

ICMJE Form for Disclosure of Potential Conflicts of Interest

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.

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2. The work under consideration for publication.

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4. Intellectual Property.

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

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Peihua	2. Surname (Last Name) Qiu	3. Date 15-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chintan Dave
5. Manuscript Title High generic drug prices and market competition levels: a retrospective cohort study		
6. Manuscript Identifying Number (if you know it) M16-1432		

Section 2. The Work Under Consideration for Publication

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

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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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. Qiu has nothing to disclose.

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Aaron	2. Surname (Last Name) Kesselheim	3. Date 19-May-2017
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Chintan Dave
5. Manuscript Title High generic drug prices and market competition levels		
6. Manuscript Identifying Number (if you know it) M16-1432		

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Are there any relevant conflicts of interest? Yes No

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Harvard Program in Therapeutic Science	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Kesselheim is supported by an Ignition Award from the HiTS Program
FDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Kesselheim has received unrelated grants from the FDA Office of Generic Drugs and Division of Health Communication
Laura and John Arnold Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Kesselheim's work is funded by the Laura and John Arnold Foundation
Engelberg Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Kesselheim's work is funded by a grant from the Engelberg Foundation

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Kesselheim reports grants from Harvard Program in Therapeutic Science, grants from FDA, grants from Laura and John Arnold Foundation, grants from Engelberg Foundation, outside the submitted work.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Erin	2. Surname (Last Name) Fox	3. Date 21-December-2016
4. Are you the corresponding author? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Corresponding Author's Name Joseph Ross
5. Manuscript Title The FDA Unapproved Drugs Initiative - An Observational Study of the Consequences for Drug Prices and Shortages in the United States		
6. Manuscript Identifying Number (if you know it) 16-424		

Section 2. The Work Under Consideration for Publication

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

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If yes, please fill out the appropriate information below.

Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Vizient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vizient provides some financial support to the University of Utah Drug Information Service to provide summaries of drug shortage information. No fees are directly paid to Erin Fox.
Oklahoma Society of Health System Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel support for Erin Fox to present on drug shortages at their state pharmacy meeting.
Premier Oncology Hematology Management Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel support for Erin Fox to present on drug shortages at their annual meeting in Hershey PA.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
SEHA - United Arab Emirates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel support for Erin Fox to present at the First Abu Dhabi Pharmacy Conference. No honoraria.
American Society of Health System Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Travel support to Bethesda to attend a committee meetings and meeting registration to the ASHP midyear and summer meetings.
Roseman University	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honoraria for providing a Continuing Education presentation on Rising Drug Prices

Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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Dr. Fox reports other from Vizient, other from Oklahoma Society of Health System Pharmacists, other from Premier Oncology Hematology Management Society, other from SEHA - United Arab Emirates, outside the submitted work; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Chintan

2. Surname (Last Name)
Dave

3. Date
19-May-2017

4. Are you the corresponding author? Yes No

5. Manuscript Title
High generic drug prices and market competition levels: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)
M16-1432

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Section 1. Identifying Information

1. Given Name (First Name)

Abraham

2. Surname (Last Name)

Hartzema

3. Date

31-May-2017

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Dave Chintan

5. Manuscript Title

High generic drug prices and market competition levels: a retrospective cohort study

6. Manuscript Identifying Number (if you know it)

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Are there any relevant conflicts of interest?

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