AMERICAN COLLEGE of RHEUMATOLOGY
Empowering Rheumatology Professionals

Call for Letters of Interest from Potential Guideline Development Partners

DEVELOPMENT OF AMERICAN COLLEGE OF RHEUMATOLOGY GUIDELINE FOR SCREENING, MONITORING AND TREATMENT OF INTERSTITIAL LUNG DISEASE IN PATIENTS WITH SYSTEMIC AUTOIMMUNE RHEUMATIC DISEASES

Release Date: December 6, 2021

Deadline for Letters of Interest (receipt deadline): January 28, 2022
Deadline for Disclosures (receipt deadline): February 11, 2022

The American College of Rheumatology (ACR) requests letters of interest from teams or individuals who wish to partner with the ACR in developing an evidence-based clinical practice guideline for the screening, monitoring, and treatment of interstitial lung disease (ILD) in patients with systemic autoimmune diseases (ARDs). The final scope and clinical questions to be addressed in the guideline will be finalized after the guideline development team has been confirmed by the ACR.

The overall objective of this project is to develop consensus and data-driven recommendations for ILD screening, monitoring, and treatment in patients with ARDs. Specifically, we aim to:

- Develop recommendations regarding which patients with ARDs should be screened for ILD. For example, should all patients with systemic sclerosis (SSc), rheumatoid arthritis (RA), mixed connective tissue disease (MCTD), polymyositis/dermatomyositis (PM/DM), and Sjogren's Syndrome (SS) be screened for ILD, or just those with certain disease subsets, risk factors, or autoantibody profiles?
- Develop recommendations regarding optimal screening test(s) and algorithms to screen for ILD in patients with ARDs. Tests to be reviewed will include dyspnea and cough assessments, lung auscultation, pulmonary function testing (including but not limited to FVC, forced expiratory volume in 1 second/FVC ratio, total lung capacity, and diffusion capacity for carbon monoxide [DLCO]), chest radiograph, high resolution computed tomography (HRCT) scan of the chest, six-minute walk test, and other emerging modalities.
- Develop recommendations for the monitoring of ARD-ILD (monitoring for both the development and progression of ARD-ILD).
- Develop treatment recommendations for ARD-ILD.

The following ARDs will be included in these guidelines: SSc, RA, MCTD, PM/DM, and SS. The research diagnosis "idiopathic pneumonia with autoimmune features" that was developed by the European Respiratory Society and the American Thoracic Society[1] will *not* be included in these guidelines. Rather, these guidelines will apply to patients with rheumatologist-diagnosed ARDs. Pediatric patients will not be included in these guidelines because, at this time, there are insufficient data to develop evidence-based guidelines for the screening, monitoring, and treatment of ILD in children with ARDs.

The guideline will be developed primarily for rheumatologists who care for patients with ARD-ILD but may also be used by other physicians and health professionals who care for these patients. The guideline will be developed in accordance with the ACR's standardized approach, which includes use of the GRADE methodology. Overall, the guideline will conform to AGREE II criteria.[2] Details of the ACR's guideline development methodology, processes, and related timelines are available in the ACR Guideline Manual, which is posted on the ACR web site.

The ACR intends to partner with a team of individuals with clinical and methodological expertise and experience to develop this guideline. Letters of interest will be accepted from teams as well as from individuals who are not proposed as part of a team. Well-formed teams may be given preference over individuals, but the ACR will almost certainly decide to invite interested and qualified individuals to become part of the project team, even if they are not part of a proposed team.

Application to participate in this ACR clinical guideline development project will take place in two phases:

1) Submission of letter of interest (deadline January 28, 2022)
2) Submission of complete disclosure of relationships (February 11, 2022)

Completing both phases is an essential part of the application. **Individuals who have not completed both phases by the specified deadlines may not be considered.**

Submission of Letter of Interest

The main focus of the letter of interest should be on the person or people who are proposed to partner with the ACR on this project, their qualifications for this work, and the particular roles for which they would be best suited. (See Application Procedures below.) **Project timeline and methodological and budget details do not need to be included, as these are set by the ACR.** The successful letter of interest will:

1. **(If suggesting a group) suggest a well-qualified, balanced guideline development group to assemble and review the evidence and determine the appropriate recommendations.** The membership of the guideline development group will be broadly based, including rheumatologists, pulmonologists, thoracic radiologists, other physicians, specialists, and health professionals who have particular needed expertise and/or care for patients with ARD-ILD. Rheumatology private practitioners and academicians must be included. Preference will be given to individuals with expertise and experience in either guideline development or ARD-ILD, or both. Patient

representatives will also be included (***see page 10 of this document for additional information on patient involvement***).

2. **(If suggesting a group) divide the proposed guideline development group into the following sub-groups:**

    - A **Core Leadership Team** of no more than 4-5 people, led by a **principal investigator (PI)** who will be accountable with ACR staff and committee volunteers for completion of the project according to the project timeline and project plan that are finalized after the guideline development team is confirmed. Other members of the Core Leadership Team will include a **literature review leader** and the **guideline panel leader**, if the PI is not serving in this role (see below), as well as a GRADE expert who will be confirmed by the ACR. (NOTE: The ACR has worked with several GRADE experts on other guideline projects and can help fill this role.)

    - **Literature Review Team** members, up to 10-12 people who will be led by a designated **literature review leader** who is part of the Core Leadership Team. The Literature Review Team will work with ACR and possibly also externally contracted staff to conduct the review of available evidence that will serve as the basis of the recommendations made in the guideline, according to the project timeline and schedule for deliverables. Lit review team members should ideally have demonstrated methodological expertise and experience doing systematic literature review work and be ready to perform the screening, data abstraction, and data synthesis activities that are an integral part of any lit review. However, this is also an excellent place to include fellows who wish to contribute to the project and learn these skills, so the ACR welcomes suggestions of trainees for the lit review team.

      NOTE: Because of the PI's prominent role in development of the final guideline and the need for some separation between the literature review and the recommendation development processes, the project PI may not also lead the literature review.

      Also NOTE: The ACR may choose to separately select a literature review team and/or leader for this role, depending on the expertise and methodological background deemed necessary for this project. In this case, lit review team members who are proposed in letters of interest may be integrated into the overall guideline development team in other roles, or some may be named to the lit review team alongside ACR and/or contracted staff to perform the lit review work.

- A **Voting Panel** of approximately 10-12 people led by either the PI or another designated **guideline panel leader**, who is part of the Core Leadership Team. The Voting Panel will lead the decision process regarding the recommendations.

- OPTIONAL: An **Expert Group** of up to 15 people with ARD-ILD expertise, who will participate early to help scope the project and develop the clinical questions that will be answered in the final guideline. NOTE: Because their role in the project is limited, these experts are not generally authors on the final guideline.

3. **Affirm adherence to ACR disclosure and conflict of interest (COI) policies by complying with the processes and policies described below.**

   Through the COI requirements that are outlined in this document and in the ACR Guideline Manual, the ACR's intent is not to exclude investigators with potential conflicts from participating in this project, but rather, to manage such conflicts in a prospective, structured, and reasonable manner to minimize the likelihood of inappropriate influence of such conflicts on guideline development. Specifically, the disclosure and COI policies and procedures are meant to deal with individuals' conflicts that may potentially bias how evidence is chosen, assembled, assessed, and synthesized, or bias the recommendations based on such evidence. The description of strategies for managing conflicts of interest related to the specific agents and approaches used to treat ARD-ILD will be explicitly laid out in the final guideline manuscript.

4. **Affirm a commitment to actively work with the ACR to complete the guideline within a 12-18 month time frame**, as specified in the project timeline, especially confirming the availability of each potential team member for a *possible* 1-day scoping meeting in May or June 2022 and each voting panelist for a 1.5-2-day *mandatory* voting panel meeting in April or May 2023. NOTE: Both meeting dates will be determined based on panelists' availability, once the guideline development team has been confirmed; if not virtual, the location for both meetings will likely be Atlanta, GA. If a voting panelist cannot make the voting panel meeting date that is deemed best for the majority of the voting panel, that person may be removed from the voting panel.

5. **Affirm a commitment to keep all guideline deliberations and materials confidential until publication.** This includes a commitment by each person NOT to participate in other, non-ACR guideline or recommendation development efforts with similar topics until after publication of the ACR guideline.

6. **Agree to work with the ACR periodically after guideline publication to review updated literature searches**, if requested by the ACR, with a goal of evaluating the need for guideline revisions.

7. **Agree to work with the ACR to complete (a) guideline update(s) as warranted by new developments in the field**, if requested and funded by the ACR.

Submission of Complete Disclosure of Relationships

1. **Include a complete disclosure of relationships** for each person in the proposed guideline development group (see Application Procedures below), **a commitment to follow the ACR disclosure and conflict of interest (COI) policies, and a summary of how the following ACR COI requirements are met** in the proposed guideline development group composition:

    - ***At least* 51% of the overall guideline development group (i.e., anyone who is intellectually involved in the project) must have no conflicts of interest related to the subject of the guideline** *(look back period is to January 28, 2021, one year prior to the letter of interest deadline, and COI includes research funded by companies with an interest in the guideline topic, whether or not the individual's company-funded research is actually in the guideline topic area)*. **Similarly, at least 51% of the Literature Review Team and 51% of the Voting Panel must have no conflicts of interest related to the subject of the guideline.** NOTE: The 51% unconflicted threshold is a *minimum*; the ACR's goal will be to have nearly 100%, or certainly significantly more than 51%, of unconflicted participants overall and on each smaller subgroup, if possible. *Proposed teams should include as many unconflicted experts as possible to help facilitate this goal.* Potential participants with conflicts are much more likely to be included in the expert group, if one is formed, as this group will help determine project scope and clinical questions but not the final recommendations.

    - **The project PI must not have conflicts of interest related to the subject matter of the guideline** *(from January 28, 2021, through publication of the guideline, and for one year after publication)*.

    - **The literature review and voting panel leaders should also be unconflicted with regard to the subject matter of the guideline** *(from January 21, 2021, through publication of the guideline, and for one year after publication)*.

ELIGIBILITY REQUIREMENTS

Letters of interest may be submitted by teams or individuals from domestic for-profit and nonprofit organizations, public or private, including but not limited to universities, colleges, hospitals, laboratories, and private practices. Collaborations that include individuals from multiple types of institutions/organizations are particularly encouraged. The ACR requires that private practitioners as well as academicians must be included in guideline development groups, to better reflect the intended audience for the final guideline. Racial/ethnic minority individuals, women, and persons with disabilities are encouraged to apply as Principal Investigators and members of guideline development groups.

Individuals whose primary employment is with the pharmaceutical, biotechnology, or insurance industries are not eligible to apply or participate and should not be included in proposed guideline project development groups; "primary employment" is defined as 50% or more of an individual's working time.

FUNDS AVAILABLE

The ACR will cover all project expenses directly; no other funding sources will be used to develop this guideline. The project budget may include some salary support or honoraria for either the project PI or the literature review leader; this support and the entire project budget will be discussed with the PI and literature review leaders at the time they are being confirmed. Salary support and indirect costs of up to 25% may be provided to organizations of lit review team members if a significant percentage of their time is spent on this project for a dedicated period of time (e.g., 6 months at nearly 100% effort). Additional funding will be separately provided for any future guideline updates.

ACR APPROVAL PROCESS, OWNERSHIP AND PUBLICATION OF GUIDELINE

- Following project completion, ACR staff and the project PI will submit the final report in the form of a manuscript to the ACR and its journals. The paper will be peer reviewed by expert reviewers and will be subjected to a formal ACR review process. The principal investigator will be responsible for any revisions required by the ACR or the reviewing journal.
- The final ACR Board-approved manuscript will be copyedited and published jointly in *Arthritis Care and Research (AC&R)* and *Arthritis and Rheumatology (A&R).* Authorship will be individual, but the guideline will be copyrighted by the ACR. Upon final approval by the ACR, the guideline will be known as the American College of Rheumatology Guideline for Screening, Monitoring, and Treatment of Interstitial Lung Disease in Patients with Systemic Autoimmune Rheumatic Diseases. The guideline, including any future updates, will be posted on the ACR website. The review process for any update(s) will be similar to that of the original guideline, unless changes are minor. The update(s) may also be published in *AC&R* and *A&R* according to the same process described

above, which is described in more detail in the ACR Guideline Manual. Further details on the ACR policies and procedures re: practice guidelines can also be found in the manual.

APPLICATION PROCEDURES / GUIDANCE ABOUT DISCLOSURES

Letters of Interest

Standardized forms for the submission of letters of interest to the ACR are not provided. Letters over **10** pages will not be considered for evaluation. This page count should include but may not be limited to a complete list of investigators and personnel who are proposed to work on the project, a specification of the capacity in which each person could work (e.g., lit review team, voting panel), and a description of their relevant expertise and experience.

Outside of the 10-page limitation, a curriculum vitae (CV) or NIH biosketch is required for each of the listed participants (i.e., anyone intellectually involved in the entire guideline development process).

This is an essential part of the application; **individuals whose CV/biosketch is not received by the ACR by the January 28, 2022 deadline may not be considered**.

An electronic copy of the final letter of interest (and CVs/biosketches) should be emailed by January 28, 2022 to:
ACR Practice Guideline Subcommittee
c/o Regina Parker
American College of Rheumatology
2200 Lake Boulevard NE
Atlanta, GA 30319
rparker@rheumatology.org

Letters of interest not provided in electronic format will not be reviewed. Questions about the application process can be directed to Amy S. Turner (aturner@rheumatology.org) or Regina Parker (rparker@rheumatology.org).

Disclosure of Relationships

Disclosures for each project development group member are required. The deadline for submission is February 11, 2022.

Following the submission of a letter of interest and CV/biosketch, participants will receive an email from rparker@rheumatology.org that provides access to an online disclosure submission

platform (AAMC). The email will contain links and instructions for accessing or creating an AAMC account to complete the disclosure submission.

Disclosures should include relationships with commercial entities and insurance companies, as well as additional categories requested via the online AAMC disclosure submission platform (e.g., primary employment, sources of personal income, intellectual property, research grants/contracts that involve and/or support the person disclosing, medical and non-medical industry investments, organizational benefit, activities with other organizations, including any current or anticipated similar guideline efforts, and relevant disclosure of first degree family members). Applicant disclosure information is shared with reviewers as the final project participants are being selected, and eventually with all project team members and the public, for confirmed guideline team members.

Although **full disclosure of relationships is required**, investigators should pay particular attention to relationships with the companies listed on the affected companies list for this project, or other companies not listed that have an interest in ARD-ILD, *and clearly highlight on their disclosure forms any relationships they have with companies that have an interest in ARD-ILD, whether or not that is the subject of their relationship*.

The ACR defines "affected companies" as those that are reasonably likely to be positively or negatively affected by care delivered in accordance with the guideline. *The affected company list is not meant to be all-inclusive, but rather, to provide guidance for individual disclosure; applicants who have relationships with other affected companies, as defined above, must disclose that information on their disclosure forms as well.*

PIs of ACR guideline development projects must be free of conflicts of interest relevant to the subject matter of the project for at least one year prior to the letter of interest deadline, through the project until publication, and they are expected to remain free of such conflict of interest for at least one year after publication. **The ACR has the same expectation for the lit review leader and the voting panel leader, if not the PI.**

The majority (at least 51%) of the guideline project development group must be free of conflicts of interest relevant to the subject matter of the project for at least one year prior to the letter of interest deadline and throughout the project until publication. This percentage must be maintained throughout the guideline development timeframe, until publication. This percentage is also applied separately to the Literature Review Team and the Voting Panel. As noted above, the ACR intends to populate the group with as many unconflicted participants as possible, while involving conflicted people as necessary to ensure that the group is sufficiently balanced with appropriate expertise and experience.

The conflict of interest thresholds will be based on an evaluation of relationships, primarily with affected companies. If a person has any relationship with an affected company, that person is

counted as conflicted (toward the allowed threshold) regardless of the type or subject of the relationship.

This is an essential part of the application; **individuals whose completed disclosure information is not received by the ACR by the February 11, 2022 deadline may not be considered**.

1. Fischer A, Antoniou KM, Brown KK, et al. An official European Respiratory Society/American Thoracic Society research statement: interstitial pneumonia with autoimmune features. The European respiratory journal 2015;46:976-87.
2. The AGREE Next Steps Consortium. Appraisal of gudelines for research and evaluation II: AGREE II instrument. The AGREE Research Trust; 2009. Available: http://www.agreetrust.org/resource-centre/agree-ii-training-tools/.

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Patient Volunteer Information and Form

for involvement in the

ACR Interstitial Lung Disease Guideline Project

The ACR develops clinical practice guidelines for use by physicians, health professionals, patients and other stakeholders who want to ensure high quality, evidence-based care for rheumatic disease patients. ACR guidelines include recommendations for using therapies that are available in the United States, advising on which work best in different clinical situations and patient groups. They are not meant to be prescriptive but to provide guidance based on the most recently published evidence about what helps patients the most without exposing them to unnecessary harms or risks.

Patients play an important role in the ACR's guideline development work. Involving patients allows their views and experiences to complement both the published evidence and the expertise and experience of physicians, health professionals, and others who are part of the guideline development team.

Would you like to volunteer to work with the ACR to help develop guidelines that incorporate the values and preferences of interstitial lung disease patients?

If so, here's what we would ask you to do:

- *As part of the application process:*
  - Submit an application to help us get to know you better
  - Verify that you are a patient with interstitial lung disease
  - If requested, participate in a brief phone interview to discuss your interest in more detail

- *If you are confirmed to be involved:*

  - Be a member of a group of 10-12 patients who will give feedback on the project scope (especially outcomes that are important to interstitial lung disease patients), examine the available evidence, provide patient perspectives on what the recommendations should be, and give input on additional questions from the guideline development team, if any

  - As part of this patient group,

    - You will be asked to either provide online feedback on the drafted project scope in May or June 2022 (~1 hour) OR actively participate in a virtual or in person 1-day project scoping meeting in May or June 2022 (if in person, meeting will likely be in Atlanta)

    - You may be asked to listen to an online orientation webinar in spring 2023 (1 hour total)

    - You will be asked to actively participate in a virtual or in person 1-day patient panel meeting in April or May 2023 (if in person, meeting will likely be in Atlanta), where a group of patients will review summaries of the published research studies about management of interstitial lung disease and provide input into what the guideline recommendations should be

- You may be asked to actively participate in a virtual or in person 1.5 day voting panel meeting in April or May 2023 (if in person, meeting will likely be in Atlanta) to review evidence and provide input into the recommendations as part of the voting panel that will determine the final guideline recommendations

What skills are required?
You will be trained for this role, but it would be helpful if you are enthusiastic and have good communication and teamwork skills. You also need to have time to commit to the work of the group during the timeframes listed above.

Costs/expenses
All travel and other out-of-pocket expenses related to your participation in this project, especially any in person meetings, will be reimbursed (for example, costs of travel to and from the meeting(s), parking charges, and childcare, if necessary). In addition, after the project is completed, if you have actively participated in all phases of the project to which you were invited (i.e., completed online orientation, provided scoping online input, attended in person meeting(s), and responded to follow ups, if requested), you will receive up to $300 compensation for your participation.

What can you expect from the ACR?
- Appreciation and respect
- Support
- Relevant information and training opportunities

What training and support will you receive?
At minimum, all patients will be expected to participate in orientation for their role. This may involve listening to a 1-hour online orientation webinar that discusses the role of patients in guideline development, and/or an orientation at the beginning of the longer virtual or in person patient panel meeting. Patients who have been involved in previous ACR guideline projects have found this orientation to be helpful preparation for the meeting discussions and decision-making.

The ACR staff and physician(s) who will facilitate the patient panel meeting will also be available before and after the meeting for questions and orientation by phone and/or email, as needed.

Disclosure of relationships and confidentiality
The ACR asks everyone who is involved in ACR guideline projects to complete and sign the following forms:
- *Disclosure of relationships* – This online form asks about your personal and non-personal interests in other organizations that might be doing work similar to the ACR, or commercial companies that might be, for example, involved in producing new drugs. We ask everyone who participates in ACR guideline work to act as independently as possible. If anyone has significant personal interests that may conflict with the ACR's work, that person might not be considered to participate. This form must be completed following your application; the ACR will provide instructions after your application is received.

- *Confidentiality* – This agreement asks you to keep all project-related materials, discussions, and decisions confidential until the guideline is approved by the ACR ***and*** publicly available through publication. You would be asked to complete this form if you are confirmed to participate in the project.

How should you apply?
You should complete the application form, which includes a short personal statement detailing your reasons for wishing to participate as a patient representative in this project. You should highlight any relevant skills and experience. **The application, plus the other 2 items listed at the bottom of the**

application form, must be emailed to Regina Parker at rparker@rheumatology.org, no later than January 28, 2022.

When will applications be considered, and when will decisions be made?
All applications will be immediately considered by the ACR. Each short-listed nominee may be invited to schedule a phone interview by March 2022, and final decisions will be made immediately thereafter. All applicants will be notified of their status by email by early April 2022.

When will orientation and training happen?
Participants may be asked to listen to a 1-hour orientation webinar in spring 2023, at whatever time of day they choose. Alternatively, this and/or additional orientation may also take place during the virtual or in person patient panel meeting.

Who may I contact with questions about the application process or this project?
Please email ACR staff Regina Parker at rparker@rheumatology.org or call her at 404-633-3777, ext. 822. Alternatively, you may also email ACR staff Amy S. Turner at aturner@rheumatology.org or call her at 404-633-3777, ext. 813.

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APPLICATION FORM

Please complete this form to apply to be a patient representative to the ACR Guideline for Screening, Monitoring, and Treatment of Interstitial Lung Disease in Patients with Systemic Autoimmune Rheumatic Diseases project. If you have any questions or concerns about the form, please call ACR staff Regina Parker at 404-633-3777, ext. 822, or email her at rparker@rheumatology.org.

Contact details

Full name: _____

Address: _____

Phone number (preferred): _____

Phone number (alternate): _____

Email address: _____

____ ←Please initial here to indicate that you would be able to listen to a 1-hour orientation webinar in spring 2023 (at whatever time of day you choose).

____ ←Please initial here to indicate that you would be able to provide online feedback on the drafted project scope in May/June 2022 (~1 hour).

____ ←Please initial here to indicate that you would be willing to actively participate in a 1-day virtual or in person project scoping meeting in May or June 2022, if requested, pending calendar verification (meeting date and location, if in person, to be determined).

____ ←Please initial here to indicate that you would be willing to actively participate in a 1-day patient panel meeting and/or a 1.5-day virtual or in person voting panel meeting in April or May 2023, if requested, pending calendar verification (meeting date and location, if in person, to be determined).

Personal statement
(Please detail your reasons for wishing to participate as a patient representative in this project and list any relevant skills and experience.)

Please return the following to ACR staff Regina Parker (rparker@rheumatology.org) by January 28, 2022:

1. This completed application form.
2. A written statement, signed by your physician, verifying that you are a patient with interstitial lung disease.

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Timeline for the American College of Rheumatology Guideline for Screening, Monitoring and Treatment of Interstitial Lung Disease in Patients with Systemic Autoimmune Rheumatic Diseases

Activity	Dates
Call for letters of interest	December 6, 2021-January 28, 2022 (disclosures due online by Feb. 11, 2022)
Finalize GL development team + roles	By April 15, 2022
PICO development (including a virtual or in person meeting of the entire guideline development team)	May – June 2022
Literature search development	June – July 2022
Literature review	July 2022 – Feb 2023
Review of evidence report by Core Team, incl. GRADE expert	March 2023
Update literature searches and incorporate any new data into Summary of Findings (SoF) tables, pointing out any changes to Core Team, incl. GRADE expert	March 2023
Send evidence report and round 1 voting mechanism to voting panel and patient panel	By last week of March 2023
Voting panel – round 1 voting (online) **Patient panel meeting (may be virtual or in person)**	Late March – mid-April 2023
Voting panel meeting – round 2 voting (may be virtual or in person)	Late April – early May 2023
Finalize recommendations with panel/authors and complete author-approved draft of manuscript	By June 30, 2023
ACR Guideline Subcommittee and Quality of Care Committee review	July 2023
Author revisions	By August 15, 2023
ACR Guideline Subcommittee / QOC final check and approval	Mid-August 2023

ACR Board review and input	Late August-early September 2023
Author revisions	Mid-September 2023
Journal review	Late September – late November 2023
Author revisions and response to journal reviews	December 2023
Final journal approval	Early 2024
ACR Board final review and approval	Early 2024
Online publication	Spring 2024
Full publication	Late spring/early summer 2024

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Affected Companies List for the American College of Rheumatology Guideline for Screening, Monitoring and Treatment of Interstitial Lung Disease in Patients with Systemic Autoimmune Rheumatic Diseases

Company	Why listed as an affected company?
Corticosteroids	
Generic, produced by many companies	Prednisone
Pfizer	Methylprednisolone (Medrol, Solu-Medrol)
Hospira	Methylprednisolone (A-Methapred)
Antifibrotic	
Roche, InterMune	Pirfenidone (Esbriet)
Shionogi	Pirfenidone (Pirespa)
GNI Group; Beijing Continent Pharmaceutical Co.	Pirfenidone (Etuary)
Cipla	Pirfenidone (Pirfenex)
Kinase inhibitors	
Boehringer Ingelheim Pharmaceuticals	Nintedanib (Ofev, Vargatef)
Proton pump inhibitors	
Takeda Pharmaceuticals	Lansoprazole (Prevacid)
Procter & Gamble and AstraZeneca	Omeprazole (Prilosec)
Pfizer	Pantoprazole (Protonix)
Endothelin Receptor Antagonists	
Actelion Pharmaceuticals US, Inc., one of the Janssen Pharmaceutical Companies of Johnson & Johnson	Bosentan (TRACLEER)
Immunomodulators	
Horizon Therapeutics	Interferon gamma-1b (Actimmune)
Alcami Corporation	Azathioprine (Azasan)
Pharmaceutics International, Inc./Prometheus Laboratories Inc.	Azathioprine (Imuran)
Genentech	MMF (CellCept)
Novartis	MMF (Myfortic)
Monoclonal antibody	
Genentech, Biogen	Rituximab (Rituxan)

Roche	Rituximab (MabThera)
IL-6 inhibitor	
Genentech, Roche	Tocilizumab (Actemra, RoActemra)