

USC Schaeffer Quality Assurance Conflict of Interest and Disclosure Form

Date: 4/17/2025

Your Name: Erin Trish

Manuscript Title: Shifting Cost Sharing Burden to Beneficiaries in Medicare Part D

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we 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.

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.

		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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">USC Schaeffer Center for Health Policy & Economics</td> <td></td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td> </td> <td style="text-align: center; color: #ccc;">Click the tab key to add additional rows.</td> </tr> </table>	USC Schaeffer Center for Health Policy & Economics					Click the tab key to add additional rows.																							
USC Schaeffer Center for Health Policy & Economics																															
	Click the tab key to add additional rows.																														
Time frame: past 36 months																															
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Alexion</td> <td>All were provided to my institution.</td> </tr> <tr> <td>Amgen</td> <td></td> </tr> <tr> <td>Arnold Ventures</td> <td></td> </tr> <tr> <td>Biogen</td> <td></td> </tr> <tr> <td>Biomarin</td> <td></td> </tr> <tr> <td>Blue Cross Blue Shield of Arizona</td> <td></td> </tr> <tr> <td>Blue Cross Blue Shield of Massachusetts</td> <td></td> </tr> <tr> <td>Bristol Myers Squibb</td> <td></td> </tr> <tr> <td>California Hospital Association</td> <td></td> </tr> <tr> <td>Cedars Sinai Health System</td> <td></td> </tr> <tr> <td>Charles Koch Foundation</td> <td></td> </tr> <tr> <td>Commonspirit</td> <td></td> </tr> <tr> <td>Commonwealth Fund</td> <td></td> </tr> <tr> <td>Edwards Lifesciences</td> <td></td> </tr> </table>	Alexion	All were provided to my institution.	Amgen		Arnold Ventures		Biogen		Biomarin		Blue Cross Blue Shield of Arizona		Blue Cross Blue Shield of Massachusetts		Bristol Myers Squibb		California Hospital Association		Cedars Sinai Health System		Charles Koch Foundation		Commonspirit		Commonwealth Fund		Edwards Lifesciences		
Alexion	All were provided to my institution.																														
Amgen																															
Arnold Ventures																															
Biogen																															
Biomarin																															
Blue Cross Blue Shield of Arizona																															
Blue Cross Blue Shield of Massachusetts																															
Bristol Myers Squibb																															
California Hospital Association																															
Cedars Sinai Health System																															
Charles Koch Foundation																															
Commonspirit																															
Commonwealth Fund																															
Edwards Lifesciences																															

		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)																										
		<table border="1"> <tr><td>Eli Lilly</td><td></td></tr> <tr><td>Gates Ventures</td><td></td></tr> <tr><td>Genentech</td><td></td></tr> <tr><td>Gilead Sciences</td><td></td></tr> <tr><td>GRAIL</td><td></td></tr> <tr><td>IVI Foundation</td><td></td></tr> <tr><td>Johnson & Johnson</td><td></td></tr> <tr><td>Kaiser Family Foundation</td><td></td></tr> <tr><td>National Institutes of Health</td><td></td></tr> <tr><td>Novartis</td><td></td></tr> <tr><td>Pfizer</td><td></td></tr> <tr><td>RA Capital</td><td></td></tr> <tr><td>Roche</td><td></td></tr> </table>	Eli Lilly		Gates Ventures		Genentech		Gilead Sciences		GRAIL		IVI Foundation		Johnson & Johnson		Kaiser Family Foundation		National Institutes of Health		Novartis		Pfizer		RA Capital		Roche		
Eli Lilly																													
Gates Ventures																													
Genentech																													
Gilead Sciences																													
GRAIL																													
IVI Foundation																													
Johnson & Johnson																													
Kaiser Family Foundation																													
National Institutes of Health																													
Novartis																													
Pfizer																													
RA Capital																													
Roche																													
3	Royalties or licenses	<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>																											
4	Consulting fees	<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>																											
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>																											
6	Payment for expert testimony	<input type="checkbox"/> None <table border="1"> <tr> <td>Cornerstone Research</td> <td>I have served as a consultant and litigation expert on matters in the hospital, health insurance, health information technology, and life sciences sectors.</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	Cornerstone Research	I have served as a consultant and litigation expert on matters in the hospital, health insurance, health information technology, and life sciences sectors.																									
Cornerstone Research	I have served as a consultant and litigation expert on matters in the hospital, health insurance, health information technology, and life sciences sectors.																												
7	Support for attending meetings and/or travel	<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>																											

		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)
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	
		American Journal of Managed Care	Editorial Board
		Medical Care Research and Review	Editorial Board
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:

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: 4/17/2025

Your Name: Barbara Blaylock

Manuscript Title: Shifting Cost Sharing Burden to Beneficiaries in Medicare Part D

Manuscript Number (if known): Click or tap here to enter text.

In the interest of transparency, we 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.

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.

	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.	<input type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 50%;">USC Schaeffer Center for Health Policy & Economics</td> <td style="width: 50%;">Blaylock Health Economics LLC was retained for this work.</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table>	USC Schaeffer Center for Health Policy & Economics	Blaylock Health Economics LLC was retained for this work.			Click the tab key to add additional rows.	
USC Schaeffer Center for Health Policy & Economics	Blaylock Health Economics LLC was retained for this work.							
Click the tab key to add additional rows.								
Time frame: past 36 months								
2	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						
3	Royalties or licenses	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>						

		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	<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> <tr><td></td><td></td></tr> </table>									
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<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>									
6	Payment for expert testimony	<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>									
7	Support for attending meetings and/or travel	<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>									
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 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>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<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>									

		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	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							
13	Other financial or non-financial interests	<input checked="" type="checkbox"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>							

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.