

## 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.

#### 1. 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".

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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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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Nilay	2. Surname (Last Name) Shah	3. Date 09-July-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph Ross
5. Manuscript Title Medicare Beneficiary Cost-Sharing for Generic Cardiovascular Disease Medications Available in \$4 Generic Drug Discount Programs		
6. Manuscript Identifying Number (if you know it) M18-0965		

### 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

### Section 3. Relevant financial activities outside the 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  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. Shah 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) Sanket	2. Surname (Last Name) Dhruva	3. Date 29-June-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Joseph S. Ross, MD, MHS
5. Manuscript Title Medicare Beneficiary Cost-Sharing for Generic Cardiovascular Disease Medications Available in \$4 Generic Drug Discount Programs		
6. Manuscript Identifying Number (if you know it)		

### Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest?  Yes  No

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### 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. Dhruva has nothing to disclose.

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Joseph	2. Surname (Last Name) Ross	3. Date 29-June-2018
4. Are you the corresponding author? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Manuscript Title Medicare Beneficiary Cost-Sharing for Generic Cardiovascular Disease Medications Available in \$4 Generic Drug Discount Programs		
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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
Food and Drug Administration (FDA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the Food and Drug Administration (FDA) through a research grant to determine best practices in medical device post-market surveillance.
Medtronic, Inc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from Medtronic, Inc. through a research grant to determine best practices in medical device post-market surveillance.



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Johnson & Johnson	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from Johnson & Johnson through the Yale University Open Access Data project to develop methods to promote clinical trial data sharing.
Centers for Medicare and Medicaid Services (CMS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support through a contract with the Centers for Medicare and Medicaid Services (CMS) to develop and maintain performance measures that are used to publicly report hospital and physician quality of care.
Blue Cross-Blue Shield Association (BCBSA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross received support from the Blue Cross-Blue Shield Association (BCBSA) through a research grant to better understand medical technology evidence generation.
Food and Drug Administration (FDA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the Food and Drug Administration (FDA) through a research grant to establish the Yale-Mayo Clinic Center for Excellence in Regulatory Science and Innovation (CERSI).
Agency for Healthcare Research and Quality (AHRQ)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the Agency for Healthcare Research and Quality (AHRQ) through a research grant to study patient, hospital and community factors associated with readmission risk.
Laura and John Arnold Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the Laura and John Arnold Foundation through a research grant to support the Good Pharma Scorecard.
National Institutes of Health (NIH/NHLBI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Ross receives support from the National Institutes of Health (NIH/NHLBI) through a research grant to study the diffusion of clinical evidence into practice.
Laura and John Arnold Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This project was supported by a grant from the Laura and John Arnold Foundation to support the Collaboration for Research Integrity and Transparency (CRIT) at Yale.

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### 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. Ross reports grants from Food and Drug Administration (FDA), grants from Medtronic, Inc., grants from Johnson & Johnson, grants from Centers for Medicare and Medicaid Services (CMS), grants from Blue Cross-Blue Shield Association (BCBSA), grants from Food and Drug Administration (FDA), grants from Agency for Healthcare Research and Quality (AHRQ), grants from Laura and John Arnold Foundation, grants from National Institutes of Health (NIH/NHLBI), grants from Laura and John Arnold Foundation, outside the submitted work; .

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

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1. Given Name (First Name) Patrick	2. Surname (Last Name) Liu	3. Date 29-June-2018
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