

SUPPLEMENTAL 1: Knowledge, Practices, and Demographics Survey Questions

Counseling-Related Practices

1. **How frequently do you perform the following opioid risk reduction actions when filling an opioid prescription? Provide overdose counseling.**
 - a. Always (100% of the time)
 - b. Frequently (61-99%)
 - c. Occasionally (31-66%)
 - d. Rarely (1-30%)
 - e. Never (0%)

Naloxone-Related Knowledge and Practices

Knowledge

2. **Which naloxone products are approved by the FDA as OTC?** *[Select all that apply]*
 - a. RiVive™ (naloxone HCl) nasal spray
 - b. NARCAN® (naloxone HCl) nasal spray
 - c. ZIMHI™ (naloxone HCl) injection
 - d. Kloxxado® (naloxone HCl) nasal spray
 - e. Generic naloxone nasal spray
 - f. Generic naloxone injection
 - g. The FDA has not approved OTC naloxone
3. **What restrictions are in place on the sale of OTC naloxone in your state?**
 - a. There are no restrictions
 - b. There are restrictions on the sale of OTC naloxone (Please describe) _____
 - c. I don't know if there are restrictions.

Practices

4. **How frequently do you offer naloxone to patients picking up an opioid prescription?**
 - a. Always (100% of the time)
 - b. Frequently (61-99%)
 - c. Occasionally (31-60%)
 - d. Rarely (1-30%)
 - e. Never (0%)
5. **Which of the following naloxone products do you keep in stock over the counter?** *[Select all that apply]*
 - a. RiVive™ (naloxone HCl) nasal spray
 - b. NARCAN® (naloxone HCl) nasal spray

- c. ZIMHI™ (naloxone HCl) injection
 - d. Kloxxado® (naloxone HCl) nasal spray
 - e. Amenal Generic naloxone nasal spray
 - f. Teva Generic naloxone nasal spray
 - g. Padagis naloxone nasal spray
6. **Which of the following approved OTC products are available for your pharmacy to purchase from your wholesaler or distributor?** *[Select all that apply]*
- a. RiVive™ (naloxone HCl) nasal spray
 - b. NARCAN® (naloxone HCl) nasal spray
 - c. ZIMHI™ (naloxone HCl) injection
 - d. Kloxxado® (naloxone HCl) nasal spray
 - e. Amenal Generic naloxone nasal spray
 - f. Teva Generic naloxone nasal spray
 - g. Padagis naloxone nasal spray
7. **Have you observed or experienced any difficulty in ordering or having access to generic naloxone products, despite their FDA approval?**
- a. Yes
 - b. No
 - c. I did not know any generics were approved for OTC sale
8. **Have you observed a rise in the demand for OTC naloxone products now that they are available over the counter?**
- a. Yes
 - b. No
 - c. I don't know what this is

Buprenorphine-Related Knowledge and Practices

Knowledge

9. **A patient comes to your pharmacy with a legitimate prescription for buprenorphine. You notice that the prescription does not have a Drug Addiction Treatment Act (DATA 2000 or X-waiver) registration number. How do you proceed?**
- a. Call the prescriber's office to request a new prescription with the X-waiver registration number.
 - b. Fill the prescription as is. The X-waiver is not needed.
 - c. I would not fill this prescription. (Please comment your reason(s) for not filling this prescription): _____

Practices

10. **How often do you dispense buprenorphine at your pharmacy?**
- a. Always (daily)

- b. Frequently (weekly)
- c. Occasionally (1-3 times per month)
- d. Rarely (less than once per month)
- e. Never

11. Which buprenorphine products do you dispense? *[Select all that apply]*

- a. Bunavail™ buccal film
- b. Brand name Suboxone® (buprenorphine/naloxone) films
- c. Generic buprenorphine/naloxone films
- d. Generic buprenorphine/naloxone tablets
- e. Generic monoproduct buprenorphine tablets
- f. Zubsolv® SL tablets
- g. Other (please specify): _____
- h. We do not dispense buprenorphine

12. How do you typically handle situations where there are uncertainties about buprenorphine supply thresholds? *[Select all that apply]*

- a. Adjust prescription quantities (e.g., fill for 7 days on a 28-day script)
- b. Contact the manufacturer or distributor
- c. Inform patients about potential delays
- d. Other (please specify): _____

13. Have you observed a rise in the demand for buprenorphine since the elimination of the X-waiver requirement in January 2023?

- a. Yes
- b. No

Demographics

14. Your age:

- a. 24 and under
- b. 25-34
- c. 35-44
- d. 45-54
- e. 55-64
- f. 65 and older

15. Which of the following best describes how you identify yourself?

- a. Female
- b. Male
- c. Transgender
- d. Non-binary
- e. Another gender

- f. Prefer not to answer
- g. I use a different term: _____

16. What is your race or ethnicity? *[Select all that apply and enter additional details in the spaces below.]*

- a. American Indian or Alaskan Native (For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)
- b. Asian (For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)
- c. Black or African American (For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- d. Hispanic or Latino (For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)
- e. Middle Eastern or North African (For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)
- f. Native Hawaiian or Other Pacific Islander (For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)
- g. White (For example, English, German, Irish, Italian, Polish, Scottish, etc.)
- h. Other: _____

17. Please indicate the highest level of education that you have achieved.

- a. Bachelor of Pharmacy
- b. Master's degree
- c. PharmD
- d. Other degree or certification: _____
- e. Residency training

18. Please select the option that best describes your current work setting.

- a. Grocery store community pharmacy
- b. Independent community pharmacy
- c. Other: _____

19. How many years have you been practicing pharmacy?

- a. _____

20. What is the zip code of your pharmacy? *

- a. _____

**used to assign RUCA code*