

ICMJE DISCLOSURE FORM

Date: 7/25/2022

Your Name: Andrew Metry

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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.

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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.

ICMJE DISCLOSURE FORM

Date: 7/20/2022

Your Name: Abdullah Pandor

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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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.

ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: Shijie Ren

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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Date: 7/25/2022

Your Name: Andrea Shippam

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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Date: 7/25/2022

Your Name: Mark Clowes

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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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>						
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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.

ICMJE DISCLOSURE FORM

Date: 7/21/2021

Your Name: Paul Dark

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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.

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10	Leadership or fiduciary role in other board, society,	<input type="checkbox"/> None <table border="1"> <tr> <td>Paul Dark is the National Deputy Medical Director of a National Institute for Health and Care</td> <td>0.5FTE secondment to NIHR as National Deputy Medical Director, otherwise no payments</td> </tr> </table>	Paul Dark is the National Deputy Medical Director of a National Institute for Health and Care	0.5FTE secondment to NIHR as National Deputy Medical Director, otherwise no payments							
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	committee or advocacy group, paid or unpaid	Research Clinical Research Network. He is a Local Principal Investigator for both the RECOVERY and REMAP-CAP platform trials, NIHR Urgent Public Health (UPH) pandemic research Advisory Group Lead Link for REMAP-CAP and specialist member of NIHR UPH Advisory Group. His NHS host hospital Research and Innovation Department has been contracted and paid to provide advice on the use of tocilizumab for Roche and sotrovimab for GlaxoSmithKline both in COVID-19. He supported the activity as a named NHS expert employed by the Northern Care Alliance NHS Foundation Trust (Salford Care Organisation) but received no personal payments.	
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.

ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: Ronan McMullan

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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

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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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5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	<input type="checkbox"/> None	
		Gilead Sciences Ltd (Honorarium for a lecture)	
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 type="checkbox"/> None	
		Member of NIHR HTA Prioritisation Committee B	
		Member of NIHR EME Funding Committee	

		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	
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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.

ICMJE DISCLOSURE FORM

Date: 7/21/2022

Your Name: Matt Stevenson

Manuscript Title: Baricitinib, casirivimab/imdevimab, lenzilumab, molnupiravir, nirmatrelvir/ritonavir, remdesivir, sotrovimab, and tocilizumab, for the treatment of COVID-19. An economic evaluation

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