ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Christina Dickson

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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.

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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.) No time limit for this item. | ☒ None                                                                                   |
|   | Eli Lilly and Company employee                                                            |                                                                                     |
|   |                                                                                          | Click the tab key to add additional rows.                                           |

Time frame: past 36 months

|   | Grants or contracts from any entity (if not indicated in item #1 above).                  | ☒ None                                                                                   |
|   |                                                                                          |                                                                                     |
|   |                                                                                          |                                                                                     |

|   | 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 |
|   | 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                                                                  | □ None                                                                            |
|    | Eli Lilly and Company employee                                                                   | Eli Lilly and Company employee                                                   |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services ☒ None         | ☒ None                                                                            |
| 13 | Other financial or non-financial interests ☒ None                                                | ☒ None                                                                            |
|    | Eli Lilly and Company employee                                                                   | Eli Lilly and Company employee                                                   |

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ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Doug Schlichting

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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.

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| **1** | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Time frame: Since the initial planning of the work |
| ☐ None | Eli Lilly and Company | Employee and shareholder |
| ☓ None | | |

| **2** | Grants or contracts from any entity (if not indicated in item #1 above). | Time frame: past 36 months |
| ☒ 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) |
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| 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 |
|   | Stock or stock options |   |
|---|------------------------|---|
| 11 | □ None                 |   |
|    | Eli Lilly and Company  |   |

|   | Receipt of equipment, materials, drugs, medical writing, gifts or other services |   |
|---|---------------------------------------------------------------------------------|---|
| 12 | ☒ None                                                                          |   |

|   | Other financial or non-financial interests                                      |   |
|---|---------------------------------------------------------------------------------|---|
| 13 | □ None                                                                          |   |
|    | Janssen Pharmaceuticals                                                         |   |

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Date: __9/26/2021__

Your Name: __Jeffrey Curtis__

Manuscript Title: ________________________________

Manuscript number (if known): __________________

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 following questions apply to the author’s relationships/activities/interests as they relate to the current manuscript only.

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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| 1 | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | __X__None                                                                          |
|   | No time limit for this item.                                                                      |                                                                                   |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above).                         | ____None                                                                            |
|   | Abbvie, Amgen, BMS, Corevitas, Janssen, Lilly, Novartis, Myriad, Pfizer, Sanofi, Setpoint, Scipher, UCB |
| 3 | Royalties or licenses                                                                            | __X__None                                                                            |
| 4 | Consulting fees                                                                                  | ____None                                                                            |
|   | Abbvie, Amgen, BMS, Corevitas, Janssen, Lilly, Novartis, Myriad, Pfizer, Sanofi, Setpoint, Scipher, UCB |
|   |                                                                                                           |   |
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| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | _X_ None |
| 6 | Payment for expert testimony                                                                             | _X_ None |
| 7 | Support for attending meetings and/or travel                                                              | _X_ None |
| 8 | Patents planned, issued or pending                                                                       | _X_ None |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                         | _X_ None |
|10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid         | _X_ None |
|11 | Stock or stock options                                                                                    | _X_ None |
|12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services                           | _X_ None |
|13 | Other financial or non-financial interests                                                                 | _X_ None |

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

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ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Lee S Simon, MD, MACR, FACP

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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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| 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 |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | ☒ None |
| 3 | Royalties or licenses | ☒ None |

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| 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 |
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| 4 | Consulting fees                                                                                 | ☐ None                                                                            |
|   | ☐ None                                                                                           |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☒ None                                                                            |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
| 6 | Payment for expert testimony                                                                     | ☒ None                                                                            |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
| 7 | Support for attending meetings and/or travel                                                      | ☒ None                                                                            |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
| 8 | Patents planned, issued or pending                                                                | ☒ None                                                                            |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
|   | ☒ None                                                                                           |                                                                                   |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board                                  | ☐ None                                                                            |
|   | ☐ None                                                                                           |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
| 10| Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | ☐ None                                                                            |
|   | ☐ None                                                                                           |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
|   | ☐ None                                                                                           |                                                                                   |
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| 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:

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ICMJE DISCLOSURE FORM

Date: 10/4/2021

Your Name: Peter C. Taylor

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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.

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| 1        | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | ☐ None |
|          | Eli Lilly and Company Ltd   | Medical writing support provided                 |
|          |                             | k the tab key to add additional rows:            |
|          | No time limit for this item. |                                                  |
| 2        | Grants or contracts from any entity (if not indicated in item #1 above). | ☐ None |
|          | Celgene                     | Grant to University of Oxford                    |
|          | Galapagos                   | Grant to University of Oxford                    |
| 3        | Royalties or licenses       | ☒ None                                           |

Time frame: 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) |
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| 4 | Consulting fees                                                                        | ☐ None                                                                            |
|   | Eli Lilly and Company Ltd                                                                 | Personal fees                                                                     |
|   | Pfizer                                                                                  | Personal fees                                                                     |
|   | AbbVie                                                                                  | Personal fees                                                                     |
|   | Galapagos                                                                               | Personal fees                                                                     |
|   | Gilead                                                                                  | Personal fees                                                                     |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   | Eli Lilly and Company                                                                    | Speaker fee                                                                        |
| 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                                                                            |
|   | Chief medical Advisor to the National Rheumatoid Arthritis Society                      | Voluntary positionKyma                                                             |
|   | 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) |
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| 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                                                                           |

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Date: 10/11/2021

Your Name: Anabela Cardoso

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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| 1    | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) | Anabela is an employee of Eli Lilly and company, the sponsor of this study | None | Click the tab key to add additional rows. |
| 2    | Grants or contracts from any entity (if not indicated in item #1 above). | None | Click the tab key to add additional rows. |
| 3    | Royalties or licenses | None | Click the tab key to add additional rows. |
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| 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                                                                            |
| 11 Stock or stock options | ☐ None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---------------------------|--------|---------------------------------------------------------------------|
|                           |        | Anabela owns stocks from Eli Lilly and company, the sponsor of this study |
| 12 Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☐ None | |
| 13 Other financial or non-financial interests | ☐ None | |

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Date: 10/11/2021

Your Name: Daojun Mo

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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.

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| 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 |
| | Employee of Eli Lilly and Company | |
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| 3 | Royalties or licenses | ☒ None |
| No. | Relationship Description | Relationships with Entities | 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                      |                                                                                                  |
| Number | Description                                                                 | Relationship/Indicate None | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|--------|------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|
| 11     | Stock or stock options                                                       | ☐ None                     | Stock holder of Eli Lilly and Company                                            |
| 12     | Receipt of equipment, materials, drugs, medical writing, gifts or other services | ☒ None                     |                                                                                  |
| 13     | Other financial or non-financial interests                                   | ☒ None                     |                                                                                  |

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# ICMJE DISCLOSURE FORM

**Date:** 10/18/2021  
**Your Name:** Janet E Pope  
**Manuscript Title:** Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib  
**Manuscript Number (if known):** ACROR-21-191

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.

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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.) No time limit for this item. | ☐ None |   |
|   | Lilly | No payments made to me or the institution |
|   |   | 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). | ☐ None |   |
|   |   | • Grants: AbbVie, Bayer, Bi, BMS, Fresenius Kabi, Lilly, Mallinckrodt Pharmaceuticals, Merck, Roche, Seattle Genetics |
|   | 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                                                                            |
|   | • AbbVie, Amgen, BI, BMS, Celltrion, EMERALD, Frensenius Kabi, Galapagos, Gilead, Janssen, Lilly, Mallinckrodt Pharmaceuticals, Medexus, Merck, Mitsubishi Tanabe Pharma, Novartis, Pfizer, Roche, Sandoz, Samsung, Sanofi, Sobi, Teva, Viatris | Payment to my corporation |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | ☐ None                                                                            |
|   | AbbVie, Amgen, BI, BMS, Frensenius Kabi, Galapagos, Gilead, Janssen, Lilly, Merck, Novartis, Pfizer, Sandoz, Sanofi, UCB | Payment to my corporation |
| 6 | Payment for expert testimony                                                                     | ☐ None                                                                            |
|   | NONE                                                                                             |                                    |  |
| 7 | Support for attending meetings and/or travel                                                      | ☐ None                                                                            |
|   | TREG                                                                                             | Payment to my corporation |
| 8 | Patents planned, issued or pending                                                                | ☐ None                                                                            |
|   | None                                                                                             |                                    |  |
| 9 | Participation on a Data Safety                                                                   | ☐ None                                                                            |

8/26/2021  
ICMJE Disclosure Form
| Monitoring Board or Advisory Board | 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) |
|-----------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
|                                   | See above                                                 |                                                                  |
|                                   |                                                          |                                                                  |

10 Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid

- **CRA:** Scientific Committee (chair), Education, Therapeutics, Guidelines, Human Resources, LEAP (chair)
- **ORA:** Committee for AGM (chair), Access, Therapeutics

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.
ICMJE DISCLOSURE FORM

Date: 10/11/2021

Your Name: Li Xie

Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib

Manuscript Number (if known): ACROR-21-191

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Date: 10/7/2021
Your Name: Yvonne Lee
Manuscript Title: Pain Reduction in Rheumatoid Arthritis Patients Who Use Opioids: A Post Hoc Analysis of Phase 3 Trials of Baricitinib
Manuscript Number (if known): ACROR-21-191

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| 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                 |
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