

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.

5. Relationships not covered above.

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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)

Jan

2. Surname (Last Name)

Carney

3. Date

20-August-2019

4. Are you the corresponding author?

 Yes No

Corresponding Author's Name

Hilary Daniel

5. Manuscript Title

Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

M19-0035

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

If yes, please fill out the appropriate information below.

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Name of Entity	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Jones & Bartlett Learning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	I receive royalties from textbooks: Carney, Jan K. 2006. Public Health in Action: Practicing in the Real World and Carney, Jan K. 2016. Controversies in Public Health and Health Policy, Jones & Bartlett Learning, Burlington, Massachusetts, USA. I received travel reimbursement only (with no honorarium) for an educational presentation in fall 2016 entitled "Health and Wellness: Strategies to Improve Population Health and Reduce Costs," to the TIAA HRLX group, a consortium of senior human resource and benefits leaders.

Section 4. Intellectual Property -- Patents & Copyrights

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

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Carney reports personal fees and other from Jones & Bartlett Learning, 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)
Lee

2. Surname (Last Name)
Engel

3. Date
20-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)
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Dr. Engel has nothing to disclose.

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Section 1. Identifying Information

1. Given Name (First Name)
Jacob

2. Surname (Last Name)
Quinton

3. Date
25-August-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hilary Daniel

5. Manuscript Title
"Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations on Pharmacy Benefit Managers: An American College of Physicians Position Paper"

6. Manuscript Identifying Number (if you know it)

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Section 1. Identifying Information

1. Given Name (First Name) Sue	2. Surname (Last Name) Bornstein	3. Date 28-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations on Pharmacy Benefit Managers		
6. Manuscript Identifying Number (if you know it)		

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Dr. Bornstein has nothing to disclose.

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Hilary

2. Surname (Last Name)
Daniel

3. Date
28-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
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6. Manuscript Identifying Number (if you know it)
M19-0013

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Ms. Daniel has nothing to disclose.

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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) Mary	2. Surname (Last Name) Wallace	3. Date 06-September-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) 19-0013		

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 3. Relevant financial activities outside the submitted work.

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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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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Section 6. Disclosure Statement

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Dr. Wallace 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)
Molly

2. Surname (Last Name)
Southworth

3. Date
08-September-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hilary Daniel

5. Manuscript Title
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations for Public Health Plans: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)
M19-0035

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Southworth has nothing to disclose.

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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) Thomas	2. Surname (Last Name) Cooney	3. Date 21-August-2019
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Hilary Daniel
5. Manuscript Title Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations on Pharmacy Benefit Managers: An American College of Physicians Position Paper		
6. Manuscript Identifying Number (if you know it) M19-0035		

Section 2. The Work Under Consideration for Publication

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Dr. Cooney 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)
Fatima

2. Surname (Last Name)
Syed

3. Date
21-August-2019

4. Are you the corresponding author? Yes No

5. Manuscript Title
Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations on Pharmacy Benefit Managers: An American College of Physicians Position Paper

6. Manuscript Identifying Number (if you know it)

Section 2. The Work Under Consideration for Publication

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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My husband is employed by Blue Cross Blue Shield of North Carolina

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Section 6. Disclosure Statement

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Dr. Syed reports and My husband is employed by Blue Cross Blue Shield of North Carolina.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)

Tracey

2. Surname (Last Name)

Henry

3. Date

03-September-2019

4. Are you the corresponding author?

Yes No

5. Manuscript Title

"Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations on Pharmacy Benefit Managers: An American College of Physicians Position Paper"

6. Manuscript Identifying Number (if you know it)

M19-0013

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joshua

2. Surname (Last Name)
Lenchus

3. Date
9/8/19

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5. Manuscript Title
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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Heather

2. Surname (Last Name)
Gantzer

3. Date
08-October-2019

4. Are you the corresponding author?

Yes No

Corresponding Author's Name
Hilary Daniel

5. Manuscript Title

"Stemming the Escalating Cost of Prescription Drugs: Additional Policy Recommendations on Pharmacy Benefit Managers"

6. Manuscript Identifying Number (if you know it)

M19-0013

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5. Manuscript Title Reducing Firearm Injuries and Deaths in the United States: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it) M18-1530		

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1. Given Name (First Name) Alexandria	2. Surname (Last Name) Valdrighi	3. Date 21-September-2018
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Renee Butkus
5. Manuscript Title Reducing Firearm Injuries and Deaths in the United States: A Position Paper of the American College of Physicians		
6. Manuscript Identifying Number (if you know it)		

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