

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

The work under consideration for publication.

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Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

Relationships not covered above.

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Pending: The patent has been filed but not issued **Issued:** The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your

patent

Andersson 1



Section 1. Identifying Inform	mation	
1. Given Name (First Name) Karin	2. Surname (Last Name) Andersson	3. Date 30-December-2014
4. Are you the corresponding author?	☐ Yes ✓ No	Corresponding Author's Name Mehdi Najafzadeh
5. Manuscript Title Cost-effectiveness of novel regimens f	or the treatment of hepatiti	s C
6. Manuscript Identifying Number (if you k M14-1152	now it)	
Section 2. The Work Under C	Consideration for Public	ation
	g but not limited to grants, dat	a third party (government, commercial, private foundation, etc.) for a monitoring board, study design, manuscript preparation,
Section 3. Relevant financia	activities outside the s	ubmitted work.
of compensation) with entities as desc	ribed in the instructions. Use eport relationships that were ———————————————————————————————————	ether you have financial relationships (regardless of amount e one line for each entity; add as many lines as you need by e present during the 36 months prior to publication.
Section 4. Intellectual Prope	rty Patents & Copyrig	hts
Do you have any patents, whether plan	nned, pending or issued, bro	oadly relevant to the work? ☐ Yes ✓ No

Andersson 2



Section 5. Polationships not sovered above	
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Section 6. Disclosure Statement	
Based on the above disclosures, this form will automatically generate a disclosure statement, which will apprebelow.	ear in the box
Dr. Andersson has nothing to disclose.	

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Andersson 3



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Choudhry 1



Section 1.	Identifying Inform	nation		
1. Given Name (Fi Niteesh	rst Name)	2. Surname (Last Name Choudhry)	3. Date 05-January-2015
4. Are you the cor	responding author?	☐ Yes ✓ No	Corresponding Autho Mehdi Najafzadeh	r's Name
5. Manuscript Title Cost-effectivene	e ss of novel regimens fo	r the treatment of hepa	atitis C	
6. Manuscript Ider M14-1152	ntifying Number (if you kn	now it)		
Section 2.	The Work Under Co	onsideration for Pul	olication	
any aspect of the s statistical analysis, Are there any rel If yes, please fill o	ubmitted work (including etc.)? evant conflicts of intere	est? Yes Normation below. If you	, data monitoring board, stu	nt, commercial, private foundation, etc.) for udy design, manuscript preparation, etc.) for udy design,
Name of Institut	ion/Company	Grant? Personal Fees?	Non-Financial Support?	Comments
CVS Health		V		
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Section 3.	Relevant financial	activities outside th	e submitted work.	
of compensation clicking the "Add Are there any rel	n) with entities as descri I +" box. You should rep evant conflicts of intere	bed in the instructions port relationships that v est? Yes √ No	. Use one line for each en were present during the D	ial relationships (regardless of amount tity; add as many lines as you need by 36 months prior to publication.
Section 4.	Intellectual Proper	ty Patents & Copy	rights	
Do you have any	patents, whether plans	ned, pending or issued	broadly relevant to the v	work? Yes No

Choudhry 2



Section 5. Polationships not severed above
Relationships not covered above
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Avorn 1



Section 1.	Identifying Inform	nation	
1. Given Name (Fi Jerry	rst Name)	2. Surname (Last Name) Avorn	3. Date 05-January-2015
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Najafzadeh, Mehdi
5. Manuscript Title Cost-effectivene		or the treatment of hepatit	is C
6. Manuscript Ide M14 - 1152	ntifying Number (if you kr	now it)	
	ı		
Section 2.	The Work Under C	onsideration for Public	cation
any aspect of the s statistical analysis,	submitted work (including	g but not limited to grants, da	a third party (government, commercial, private foundation, etc.) for ta monitoring board, study design, manuscript preparation,
Section 3.	Relevant financial	activities outside the s	submitted work.
of compensation clicking the "Add	n) with entities as descr	ibed in the instructions. Us port relationships that wer	ether you have financial relationships (regardless of amount se one line for each entity; add as many lines as you need by se present during the 36 months prior to publication.
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Do you have any	patents, whether plan	ned, pending or issued, br	oadly relevant to the work? Yes V No

Avorn 2



Section 5.	
Section 5.	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
Yes, the follo	wing relationships/conditions/circumstances are present (explain below):
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Dr. Avorn has no	othing to disclose.

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Najafzadeh 1



Section 1. Identifying Inform	nation	
1. Given Name (First Name) Mehdi	2. Surname (Last Name) Najafzadeh	3. Date 05-January-2015
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author's Name Niteesh K Choudhry
5. Manuscript Title Cost-effectiveness of novel regimens fo	r the treatment of hepati	itis C
6. Manuscript Identifying Number (if you kr M14-1152	now it)	
Section 2. The Work Under Co	onsideration for Publi	ication
	but not limited to grants, d	m a third party (government, commercial, private foundation, etc.) for data monitoring board, study design, manuscript preparation,
•	ormation below. If you ha	ave more than one entity press the "ADD" button to add a row.
Name of Institution/Company	Grant	On-Financial Support? Comments
CVS Health	✓	This work was supported by an unrestricted grant from CVS Health to Brigham and Women's Hospital.
Section 3. Relevant financial	activities outside the	submitted work.
Place a check in the appropriate boxes in of compensation) with entities as descri	n the table to indicate which the instructions. Upont relationships that we	hether you have financial relationships (regardless of amount Use one line for each entity; add as many lines as you need by ere present during the 36 months prior to publication .
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Najafzadeh 2



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Dr. Najafzadeh reports grants from CVS Health, during the conduct of the study.

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Najafzadeh 3



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Krumme 1



Section 1. Identifying Infor	mation	
1. Given Name (First Name) Alexis	2. Surname (Last Name) Krumme	3. Date 06-January-2015
4. Are you the corresponding author?	Yes ✓ No	Corresponding Author's Name Mehdi Najafzadeh
5. Manuscript Title Cost-effectiveness of novel regimens t	for the treatment of hepatit	is C
6. Manuscript Identifying Number (if you l M14-1152	know it)	
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Krumme 2



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Brennan 1



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1. Given Name (Fi Troyen	rst Name)	2. Surname (Last Name) Brennan		3. Date 31-December-2014
4. Are you the cor	responding author?	Yes No	Corresponding Author's Niteesh Choudhry	s Name
5. Manuscript Title Cost Effectivenes	e ss Analysis of Hepatitis	C Treatment		
6. Manuscript Ider	ntifying Number (if you kr	now it)		
Section 2.	The Work Under Co	onsideration for Publ	ication	
any aspect of the s statistical analysis, Are there any rel	ubmitted work (including	g but not limited to grants, c		t, commercial, private foundation, etc.) for y design, manuscript preparation,
Section 3.	Relevant financial	activities outside the	submitted work.	
of compensation clicking the "Add Are there any rele) with entities as descri	ibed in the instructions. Uport relationships that we est?	Jse one line for each entit	I relationships (regardless of amount ty; add as many lines as you need by 86 months prior to publication.
Name of Entity		Grant	on-Financial Support?	Comments
CVS Health		✓		
Section 4.	Intellectual Proper	rty Patents & Copyri	ights	
Do you have any	•		proadly relevant to the wo	ork? ☐ Yes ✓ No

Brennan 2



Section 5.	Deletionships not severed above
_	Relationships not covered above
	elationships or activities that readers could perceive to have influenced, or that give the appearance of encing, what you wrote in the submitted work?
✓ Yes, the follow	wing relationships/conditions/circumstances are present (explain below):
No other rela	tionships/conditions/circumstances that present a potential conflict of interest
I work at CVS Hea	alth which supported the study. I get salary and equity as compensation.
	anuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements rnals may ask authors to disclose further information about reported relationships.
Section 6.	Disclosure Statement
Based on the abo	ove disclosures, this form will automatically generate a disclosure statement, which will appear in the box
	orts grants from CVS Health, outside the submitted work; and I work at CVS Health which supported the y and equity as compensation

Evaluation and Feedback

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Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

3. Relevant financial activities outside the submitted work.

This section asks about your financial relationships with entities in the bio-medical arena that could be perceived to influence, or that give the appearance of potentially influencing, what you wrote in the submitted work. You should disclose interactions with ANY entity that could be considered broadly relevant to the work. For example, if your article is about testing an epidermal growth factor receptor (EGFR) antagonist in lung cancer, you should report all associations with entities pursuing diagnostic or therapeutic strategies in cancer in general, not just in the area of EGFR or lung cancer.

Report all sources of revenue paid (or promised to be paid) directly to you or your institution on your behalf over the 36 months prior to submission of the work. This should include all monies from sources with relevance to the submitted work, not just monies from the entity that sponsored the research. Please note that your interactions with the work's sponsor that are outside the submitted work should also be listed here. If there is any question, it is usually better to disclose a relationship than not to do so.

For grants you have received for work outside the submitted work, you should disclose support ONLY from entities that could be perceived to be affected financially by the published work, such as drug companies, or foundations supported by entities that could be perceived to have a financial stake in the outcome. Public funding sources, such as government agencies, charitable foundations or academic institutions, need not be disclosed. For example, if a government agency sponsored a study in which you have been involved and drugs were provided by a pharmaceutical company, you need only list the pharmaceutical company.

4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Definitions.

Entity: government agency, foundation, commercial sponsor, academic institution, etc.

Grant: A grant from an entity, generally [but not always] paid to your organization

Personal Fees: Monies paid to you for services rendered, generally honoraria, royalties, or fees for consulting, lectures, speakers bureaus, expert testimony, employment, or other affiliations

Non-Financial Support: Examples include drugs/equipment supplied by the entity, travel paid by the entity, writing assistance, administrative support, etc.

Other: Anything not covered under the previous three boxes

Pending: The patent has been filed but not issued

Issued: The patent has been issued by the agency

Licensed: The patent has been licensed to an entity, whether earning royalties or not

Royalties: Funds are coming in to you or your institution due to your patent

Matlin 1



Section 1. Identifying Inform	nation		
1. Given Name (First Name) Olga	2. Surname (Last Name) Matlin		3. Date 31-December-2014
4. Are you the corresponding author?	☐ Yes 🗸 No	Corresponding Author	r's Name
5. Manuscript Title Cost-effectiveness of novel regimens for	or the treatment of hepatit	is C	
6. Manuscript Identifying Number (if you k M14-1152	now it)	_	
Section 2			
Section 2. The Work Under C	onsideration for Public	cation	
Did you or your institution at any time receany aspect of the submitted work (including statistical analysis, etc.)? Are there any relevant conflicts of interesting the statistical analysis.	g but not limited to grants, da		
Section 3. Relevant financial	activities outside the s	ubmitted work.	
Place a check in the appropriate boxes of compensation) with entities as descr clicking the "Add +" box. You should re Are there any relevant conflicts of inter If yes, please fill out the appropriate info	ibed in the instructions. Us port relationships that wer est?	se one line for each en	tity; add as many lines as you need by
Name of Entity	Grant? Personal Nor	n-Financial other?	Comments
CVS Health			I am an employee of CVS Health, and I own CVS Health stock.
Section 4. Intellectual Prope	rty Patents & Copyric	jhts	
Do you have any patents, whether plan	ned, pending or issued, br	oadly relevant to the v	work? Yes V No

Matlin 2



Section 5. Polationships not sovered above				
Relationships not covered above				
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?				
Yes, the following relationships/conditions/circumstances are present (explain below):				
✓ No other relationships/conditions/circumstances that present a potential conflict of interest				
At the time of manuscript acceptance, journals will ask authors to confirm and, if necessary, update their disclosure statements On occasion, journals may ask authors to disclose further information about reported relationships.				
Section 6. Disclosure Statement				
Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.				
Dr. Matlin is an employee of CVS Health.				

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Matlin 3



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3. Relevant financial activities outside the submitted work.

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Royalties: Funds are coming in to you or your institution due to your patent

Shrank 1



Section 1.	Identifying Inform	nation			
1. Given Name (Fi William	rst Name)	2. Surname (Last Name) Shrank		3. Date 13-January-2015	
4. Are you the cor	responding author?	Yes ✓ No	Corresponding Author's Name Medhi		
5. Manuscript Title Cost-effectivene		or the treatment of hepatit	is C		
6. Manuscript Ider M14-1152	ntifying Number (if you kr	now it)			
			_		
Section 2.	The Work Under Co	onsideration for Public	cation		
Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? Yes No					
Section 3.	Relevant financial	activities outside the s	submitted work.		
Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were present during the 36 months prior to publication . Are there any relevant conflicts of interest? Yes Vo					
Section 4.	Intellectual Proper	rty Patents & Copyric	ıhts		
Do you have any			oadly relevant to the work?	☐ Yes 🗸 No	

Shrank 2



Section 5. Polistianskins not sourced above					
Relationships not covered above					
Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?					
Yes, the following relationships/conditions/circumstances are present (explain below):					
No other relationships/conditions/circumstances that present a potential conflict of interest					
I work for CVS Health, a company that dispenses specialty medications					
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Section 6. Disclosure Statement					
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