Date:			10/11/2021		
Your Name:			Howard Busch		
Manuscript Title:			Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis		
Mar	nuscript Number (if k	(nown):	N/A		
content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitic epidemiology of hypertension, you that medication is not mentioned			nted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For each should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.	
			l entities with whom you have this hip 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.	Mallinc	krodt Pharmaceuticals gix Communications, LLC	Funder Medical writing Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Mallinc	krodt Pharmaceuticals	Funder Medical writing 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	Mallinc	krodt Pharmaceuticals gix Communications, LLC Time frame: past 36 month	Funder Medical writing 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 BendCare, LLC	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	Amgen Aurinia GSK Novartis Mallinckrodt Pharmaceuticals Myriad Immune Sanofi Regeneron UCB	
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	

		e all entities with whom you have this ionship 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 ⊠		e following statement to indicate your agreeme	

Date: Your Name:		10/11/2021				
		George J. Wan				
Maı	nuscript Title:	Real-world Treatment Patterns for Re Rheumatoid Arthritis	Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis			
Mai	nuscript Number (if k	known): N/A				
con affe indi The epic that	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperter medication is not mo	ript. "Related" means any relation with for-profit of the manuscript. Disclosure represents a comme in doubt about whether to list a relationship/a ps/activities/interests should be defined broadly ension, you should declare all relationships with rentioned in the manuscript. all support for the work reported in this manuscript.	ctivities/interests listed below that are related to the tor not-for-profit third parties whose interests may be nitment to transparency and does not necessarily ctivity/interest, it is preferable that you do so. For example, if your manuscript pertains to the manufacturers of antihypertensive medication, even if cript without time limit. For all other items, the time			
		Name all entities with whom you have this relationship or indicate none (add rows as need	Specifications/Comments (e.g., if payments were ded) made to you or to your institution)			
		Time frame: Since the initial pla	nning 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 Mallinckrodt Pharmaceuticals MedLogix Communications, LLC	Funder Medical writing Click the tab key to add additional rows.			
		Time frame: past 36 i	nonths			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None Non				
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 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	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			e all entities with whom you have this ionship 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	Ma	None linckrodt Pharmaceuticals	Salaried employee
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:			10/11/2021			
Your Name:			John Niewoehner			
Manuscript Title:			Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis			
Mai	nuscript Number (if k	known):	N/A			
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned			ted" means any relation with for-profit or no nuscript. Disclosure represents a commitme about whether to list a relationship/activity es/interests should be defined broadly. For a should declare all relationships with manuf in the manuscript.	/interest, it is preferable that you do so.		
			entities with whom you have this hip 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.	Mallinc	krodt Pharmaceuticals gix Communications, LLC	Funder Medical writing Click the tab key to add additional rows.		
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Mallinc	krodt Pharmaceuticals	Medical writing 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	Mallinc	krodt Pharmaceuticals gix Communications, LLC Time frame: past 36 month	Medical writing 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 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	None
8	Patents planned, issued or pending	None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			e all entities with whom you have this ionship 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	Ma	None linckrodt Pharmaceuticals	Salaried employee
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: Your Name:		10/11/	2021			
		Parul H	ouston			
Maı	nuscript Title:		Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis			
Mai	nuscript Number (if k	nown): N/A				
con affe indi The epic that	tent of your manuscr cted by the content of cate a bias. If you are author's relationship demiology of hyperter medication is not mo	ipt. "Related" me of the manuscript. e in doubt about w s/activities/intere nsion, you should entioned in the ma	ans any relation with for-pr Disclosure represents a co whether to list a relationship ests should be defined broad declare all relationships wit anuscript.	is/activities/interests listed below that are related to the rofit or not-for-profit third parties whose interests made maintenant to transparency and does not necessarily plactivity/interest, it is preferable that you do so. Indiginally, For example, if your manuscript pertains to the the manufacturers of antihypertensive medication, even the suscript without time limit. For all other items, the time	y be en if	
			with whom you have this adicate none (add rows as n		ts were	
		Т	ime frame: Since the initial _l	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 Mallinckrodt Ph. MedLogix Comn		Funder Medical writing Click the tab key to add additional rows.		
			Time frame: past 3	36 months		
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	Mallinckrodt Pharmaceuticals
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

		e all entities with whom you have this ionship 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 ⊠		e following statement to indicate your agreeme	

Date:			10/11/2021		
Your Name:		-	Yujie Su		
Manuscript Title:			Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis		
Mai	nuscript Number (if l	known):	N/A		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the mar indicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned in			rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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.	Mallincl	krodt Pharmaceuticals gix Communications, LLC	Funder Medical writing Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Mallincl	krodt Pharmaceuticals	Medical writing 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	Mallincl	krodt Pharmaceuticals gix Communications, LLC Time frame: past 36 month	Medical writing Click the tab key to add additional rows.	

			ations/Comments (e.g., if payments were you or to your institution)
4	Consulting fees	BendCare, LLC	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None	
6	Payment for expert testimony	None None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None	

			e all entities with whom you have this ionship 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		
	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:		3/2/2022	3/2/2022		
Your Name:		Cassie Clinton	Cassie Clinton		
Manuscript Title:		Real-world Treatment Patterns for Reposito Rheumatoid Arthritis	Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis		
Ma	nuscript Number (if kn	own): DIC-2021-10-4/R1			
cor affe	tent of your manuscrip ected by the content of	ot. "Related" means any relation with for-profit or no the manuscript. Disclosure represents a commitmen	ask you to disclose all relationships/activities/interests listed below that are related to the ted" 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 about whether to list a relationship/activity/interest, it is preferable that you do so.		
ері	demiology of hypertens	/activities/interests should be defined broadly. For estimate sion, you should declare all relationships with manufactioned in the manuscript.			
In item #1 below, report all suppor frame for disclosure is the past 36		Il support for the work reported in this manuscript w past 36 months.	ithout 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	of the work		
1	All support for the present	□ None			
	manuscript (e.g.,	Mallinckrodt Pharmaceuticals	Funder		
	funding, provision	MedLogix Communications, LLC	Medical writing		
	of study materials,		Click the tab key to add additional rows.		
medical writing, article processing charges, etc.) No time limit for this item.					
		Time frame: past 36 month	s		
2	Grants or contracts from any entity (if not	None			
	indicated in item #1 above)				

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 None Output Ou
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 None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			e all entities with whom you have this ionship 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		
	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:			10/11/2021		
Your Name:		-	Mary P. Panaccio		
Manuscript Title:			Real-world Treatment Patterns for Repository Corticotropin Injection in Patients With Rheumatoid Arthritis		
Mai	nuscript Number (if l	known):	N/A		
In the interest of transparency, we content of your manuscript. "Rela affected by the content of the maindicate a bias. If you are in doubt The author's relationships/activitie epidemiology of hypertension, you that medication is not mentioned		ript. "Rela of the mar e in doubt os/activitie ension, you entioned i	rt for the work reported in this manuscript without time limit. For all other items, the time		
			entities with whom you have this hip 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.	Mallincl	krodt Pharmaceuticals gix Communications, LLC	Funder Medical writing Click the tab key to add additional rows.	
1	present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for	Mallincl	krodt Pharmaceuticals	Medical writing 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	Mallincl	krodt Pharmaceuticals gix Communications, LLC Time frame: past 36 month	Medical writing 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	Mallinckrodt Pharmaceuticals
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None None
7	Support for attending meetings and/or travel	None None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None

			e all entities with whom you have this ionship 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.				