

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/28/2023

Your Name: Dana P. Goldman

Manuscript Title: Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market.

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In the interest of transparency, the Schaeffer Center Quality Assurance team ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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7	Support for attending meetings and/or travel	<input type="checkbox"/> None <table border="1"> <tr><td>The Aspen Institute</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	The Aspen Institute						
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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input type="checkbox"/> None <table border="1"> <tr><td>ACADIA Pharmaceuticals, Biogen, GRAIL, the National Railway Labor Conference, and Precision Medicine Group</td><td>Paid scientific advisor</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	ACADIA Pharmaceuticals, Biogen, GRAIL, the National Railway Labor Conference, and Precision Medicine Group	Paid scientific advisor					
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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.

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/27/2023
Your Name: Joseph Grogan
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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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.) **None**
Click the tab key to add additional rows
No time limit for this item.

Time frame: past 36 months

2 Grants or contracts from any entity (if not indicated in item #1 above).

None

3 Royalties or licenses

None

4 Consulting fees

None

5 Payment or honoraria for lectures,

None

presentations, speakers, bureaus, manuscript writing or educational events	
6 Payment for expert testimony	<input checked="" type="checkbox"/> None
7 Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None
8 Patents planned, issued or pending	<input checked="" type="checkbox"/> None
9 Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None
10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None
11 Stock or stock options	<input checked="" type="checkbox"/> None
12 Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None
13 Other financial or non-financial interests	<input checked="" type="checkbox"/> None

Please place an "X" next to the following statement to indicate your agreement:

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Joseph Brown

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/23/2023

Your Name: Darius Lakdawalla

Manuscript Title: Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market

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4	Consulting fees	<input type="checkbox"/> None	
		Amgen	
		Genentech	
		Gilead	
		GRAIL	
		Novartis	
		Otsuka	
		Pfizer	
5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input checked="" type="checkbox"/> None	
6	Payment for expert testimony	<input type="checkbox"/> None	
		Mylan	
		Sorrento Therapeutics	
		Perrigo	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society,	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> None	
		Precision Medicine Group	Owns equity and previously served as a consultant
		EntityRisk	Owns equity and serves as Chief Scientific Officer
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None	
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None	

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USC Schaeffer Quality Assurance Conflict of Interest and Disclosure 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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Date: 2/23/2023

Your Name: Jason Shafrin

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5	Payment or honoraria for lectures, presentations, speakers, bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		University of Southern California	Jason Shafrin is a guest lecturer for the University of Southern California
6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
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Date: 2/27/2023

Your Name: Kyi-Sin Than

Manuscript Title: Mitigating the Inflation Reduction Act's Adverse Impacts on the Prescription Drug Market

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6	Payment for expert testimony	<input checked="" type="checkbox"/> None	
7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> None	
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input checked="" type="checkbox"/> None	

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

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 2/23/2023

Your Name: Erin Trish

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