2/28/2023

**Boots Alliance** 

Date:

Your Name: Manuscript Title:		Dana P. Goldman  Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market.			
relationships/activities/inte with for-profit or not-for-pr represents a commitment t		interests listed below that are related to the content or-profit third parties whose interests may be affected	cy, the Schaeffer Center Quality Assurance team ask you to disclose all rests listed below that are related to the content of your manuscript. "Related" means any relation of third parties whose interests may be affected by the content of the manuscript. Disclosure of transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a t, it is preferable that you do so.		
epidemiology of hypertension		•	vities/interests should be defined broadly. For example, if your manuscript pertains to the you should declare all relationships with manufacturers of antihypertensive medication, even if ned in the manuscript.		
	tem #1 below, report me for disclosure is tl	t all support for the work reported in this manuscript on the past 36 months.	without time limit. For all other items, the time		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	g of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.		
		Time frame: past 36 mont	hs		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Amgen, Blue Cross Blue Shield of Arizona, Bristol Myers Squibb, Cedars-Sinai Health System, Edwards Lifesciences, Gates Ventures, Genentech, Gilead Sciences, GRAIL, Johnson & Johnson, Kaiser Family Foundation, National Railway Labor Conference, National Institutes of Health, Novartis, Pfizer, Roche, and Walgreens			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	None None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	The Aspen Institute	
8	Patents planned, issued or pending	None  None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	ACADIA Pharmaceuticals, Biogen, GRAIL, the National Railway Labor Conference, and Precision Medicine Group	Paid scientific advisor

ľ		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	
11	Stock or stock options	□ None  EntityRisk	Hold equity
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:

2/27/2023

Your Name:

4 Consulting fees

5 Payment or

honoraria for lectures, None

**⊠** None

Joseph Grogan

Manuscript Title:

Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription

Drug Market

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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

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Name all entities with whom you have this Specifications/Comments (e.g., if relationship or indicate none (add rows as payments were made to you or to your needed) institution) Time frame: Since the initial planning of the work 1 All support for ■ None the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. Time frame: past 36 months 2 Grants or ⊠ None contracts from any entity (if not indicated in item #1 above). 3 Royalties or **⋈** None licenses

presentations, speakers, bureaus, manuscript writing or educational events		
6 Payment for expert testimony	⊠ None	
7 Support for attending meetings and/or travel	⊠ None	
8 Patents planned, issued or pending	⊠ None	
9 Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
	⊠ None	
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None	
or non-financial interests	None None	
I certify that I have	next to the following statement to indicate your answered every question and have not altered	the wording of any of the questions on this

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Date: 2/23/2023	
Your Name: Darius Lakdawalla	
Manuscript Title:	Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market
	Click or tap here to enter text.

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		e all entities with whom you have this onship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning of	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 months	s
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	Amgen Genentech Gilead GRAIL Novartis Otsuka Pfizer	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	Mylan Sorrento Therapeutics Perrigo	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society,	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	Precision Medicine Group  EntityRisk	Owns equity and previously served as a consultant Owns equity and serves as Chief Scientific Officer
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date: 2/28/2023	
Your Name:	Barry Liden
Manuscript Title:	Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market
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The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		all entities with whom you have this nship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial planning	of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None	Click the tab key to add additional rows.
		Time frame: past 36 month	S
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		2/23/2023			
Your Name:		Jason Shafrin	Jason Shafrin		
Manuscript Title:		Mitigating the Inflation Reduction Act's Adv	verse Impacts on the Prescription Drug Market		
		Click or tap here to enter text.			
rela with repring rela The epic that	tionships/activities/infor-profit or not-for resents a commitme tionship/activity/into author's relationshindemiology of hyperte t medication is not m	nterests listed below that are related to the content or-profit third parties whose interests may be affected but to transparency and does not necessarily indicate a erest, it is preferable that you do so.  ps/activities/interests should be defined broadly. For example, you should declare all relationships with manufactioned in the manuscript.	es/interests should be defined broadly. For example, if your manuscript pertains to the u should declare all relationships with manufacturers of antihypertensive medication, even if in the manuscript.		
		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)		
		Time frame: Since the initial planning	of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	None   FTI Consulting	Jason Shafrin is an employee of FTI Consulting, who received funding from USC to support the research that was used in this white paper.  Click the tab key to add additional rows.		
		Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None   FTI Consulting	Jason Shafrin is an employee of FTI Consulting, a consulting firm to health care, life sciences, and other industries, non-profits, and government.		
3	Royalties or licenses	⊠ None			

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None   FTI Consulting	Jason Shafrin is an employee of FTI Consulting, a consulting firm to health care, life sciences, and other industries, non-profits, and government.
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	□ None University of Southern California	Jason Shafrin is a guest lecturer for the University of Southern California
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea	Please place an "X" next to the following statement to indicate your agreement:    I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

Date:		2/27/2023			
Your Name:		Kyi-Sin Tha	Kyi-Sin Than		
Manuscript Title:		Mitigating	the Inflation Reduction Act's Ad	verse Impacts on the Prescription Drug Market	
		Click or ta	o here to enter text.		
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			th whom you have this ate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
		Tim	e frame: Since the initial planning	of the work	
1					
1	All support for the present manuscript (e.g., funding, provision of study materials,	□ None  FTI Consulting		Kyi-Sin Than is an employee of FTI Consulting, who received funding from USC to support the research that was used in this white paper.	
1	present manuscript (e.g., funding, provision of study materials, medical writing,	( )		Kyi-Sin Than is an employee of FTI Consulting, who received funding from USC to support the research that was used in this white paper.	
1	present manuscript (e.g., funding, provision of study materials,	( )		Kyi-Sin Than is an employee of FTI Consulting, who received funding from USC to support the	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	( )	Time frame: past 36 month	Kyi-Sin Than is an employee of FTI Consulting, who received funding from USC to support the research that was used in this white paper.  Click the tab key to add additional rows.	
2	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	( )		Kyi-Sin Than is an employee of FTI Consulting, who received funding from USC to support the research that was used in this white paper.  Click the tab key to add additional rows.	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	□ None  FTI Consulting	Kyi-Sin Than is an employee of FTI Consulting, a
			consulting firm to health care, life sciences, and other industries, non-profits, and government.
5	Payment or honoraria for lectures,	None     ■	
	presentations, speakers, bureaus,		
	manuscript writing or educational events		
6	Payment for expert testimony	☑ None	
7	Support for attending meetings and/or	⊠ None	
	travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data Safety Monitoring		
	Board or Advisory Board		
10	Leadership or fiduciary role in other board,	☑ None	
	society, committee or advocacy group,		
	paid or unpaid		

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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None	
13	Other financial or non-financial interests	None	
Plea 🖂	Please place an "X" next to the following statement to indicate your agreement:  I certify that I have answered every question and have not altered the wording of any of the questions on this form.		

			-		
Date	e:		2/23/2023		
Your Name:			Erin Trish		
Manuscript Title:			Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market		
Mar	nuscript Number (if	known):	Click or tap here to enter text.		
content of your manuscript. "Rela affected by the content of the ma indicate a bias. If you are in doub		ript. "Rela of the ma re in doub ps/activiti	e ask you to disclose all relationships/activities/interests listed below that are related to the ated" means any relation with for-profit or not-for-profit third parties whose interests may be nuscript. Disclosure represents a commitment to transparency and does not necessarily t about whether to list a relationship/activity/interest, it is preferable that you do so.  es/interests should be defined broadly. For example, if your manuscript pertains to the		
-	demiology of hyperte medication is not m	-	•	acturers of antihypertensive medication, even if	
	em #1 below, report ne for disclosure is th			ithout time limit. For all other items, the time	
			l entities with whom you have this ship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)	
			Time frame: Since the initial planning	of the work	
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	No.	one	Click the tab key to add additional rows.	
	this item.		Time for more 26 more than		
2	Grants or contracts from any entity (if not		Time frame: past 36 month  one  Ventures	Grants to study Medicare Advantage,	
	indicated in item #1 above).	Commo	onwealth Fund	Medicare Part D, surprise billing, private equity, and out-of-pocket spending Grants to study Medicare Part D and Medicare Advantage	
3	Royalties or licenses	× N	one		

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Cedars Sinai Health System	
6	Payment for expert testimony	Premera Centene Varian Medical Systems Mallinckrodt Guardian Pharmacy Cornerstone Research	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None	

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
11	Stock or stock options	None	
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