPRASStaff@fda.hhs.gov).

This study is being conducted on behalf of the U.S. Food and Drug Administration by researchers at the University of Kentucky Colleges of Pharmacy and Public Health.