

Appendix 2: Survey of Pharmacists

The questions in the survey of pharmacists were developed by CADTH in collaboration with Ipsos Public Affairs. The survey was designed to gather information about experiences and decision-making processes around outpatient prescribing of antibiotics for specific indications.

Primary Care Practitioner Practice

1. In which province or territory do you practice/are you located?

	Alberta		Newfoundland and Labrac		Ontario			Yukon	
	British Columbia		Northwest Territories			Prince Edward Island			
	Manitoba		Nova Scotia			Quebec			
	New Brunswick		Nunavut		Saskatchewan				
2. F	lease identify your ma	in ro	ole:						
	Family physician		Nurse practitioner	I	Pharmacis	t 🗅	Other (pl	ease	specify)
3. V	Which populations doe	s yo	ur practice serve? (Check	k al	ll that app	ly)			
	Urban		Rural 🗅	I	Remote		Other (pl	ease	specify)

4. How many years have you been practicing in primary care?



Indication A: Uncomplicated Cystitis

A1. What sources of information do you refer to when it comes to antibiotic treatments prescribed for adult patients with uncomplicated <u>UTIs: cystitis or pyelonephritis</u>? (check all that apply)

- Internal/ organizational or local treatment guidelines
 Continuing professional development
- Previous clinical experience
 Other (please specify)
- National or international clinical practice guidelines
 Colleagues or local practice patterns decision making tools

material

- □ Apps (please select all that apply)
 - UptoDate
 - Dynamed
 - Bugs and Drugs
 - Sanford Guide to Antimicrobial Therapy
 - RxTx
 - Spectrum MD
 - □ WebMD
 - □ Medscape
 - Other (please specify)

A2. In your practice, what is the most commonly prescribed antibiotic(s) you see prescribed by practitioners for therapy for <u>uncomplicated cystitis</u>? (please select the ones most commonly seen)

Beta lactam antibiotic		Fosfomycin trometamol	Fluoroquinolone
Trimethoprim-sulfamethoxazole (TMP-SMX)	D	Pivmecillinam	Nitrofurantoin monohydrate/ macrocrystals

□ Other (please specify)

A3. Of the ones you selected, is there <u>one</u> antibiotic you see in your practice that is more commonly prescribed by practitioners? (select one response only)

Beta lactam antibiotic		Fosfomycin trometamol		Fluoroquinolone
Trimethoprim-sulfamethoxazole (TMP-SMX)		Pivmecillinam		Nitrofurantoin monohydrate/ macrocrystals
Other (please specify)		None is prescribed more often than the other		



A4. Describe when you might see a fluoroquinolone (e.g. ciprofloxacin, levofloxacin, norfloxacin, ofloxacin) prescribed as a treatment for uncomplicated cystitis. (please provide details)

A5. In which circumstances would you contact a prescribing clinician? (describe circumstances and other action(s) you would take)

A6. Do you have any other comments on the choices of antibiotic for therapy that you see prescribed by practitioners for uncomplicated cystitis?

- □ Yes (please provide details)
- 🗅 No



Indication B: Uncomplicated Pyelonephritis

B1. What sources of information do you refer to when it comes to antibiotic treatments prescribed for adult patients with <u>uncomplicated pyelonephritis</u>? (check all that apply)

- Internal/ organizational or local treatment guidelines
- Continuing professional development material
- National or international clinical practice guidelines
- Colleagues or local practice patterns
- Previous clinical experience

making tools

Other clinical decision

Other (please specify)

- □ Apps (please select all that apply)
 - UptoDate
 - Dynamed
 - Bugs and Drugs
 - Sanford Guide to Antimicrobial Therapy
 - RxTx
 - Spectrum MD
 - □ WebMD
 - Medscape
 - Other (please specify)

B2. In your practice, what are the most commonly prescribed antibiotics you see prescribed by practitioners for outpatient therapy for <u>uncomplicated pyelonephritis</u>? (please select the ones most commonly seen)

	Fluoroquinolone	Amoxicillin-clavulanate	Other (please specify)
	Trimethoprim-sulfametho- xazole (TMP-SMX)	Second and third generation cephalosporin (cefpodoxime, cefdinir, cefaclor)	
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B3. Of the ones you selected, is there <u>one</u> antibiotic you see in your practice that is more commonly prescribed by practitioners? (select one response only)

Fluoroquinolone	Amoxicillin-clavulanate	Other (please specify)
Trimethoprim-sulfametho- xazole (TMP-SMX)	Second and third generation cephalosporin (cefpodoxime, cefdinir, cefaclor)	None is prescribed more often than the other



B4. Describe when you might see a fluoroquinolone (e.g. ciprofloxacin, levofloxacin, norfloxacin) as prescribed a treatment for uncomplicated pyelonephritis. (please provide details)

B5. In which circumstances would you contact a prescribing clinician? (describe circumstances and other action(s) you would take)

B6. Do you have any other comments on the choices of antibiotic for therapy that you see prescribed by practitioners for uncomplicated pyelonephritis?

- Yes (please provide details)
- No

Indication C: Acute Bacterial Exacerbation of Chronic Bronchitis in Chronic Obstructive Pulmonary Disease

C1. What sources of information do you refer to when it comes to antibiotic treatments prescribed for adult patients with acute bacterial exacerbation of chronic bronchitis in COPD? (check all that apply)

Internal/ organizational or local treatment guidelines		Continuing professional development material	Previous clinical experience	Other (please specify)
National or international clinical practice guidelines		Colleagues or local practice patterns	Other clinical decision making tools	
Apps (please select all that	at ap	oly)		

- - UptoDate
 - Dynamed
 - Bugs and Drugs
 - Sanford Guide to Antimicrobial Therapy
 - RxTx
 - Spectrum MD
 - WebMD
 - Medscape
 - Other (please specify)



C2. In your practice, what are the most commonly prescribed antibiotics you see prescribed by practitioners for therapy for <u>acute bacterial exacerbation of chronic bronchitis for COPD</u>? (please select the ones most commonly seen)

	Advanced macrolide (azithromycin, clarithromycin)	 Trimethoprim- sulfamethoxazole (TMP-SMX) 			Cephalosporin (cefuroxime, cefpodoximem cefdinir)			
	Fluoroquinolone		Doxycycline		Amoxicillin-clavulanate			
	Other (please specify)							
C3. Of the ones you selected, is there one antibiotic you see in your practice that is more commonly prescribed by practitioners? (select one response only)								
			, , ,	oract	ice that is more commonly			
			, , ,	oract	ice that is more commonly Cephalosporin (cefuroxime, cefpodoximem cefdinir)			

Other (please specify)

None is prescribed more often than the other

C4. Describe when you might see a fluoroquinolone (e.g. ciprofloxacin, levofloxacin, moxifloxacin, ofloxacin) prescribed as a treatment for acute bacterial exacerbation of chronic bronchitis for COPD. (please provide details)

C5. In which circumstances would you contact a prescribing clinician? (describe circumstances and other action(s) you would take)

C6. Do you have any other comments on the choices of antibiotic for therapy for acute bacterial exacerbation of chronic bronchitis for COPD that you see prescribed by practitioners?

Yes (please provide details)

🗅 No



Indication D: Acute Bacterial Sinusitis

D1. What sources of information do you refer to when it comes to antibiotic treatments prescribed for adult patients with <u>acute bacterial sinusitis</u>? (check all that apply)

- Internal/ organizational
 or local treatment guidelines
- Continuing professional development material
- Previous clinical experience
- Other (please specify)
- National or international Colleagues or local clinical practice practice patterns guidelines
 Colleagues or local decision making tools
- □ Apps (please select all that apply)
 - UptoDate
 - Dynamed
 - Bugs and Drugs
 - Sanford Guide to Antimicrobial Therapy
 - RxTx
 - Spectrum MD
 - □ WebMD
 - Medscape
 - Other (please specify)

D2. In your practice, what are the most commonly prescribed antibiotics you see prescribed by practitioners for therapy for <u>acute bacterial sinusitis</u>? (please select the ones most commonly seen)

Amoxicillin	Amoxicillin-clavulanate	Trimethoprim-sulfamethoxazole (TMP-SMX)
Fluoroquinolone	Clindamycin and a cephalosporin (cefixime or cefpodoxime)	Doxycycline
Macrolides (clarithromycin or azithromycin)	Trimethoprim- sulfamethoxazole	Oral second or third generation cephalosporins

□ Other (please specify)



D3. Of the ones you selected, is there <u>one</u> antibiotic you see in your practice that is more commonly prescribed by practitioners?

Amoxicillin	Amoxicillin-clavulanate	Trimethoprim-sulfamethoxazole (TMP-SMX)
Fluoroquinolone	Clindamycin and a cephalosporin (cefixime or cefpodoxime)	Doxycycline
Macrolides (clarithromycin or azithromycin)	Trimethoprim-sulfamethoxazole	Oral second or third generation cephalosporins
Other (please specify)	None is prescribed more often than the other	

D4. Describe when you might see a fluoroquinolone (e.g. levofloxacin, moxifloxacin) as prescribed a treatment for acute bacterial sinusitis. (please provide details)

D5. In which circumstances would you contact a prescribing clinician? *describe circumstances and other action(s) you would take)*

D6. Do you have any other comments on the choices of antibiotic for therapy that you see prescribed by practitioners for acute bacterial sinusitis?

□ Yes (please provide details)

No

Regional Resistance Patterns

QE1. Several clinical practice guidelines recommend that health care professionals consider the "regional resistance patterns" when selecting an antibiotic drug. Do you have access to current data concerning regional resistance patterns?

- Yes
- No
- Unsure

QE2. Where do you obtain data about regional resistance patterns? (please provide details)



QE3. Lastly, do you have any other comments you would like to share regarding your prescribing practices around antibiotics for the all the indications described?

QE4. Thank you for completing the survey. Would you be interested in participating in further research about the prescribing of antibiotics in the form of a telephone interview?

- □ Yes (please provide details)
- 🗅 No