JMCP Author Guidelines

The Journal of Managed Care Pharmacy including supplements is indexed in MEDLINE/PubMed, the International Pharmaceutical Abstracts (IPA), Science Citation Index Expanded (SCIE), Current Contents/Clinical Medicine (CC/CM), and Scopus. The MEDLINE "LinkOut" function provides users with free access to all JMCP content including Letters.

MANUSCRIPT SUBMISSION
All manuscripts should be submitted electronically at http://jmcp.msubmit.net.

EDITORIAL CONTENT AND PEER REVIEW
All articles, editorials, and commentary in JMCP undergo peer review; articles undergo blinded peer review. Letters may be peer reviewed to ensure accuracy. The fundamental departments for manuscript submission are:

- Research
- Subject Reviews
- Formulary Management
- Contemporary Subjects
- Brief Communications
- Editorials/Commentary
- Letters

JMCP abstracts should be carefully written narratives that contain in the Results section all of the principal absolute and relative findings, with the outcomes of statistical tests of comparisons where appropriate. The Conclusion of the abstract should match the Objective and Results (see JMCP Peer Review Checklist). Abstracts are required for all articles in Research, Subject Reviews, Formulary Management, Contemporary Subjects, and Brief Communications. The format for the abstract is Background, Objective, Methods, Results, Conclusion.

All manuscript submissions should represent original research that has not been published previously in print or online. A Letter is the only type of manuscript submission that may not be peer reviewed. All manuscript submissions other than Editorials, Commentary, and Letters should include an abstract and succinct and quantitative bullet points that inform the reader of:

- what is already known about this subject
- what this study adds

The bullet points should appear immediately following the Abstract, but are not included in the Abstract word count.

Research
These are well-referenced articles based on original research that has not been published elsewhere and reflects use of the scientific method. The research is guided by explicit hypotheses that are stated clearly by the authors.

Subject Reviews
These are well-referenced, comprehensive reviews of subjects relevant to managed care pharmacy. The Methods section in the abstract and in the body of the manuscript should make clear to the reader the source of the material used in the review, including the specific criteria used for inclusion and exclusion of information and the number of articles included and excluded by each criterion. Narrative reviews, defined as noncomprehensive reviews that cover only a portion of the literature on a topic, are not considered for publication by JMCP. However, articles of this type may be considered as Commentary.
Formulary Management
These are well-referenced, comprehensive reviews of subjects relevant to formulary management methods or procedures in the conduct of pharmacy and therapeutics (P&T) committees and generally include description and interpretation of clinical evidence and comparative cost information.

Contemporary Subjects
These are well-referenced submissions that are particularly timely or describe research conducted in pilot projects. Contemporary Subjects, like all articles in JMCP, must describe the hypothesis or hypotheses that guided the research, the principal methods, and results.

Brief Communications
The results of a small study or a descriptive analysis that does not fit in other JMCP departments may be submitted as a Brief Communication. Brief Communications may warrant an Abstract with the typical JMCP categories (Background, Objective, Methods, Results, Conclusion).

Commentary
These submissions should be relevant to managed care pharmacy and address a topic of contemporary interest; they do not require an abstract but should include references to support statements.

Letters
If the letter addresses a previously published article, an author response may be appropriate. See “Letter to the Editor” instructions.

The JMCP Pre-Review Process: Requirements Prior to Peer Review

After assessment of the appropriateness of the topic for JMCP, all manuscripts submitted to JMCP undergo pre-review by the editors or members of the Editorial Advisory Board before being sent to peer reviewers. The purpose of the pre-review process is to ensure that key features of the manuscript are sufficient—clear, transparent, and adequately reported—to facilitate a fair and informed evaluation by peer reviewers. Peer reviewers can do their job of assessing the quality of the work reported in a manuscript only if they are given sufficient information.

Manuscripts in which the objectives, methods, and results are clear advance more quickly to the peer-review stage than manuscripts that are not understandable. The following items are required prior to peer review and are always verified in pre-review.

1. For studies that involve selection of a sample, JMCP requires (a) a sample selection flow chart, such as the examples shown on page 535 of Stockl et al., or page W180 of the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) standards, and (b) a description in the Methods section that briefly explains the sampling criteria that were used. The flow chart should start with the population from which the sample was drawn (e.g., approximately 3 million health plan members) and show each step in the sampling process including the number (%) excluded by each criterion.

For systematic reviews and meta-analyses, JMCP requires a study selection flow chart, such as the example shown in page 248 of Baker et al., or Figure 1 of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) standards.

2. JMCP requires precise definitions of all variables and outcomes measured in the study. For example: “Cost was defined as total payment to the provider, including both the plan cost and patient share.” “Agreement with each statement about prescribing habits was defined as a rating of 4 or 5 (somewhat agree or strongly agree) on a Likert-type scale from 1 to 5.” “The primary outcome measure, compliance, was measured as total days supply for Drug X summed across all prescriptions dispensed during the 6 months following the index date.”
3. For claims database analyses, JMCP requires specification of codes used to represent diagnoses and procedures, and time periods during which each code was measured. (If the list is extensive, a table or appendix may be used.) For example: "Of members continuously enrolled with the health plan from January 1, 2001 through December 31, 2002, patients were selected for study if they had at least 2 claims for an antidepressant (GPI code beginning 58) and at least 1 claim with a primary diagnosis indicating depression (ICD-9-CM code=300.4 [dysthymic disorder]; 296.2X [major depressive disorder, single episode]; 296.3X [major depressive disorder, recurrent episode]; or 311 [depressive disorder, not elsewhere classified]) during 2001." Methods for identifying hospital events, including inpatient stays and emergency room visits, must also be specified.

4. JMCP requires that descriptions of statistical methods and results be complete and specific. 
Descriptive analyses: Specify the groups analyzed and the test used. For example: "Student’s t-tests assessed the statistical significance of differences in pre-intervention days supply, comparing the cohorts treated with Drug A and Drug B." Descriptive tables of results should show both percentages and counts. For variables measured on a continuous scale (e.g., cost, follow-up time), tables should show mean, standard deviation, median, and range. Multivariate analyses: Specify the procedure, dependent variable, and independent variables. Examples: "A generalized linear model with log link and gamma distribution assessed the relationship between index treatment and total medical cost, controlling for age, insurance type (HMO or PPO, with indemnity insurance as the reference category), and Charlson comorbidity score." "A logistic regression analysis in which occurrence of hospitalization (measured as a binomial) was the dependent variable was performed; predictor variables included age, insurance type (HMO or PPO, with indemnity insurance as the reference category), and Charlson comorbidity score."

The following items are spot-checked during pre-review. If errors are found, a more extensive check is typically performed:

1. Citations to previous work should be primary, not secondary, references and should support the statement made in the text. For example, for the statement that “in Disease A, Drug X is more efficacious than Drug Y,” the editors will verify that the source(s) cited for the statement investigated Disease A and produced finding(s) that Drug X was superior to Drug Y.

2. Mathematical calculations should be accurate, both within tables and comparing tables to text. For example, numbers should sum to totals. Percentages should be verifiable (cell counts should be shown) and accurate. Statements in the text should match to the tables (e.g., if the text indicates that a rate is 20% higher for a group, the editors spot check to make sure that the numbers in the tables reflect a 20% difference).

Peer Review Process

After completion of pre-review, peer review generally requires 4-6 weeks but may extend as long as 12 weeks in unusual cases. Authors typically will need to make revisions after peer review, prior to final editorial staff review. Once revised manuscripts are approved by the editors, publication usually occurs in 4-6 weeks. Solicited manuscripts are subject to the same peer-review standards and editorial policy as unsolicited manuscripts. The editorial team strives to work with authors to achieve high-quality meaningful articles for all JMCP manuscript submissions.

Please note these suggestions:

1. The JMCP Peer Review Checklist is the best guide for authors to improve the likelihood of success in the JMCP peer-review process. Authors are also strongly encouraged to consult the "Summary of Key Guideline Documents: Standards for Conducting and Reporting Research" which is Table 3 at this link: http://www.amcp.org/data/jmcp/661-674_FairmanCurtiss-Final.pdf.

2. A subsection at the end of the Discussion labeled "Limitations" is required for all articles except Editorials, Commentaries, and Letters. The Limitations section should describe the limitations, listed in descending order of importance.
3. Articles published in JMCP should acknowledge and evaluate the relevant work of others published previously in JMCP. See the Article Index by Subject Category and the JMCP search engine.

4. Product trade names may be used only once, for the purpose of providing clarity for readers, generally at the first citation of the generic name but not in the Abstract.

5. Many articles involve research that may pose a threat to either patient safety or privacy. It is the responsibility of the principal author to ensure that the manuscript is submitted with either the result of review by the appropriate institutional review board (IRB) or a statement of why the research is exempt from IRB review. See JMCP Policy for Protecting Patient Safety and Privacy.

6. Recommendations to include the following for interpreting and reporting results:
   a. For studies that have an effect on patient care or policy, the minimum worthwhile benefit of the intervention (i.e., include discussion of clinical or practical significance, rather than sole reliance on statistical significance)
   b. Numbers of events observed and numbers at risk in each comparator group separately, for each reported outcome (i.e., a descriptive data table that clearly shows all patient counts and percentages for the sample overall and sample subgroups)
   c. Both the absolute risk reduction/difference for each event type (outcome) and the relative risk or odds ratio for treatment/intervention effect
   d. P value and 95% confidence interval for either absolute risk reduction or relative risk or odds ratio
   e. For multivariate models, the number of cases included in the model and a measure of model adequacy or goodness of fit (e.g., R square, c-statistic). Showing values for all coefficients is strongly recommended.
   f. Number needed to treat (NNT) and 95% CI and/or number needed to harm (NNH) when appropriate
   g. If power calculations were performed for the work, the number of events expected in the control/comparison population and the effect size assumed for the sample size calculation (a priori power calculations are recommended)


MANUSCRIPT PREPARATION

JMCP accepts for consideration manuscripts prepared according to the Uniform Requirements for the Submission of Manuscripts to Biomedical Journals (International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals: writing and editing for biomedical publication. Updated April 2010. Available at: http://www.icmje.org/)

Manuscripts should include, in this order, an abstract of no more than 650 words, bullet points for what is already known and what this study adds, text, references (cited in numerical order as they appear in the text [use superscript numbers in the text] and prepared following our modified AMA style guide), tables, and figures (generally no more than 6). Submit referenced tables and figures on separate pages with titles (and captions, as necessary) at the end of the manuscript; match symbols in tables and figures to explanatory notes, if included (see checklists: Manuscript or Supplement). Please refer to the JMCP Peer Review Checklist for the criteria upon which your manuscript will be judged.

SPECIFICATIONS and TECHNICAL STYLE

- All text should be submitted in Microsoft Word, prepared in 12-point type, 1.5 line spacing.
- Tables must be prepared in Microsoft Word, and may use a smaller font (e.g., 10-point).
- Figures should be embedded in the Word document and submitted separately in their original native format, preferably in Adobe Illustrator, Microsoft Word, Excel, or PowerPoint (e.g., with the data points included in PowerPoint) to permit editing by the JMCP graphic designer.
- P values that are ≥0.001 should be expressed as P=0.xxx, to 3 decimal places; P values less than 0.001 should be shown as P<0.001.
REFERENCE STYLE
References should be prepared following modified AMA style. All reference numbers in the manuscript should be superscript (i.e., 1). Each unique reference should have only 1 reference number. If that reference is cited more than once in the manuscript, the same number should be used. Do not use ibid or op cit for JMCP references. Please provide Web addresses (hyperlinks) for all references that are available free access. Access dates are required for all URLs except links to JMCP articles. Shown below are examples of common types of references:


5. **Book or monograph with editor, compiler, or chairperson as author** — Chernow B, ed. *Critical Care Pharmacotherapy.* Baltimore, MD: Williams & Wilkins; 1995.


13. **Paper or poster presented at a meeting** — Gleason PP, Starner CI, Hyland-Marciniak B. Erythropoiesis-stimulating agent trends and utilization management opportunity. Poster presented at:


Cover Letter from Principal Author
The cover letter that accompanies the manuscript submission should be written by the lead (first listed) author who is generally the principal author, defined as the person who has made the most substantive contribution to the final manuscript as submitted for consideration for peer review. The cover letter should (a) briefly describe the importance and scope of the manuscript, and (b) certify that the paper has not been accepted for publication or published previously and that it is not under consideration by any other publication. Principal authors are also required to ensure that manuscripts submitted to *JMCP* are not submitted to any other publication while under review by *JMCP*.

Disclosures and Conflicts of Interest
Manuscript submissions must (a) include in the text of the manuscript immediately following the “what this study adds” bullets a Disclosure statement that identifies the nature and extent of any financial interest or affiliation that any author has with any company, product, or service described in the manuscript and clearly indicates the source(s) of funding and financial support and (b) be accompanied by completed and signed author attestation forms for the principal author and each coauthor. It is the responsibility of the principal author to list all contributors to the manuscript, specific as to the nature of the contribution and the proportion of total work performed. It is considered scientific misconduct for the principal author to not disclose all contributors.

Note that the terms “contributor” and “author” are not synonymous. An individual may contribute (e.g., assist with literature review, perform a portion of the data collection, proofread and make corrections) without meeting the requirements for authorship (generally, at least 25% contribution in any of the categories listed on the attestation form). Individuals who contribute to a manuscript must be listed on the attestation form regardless of whether they meet requirements for authorship. Exceptions are made when a large group of individuals contributed to the manuscript. For example, if the entire nursing staff of a hospital helped to collect the data, it is not necessary to list every nurse by name, but the principal author should include a note to this effect in the attestation form.

Ghostwriting, Gift Authorship, and Guest Authorship
The *JMCP* Principal Author attestation form includes a grid which requires quantification of the percentage contribution of each person who contributed to the preparation of the manuscript including its revision. The principal author is required to submit the *JMCP* attestation form at least twice for each manuscript that is published in *JMCP*, first when the manuscript is initially submitted, and again after the post-review revisions have been made; a third attestation form may be necessary if a manuscript requires a second round of substantive revision. The *JMCP* Principal Author attestation form is designed in part to prevent the use of ghost writers in which unnamed persons contribute to the preparation of a manuscript. Ghostwriting is strictly prohibited in *JMCP* articles, and all contributors will be listed either as authors or in an acknowledgement. The *JMCP* editors reserve the right to determine whether a contributor is a listed author. For example, a medical writer who writes the initial “draft” of a manuscript will generally be required to be a listed author. On the other hand, a person who primarily reviews a manuscript and makes minor changes such as syntax and adds no references or not more than a few sentences does not generally qualify as a listed author. The principal (first author) should generally make the most substantive contribution to preparation of the submitted manuscript.
“Gift authors” are not acceptable, defined as indirect or minor contributors (e.g., members of an advisory committee or a doctoral dissertation committee who do not otherwise meet authorship requirements). “Guest authors” are also unacceptable, defined as persons who make relatively small contributions to the final manuscript submission; guest authors are often solicited by manuscript sponsors or sponsor-contracted publication planning or medical education companies to serve as first authors because of their position or recognition in the field of study that is the subject of the manuscript. A “review and approve” process, in which a named author takes responsibility for and agrees with work that was actually performed by someone else is considered “guest authorship” and is not acceptable for JMCP publications.

Violations of JMCP Disclosure Requirements

If violations of JMCP disclosure requirements are identified either before or after publication, the editors of JMCP reserve the right to determine the appropriate course of action. This determination will be made after consultation with the authors but does not require the consent of the authors. Actions taken by the editors could include, but are not limited to: (a) prior to publication: requirement for full disclosure in the manuscript; immediate rejection of the manuscript; or (b) after publication: a published erratum that is linked to the original published article on the JMCP website and identified separately in Medline; an editorial disclosing the situation to JMCP readers; notification of the situation provided to the authors’ institution(s) or employer(s).

Recommended References on Ghostwriting, Ghost Management, and Publication Planning


**Toolkit: Resources for Authors and Reviewers**

In assessing the quality and transparency of a manuscript, reviewers and editors commonly refer to the following sources, on which the JMCP pre-review and peer review procedures are based.

<table>
<thead>
<tr>
<th><strong>Summary of guidelines for research publications</strong></th>
<th>Summary of Key Guideline Documents: Standards for Conducting and Reporting Research,” available in Table 3 at this link: <a href="http://www.amcp.org/data/jmcp/661-674_FairmanCurtiss-Final.pdf">http://www.amcp.org/data/jmcp/661-674_FairmanCurtiss-Final.pdf</a></th>
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<tr>
<td><strong>Nonrandomized studies of interventions</strong></td>
<td>Transparent Reporting of Evaluations with Nonrandomized Designs (TREND) <a href="http://www.ajph.org/cgi/reprint/94/3/361">http://www.ajph.org/cgi/reprint/94/3/361</a></td>
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<tr>
<td><strong>Observational studies</strong></td>
<td>Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) <a href="http://www.annals.org/cgi/reprint/147/8/W-163.pdf">http://www.annals.org/cgi/reprint/147/8/W-163.pdf</a></td>
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<tr>
<td><strong>Randomized controlled trials</strong></td>
<td>Consolidated Standards of Reporting Trials (CONSORT) <a href="http://www.annals.org/cgi/reprint/134/8/663.pdf">http://www.annals.org/cgi/reprint/134/8/663.pdf</a></td>
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<tr>
<td><strong>Systematic reviews and meta-analyses</strong></td>
<td>Preferred Reporting Items for Systematic Reviews and Meta-Analyses: the PRISMA statement <a href="http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000097">http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000097</a> (Note that assessment of the risk of bias in individual studies will not apply to all systematic reviews, but the quality of the studies should be taken into consideration in interpretation.)</td>
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