**Supplemental Figure 1: Survey distributed to participants of the Society of Healthcare Epidemiology of America (SHEA) Research Network (SRN)**

1. SRN ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What best describes your institution?
   1. Academic medical center
   2. Community hospital
   3. Critical access hospital
   4. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. States began distribution of Paxlovid in early January 2022. Considering only the month of January, please select the choice that best describes how your state distributed Paxlovid.
   1. Distributed to hospitals only
   2. Distributed to retail pharmacies only
   3. Distributed to hospitals and retail pharmacies
   4. Don’t know
   5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How did your institution handle the prescribing of Paxlovid in the weeks immediately after its release?
   1. Centralized – Patients were referred to a centralized mechanism, such as a telehealth clinic, which was responsible for prescribing for Paxlovid
   2. Decentralized – Providers directly prescribed Paxlovid to pharmacies
5. Did your institution utilize pharmacist support in the Paxlovid prescribing process at any point in time? Please select all that apply.
   1. Yes, utilized in developing prescribing guidelines
   2. Yes, utilized in direct teaching to providers
   3. Yes, utilized in assessing individual patients for drug eligibility
   4. No, pharmacists were not utilized
   5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. If pharmacists were utilized in assessing individual patients for drug eligibility, was their involvement mandatory in the Paxlovid prescribing process at any point in time?
   1. Currently mandatory
   2. Initially mandatory, but no longer
   3. Optional
   4. Not applicable
7. What educational materials did your institution create to educate providers about Paxlovid prescribing? Please select all that apply.
   1. Formal lecture or didactics
   2. Printed handouts
   3. Websites
   4. Electronic medical record-based decision support tools
   5. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. No educational materials were created
8. The following are commonly described barriers for access to Paxlovid. Please rank these from 1-5 in terms of how they affected to your institution during the weeks immediately after its release, with 1 being the most significant and 5 being the least significant.

\_\_ Drug supply

\_\_ Window of time for authorized use after symptom onset

\_\_ Patient interest

\_\_ Provider discomfort with prescribing

\_\_ Consent and documentation process

1. Please rank the same barriers from 1-5 in terms of how they currently affect your institution.

\_\_ Drug supply

\_\_ Window of time for authorized use after symptom onset

\_\_ Patient interest

\_\_ Provider discomfort with prescribing

\_\_ Consent and documentation process

1. Did your institution take measures to ensure equitable access to Paxlovid?
   1. Yes
   2. No
2. If answering yes to question #10, please describe the measures that your institution took: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supplemental Table 1: Facility characteristics of survey respondents vs. non-respondents**

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| --- | --- | --- | --- |
|  | **Respondents (N=31)** | **Non-respondents (N=39)** | **P-valuea** |
| Bed sizeb | 500 (600) | 400 (600) | 0.41 |
| Number of antimicrobial stewardship staffb | 1.0 (1.0) | 1.25 (2.0) | 0.39 |
| Academic medical center | 10 (32%) | 14 (36%) | 0.75 |

aPearson’s χ2 test was used for categorical variables. The Wilcoxon rank-sum test was used for continuous variables.

bMedian (interquartile range) reported for continuous variables.