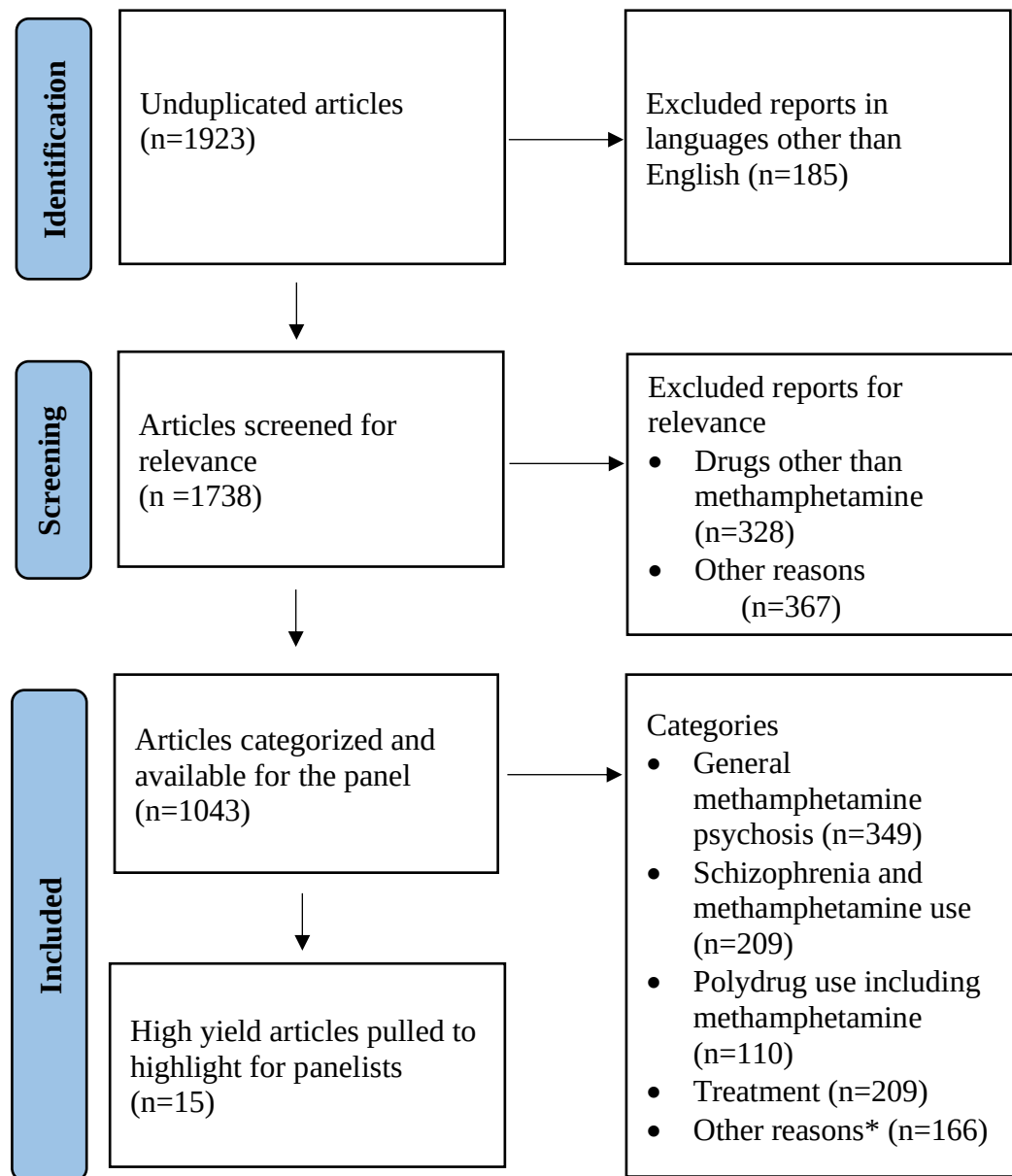


Supplemental Tables

Supplemental Figure 1: PRISMA literature review flow chart and search description



The literature review was conducted using PubMed in May 2023, without date restrictions, using combinations of the keywords “methamphetamine induced psychosis,” “meth psychosis,” “methamphetamine psychosis,” “amphetamine induced psychosis,” “amphetamine psychosis.” Included articles were organized and securely shared with expert panelists using Zotero. *Other relevant reasons include basic science, epidemiology, or practice issues related to methamphetamine use.

Supplemental Table 1. Panelists' opinions on importance of differentiating methamphetamine-induced psychotic disorder from primary psychosis

Reason	Does not matter, n (%)	Not sure/undecided, n (%)	Matters a little, n (%)	Matters a lot, n (%)
Affects prognosis*			2 (10%)	19 (90%)
Affects level of care or disposition*	1 (5%)	1 (5%)	1 (5%)	18 (86%)
Affects education of patients' family, friends, or social supports		1 (5%)	4 (19%)	16 (76%)
Affects selection of other psychotherapeutic interventions		2 (10%)	3 (14%)	16 (76%)
Exclude other possible etiologies of psychosis		3 (14%)	2 (10%)	16 (76%)
Affects patient education			6 (29%)	15 (71%)
Avoids iatrogenic harm from other possible treatments	1 (5%)	2 (10%)	4 (19%)	14 (67%)
Affects selection of Medications	1 (5%)	1 (5%)	9 (43%)	10 (48%)
Inform the application of existing scientific literature for patient care		2 (10%)	10 (48%)	9 (43%)
Impacts payment	9 (43%)	1 (5%)	8 (38%)	3 (14%)

Based on 21 respondents, or 95% of panelists; rows may be >100% due to rounding; * Endorsed as “Matters a lot” by ≥80% of respondents

Supplemental Table 2. Panelists' opinions on research priorities related to methamphetamine-induced psychotic disorder (MIPD)

Possible priority	Not a priority at all, n (%)	Somewhat of a priority, n (%)	Neutral/not sure, n (%)	High priority, n (%)	Very high priority, n (%)
Studying the likelihood of progression from Acute MIPD to Persisting MIPD*			3 (14%)	9 (41%)	10 (45%)
Identifying the best medication treatments for MIPD		3 (14%)	2 (9%)	8 (36%)	9 (41%)
Describing the validity of the proposed diagnoses (e.g., construct and content validity)		2 (9%)	3 (14%)	9 (41%)	8 (36%)
Describing psychometric reliability of the proposed diagnoses (e.g., test-retest and interrater reliability)	1 (5%)	3 (14%)	2 (9%)	8 (36%)	8 (36%)
Defining the time range of acute versus persisting disorder		4 (18%)	5 (23%)	7 (32%)	6 (27%)
Identifying the best psychotherapeutic treatments for MIPD	3 (14%)	5 (23%)	2 (9%)	9 (41%)	3 (14%)
Describing biological predictors of MIPD (e.g., genetic markers)	3 (14%)	7 (32%)	3 (14%)	7 (32%)	2 (9%)
Describing psychological predictors of MIPD (e.g., neurocognitive markers)	1 (5%)	8 (36%)	5 (23%)	6 (27%)	2 (9%)
Describing social predictors of MIPD (e.g., social determinants)		7 (32%)	8 (36%)	6 (27%)	1 (5%)

Based on 22 respondents, or 100% of panelists; rows may be >100% due to rounding; * Endorsed as a “high” or “very high priority” by $\geq 80\%$ of respondents.

Supplemental Table 3. Panelists' opinions on their experience with expert panel process

Aspect of study	Strongly disagree, n (%)	Disagree, n (%)	Neutral/not sure, n (%)	Agree, n (%)	Strongly agree, n (%)
I felt my opinion was respected in this process.				6 (27%)	16 (73%)
It was easy to communicate with other panelists.				11 (50%)	11 (50%)
It was easy to communicate with panel leaders.			1 (5%)	5 (23%)	16 (73%)
I was able to get process questions answered to my satisfaction.			1 (5%)	6 (27%)	15 (68%)
The literature review was accessible.		1 (5%)		6 (27%)	15 (68%)
I feel that I contributed to the work and product of the group.			1 (5%)	8 (36%)	13 (59%)
I reviewed scientific literature related to this panel.	1 (5%)			9 (41%)	12 (55%)
The online web meetings were accessible.		1 (5%)	1 (5%)	5 (23%)	15 (68%)
Online materials (e.g., slide decks) were accessible.		1 (5%)	3 (14%)	7 (32%)	11 (50%)

Based on 22 respondents, or 100% of panelists; rows may be >100% due to rounding; * Endorsed as “Agree” or “Strongly agree” by ≥80% of panelists.