July 10-11, 2017 Silver Spring, MD

Please complete this form regarding disclosure of financial or other beneficial interests in matters that will be discussed at the assessment of the Public Meeting: Data and Methods for Evaluating

Dear Speaker, Panelist or Moderator:

Signature_

the Impact of Opioid Formulations with Properties Designed to Deter Abuse in the Postmarket Setting. This information will be posted publicly along with the transcript, slides and other material from the workshop in a fashion similar to disclosure statements in a scientific journal.

Name of Meeting Participant ______ Jonaki Bose______

Please list any financial arrangement or affiliation or other beneficial interest in the past three years with any products, or firms relevant to the discussions. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on a speakers bureau or receiving funding, grants or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.

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No conflicts

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July 10-11, 2017 Silver Spring, MD

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Name of Meeting ParticipantBoyer
Please list any financial arrangement or affiliation or other beneficial interest in the past three years with any products, or firms relevant to the discussions. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on a speakers bureau or receiving funding, grants or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.
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Name of Meeting Participant John T. Brooks

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Name of Meeting ParticipantDaniel Budnitz
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Signature Dan Box

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Name of Meeting ParticipantTheresa Cassidy
Please list any financial arrangement or affiliation or other beneficial interest in the past three years with any products, or firms relevant to the discussions. Examples of potential conflicts of interest include financial investments or other beneficial interests in organizations involved in the development of relevant products, employee of a pharmaceutical company, consultancy for a pharmaceutical company, serving on a speakers bureau or receiving funding, grants or contracts from a pharmaceutical company. If you have no conflicts of interest to report, please state "no conflicts", sign and return the form.
Theresa Cassidy is an employee of Inflexxion, Inc. Inflexxion has contracts to conduct post-market surveillance and studies of prescription medication abuse with various pharmaceutical companies.
Signature

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Name of Meeting Participant _ <u>Daniel Ciccarone MD, MPH</u>
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Name of Meeting Participant ______Wilson M. Compton______

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Dr. Compton reports long term, minimal stock holdings in Pfizer Inc., General Electric Co 3M Companies unrelated to the meeting topic.)., and
Signature	

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Name of Meeting ParticipantFrederick Conrad
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Name of Meeti	g Participant _ <u>Elizabeth H. Crane</u>
years with any interest include development of pharmaceutical from a pharmaceutical	nancial arrangement or affiliation or other beneficial interest in the past three roducts, or firms relevant to the discussions. Examples of potential conflicts of inancial investments or other beneficial interests in organizations involved in the relevant products, employee of a pharmaceutical company, consultancy for a company, serving on a speakers bureau or receiving funding, grants or contracts outical company. If you have no conflicts of interest to report, please state "no nd return the form.
Signature	Jahn H. Cul

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Name of Meeting Participant: Nabarun Dasgupta, MPH, PhD

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ND is a part-time employee of the RADARS System.
Signature and
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July 10-11, 2017 Silver Spring, MD

Dear Speaker, Panelist or Moderator:

Signature Carol Defrances

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Name of Meeting Participant: Louisa Degenhardt

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I have received investigator-initiated untied educational grants from Reckitt Benckiser/Indivior for studies of buprenorphine-naloxone, buprenorphine depot, naloxone, the development of an opioid-related behaviour scale, and a study of opioid substitution therapy uptake among chronic non-cancer pain patients. I have received investigator-initiated untied educational grants for the conduct of post-marketing surveillance of a potentially tamper-resistant formulation of controlled-release oxycodone from Mundipharma.

Signature

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Name of Meeting Participant _Barry I Graubard	
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Own stock in Medtronics	3 *

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Name of Meeting Participant <u>Jody L. Green</u>

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I have no personal conflicts of interest. All research and consulting funding is awarded to my employer, the Denver Health and Hospital Authority (DHHA), a political subdivision of the State of Colorado. DHHA independently owns and operates the RADARS System which is supported by subscriptions from pharmaceutical manufacturers for surveillance, research and reporting services.

Signature Gody Carles

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Name of Meeting ParticipantHolly Hedegaard, MD, MSPH
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Signature fully Hedy (nask M) — Please email the form to Cherice Holloway (Cherice. Holloway @fda.hhs.gov) by June 23, 2017.
Trease chian the form to cherice monoway (<u>Cherice monoway (wida.mis.gov</u>) by June 23, 2017.

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Name of Meeting Participant Myistophor M. Junes

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Name of M	Aeeting Participant _	Erin E. Kreb)S		
years with interest inc developme pharmaceu from a pha	any products, or firm clude financial invest ent of relevant produ- tical company, serving rmaceutical company sign and return the f	ns relevant to the tments or other be cts, employee of a ing on a speakers lay. If you have no	discussions. Example discussions. Example discussions of the control of the contr	cial interest in the past the mples of potential conflination organizations involve company, consultancy for funding, grants or conest to report, please state	icts of ed in the or a ntracts
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Name of Meeting Participant _Peter W. Kr	reiner
years with any products, or firms relevant interest include financial investments or ot development of relevant products, employ pharmaceutical company, serving on a spe	filiation or other beneficial interest in the past three to the discussions. Examples of potential conflicts of ther beneficial interests in organizations involved in the ree of a pharmaceutical company, consultancy for a cakers bureau or receiving funding, grants or contracts ave no conflicts of interest to report, please state "no
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Name of Meeting ParticipantVincent Lo Re
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International Society for Pharmacoepidemiology, Board of Directors
Signature Just Ala 6/26/2017

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Name of Meeting Participant	_F Leland McClure, MSc	ci, PhD, F-ABFT
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Employed by Quest Diagnostics

Consult for SAMHSA Workplace Drug Testing, Research Triangle Institute, RTP, NC	

Signature # Julium

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Name of Meeting Participant _Richard Miech
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Name of Meeting ParticipantScott P. Novak
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Endo Pharmaceuticals, Indivior, PLC, Pfizer, Shire, Purdue, Zogenix,
Signature 5 1/2 12/2017

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Name of Meeting Participant Jennifer Parker

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Name of M	leeting ParticipantDr. Elizabeth J. Scharman
years with a interest income development of the pharmaceur from a	any financial arrangement or affiliation or other beneficial interest in the past three any products, or firms relevant to the discussions. Examples of potential conflicts of lude financial investments or other beneficial interests in organizations involved in the nt of relevant products, employee of a pharmaceutical company, consultancy for a tical company, serving on a speakers bureau or receiving funding, grants or contracts rmaceutical company. If you have no conflicts of interest to report, please state "no sign and return the form.
No conflic	ts.
Signature	Elizabeth J. Scharman

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Name of Meeting ParticipantSidney H. Schnoll, MD, PhD
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I am an employee of Pinney Associates, Inc., which consults with numerous pharmaceutical
companies on the development and post-marketing surveillance of abuse deterrent opioid
products.
Signature

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Name of Meeting Participant _Abigail Shoben
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Name of Meeting Participant George Jay Unick

S/ Smr

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Name of Meeting ParticipantAlmut Winterstein
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