

JMCP Author Guidelines **Updated October 2016**

GENERAL INFORMATION

The *Journal of Managed Care & Specialty Pharmacy (JMCP)*, started in 1995, publishes 12 issues per year and is the peer-reviewed journal of the Academy of Managed Care Pharmacy (AMCP). *JMCP* has complete editorial independence of its owner and publisher, AMCP. All content is indexed in MEDLINE/PubMed, the International Pharmaceutical Abstracts (IPA), Science Citation Index Expanded (SCIE), Current Contents/Clinical Medicine (CC/CM), Scopus, and Crossref. The MEDLINE “LinkOut” function provides users with free access to all *JMCP* content.

POLICIES

Authorship

JMCP requires that authors are determined according to the International Committee of Medical Journal Editors’ [Recommendations](#) for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. Per ICMJE criteria, authors must meet **all** of the following: **(1)** substantial contributions to conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; **and (2)** drafting the work or revising it critically for important intellectual content; **and (3)** final approval of the version to be published; **and (4)** agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. ICJME clearly states that the authorship criteria not only determine who qualifies as an author but also should be used to ensure that contributors are not precluded from authorship by being denied the opportunity to meet criteria 1 & 2.

A medical writer who interprets the data and writes the manuscript, for example, should generally be a listed author. Failure to recognize a writer who meets authorship criteria is known as “ghost writing” and is unethical. On the other hand, a person who primarily reviews a manuscript and makes minor editorial changes does not generally qualify as a listed author. This latter situation has occurred when experts were solicited to serve as authors because of their position or recognition in a field of study. Thus, it is important that solicited authors’ consultative roles are assessed for congruency with authorship criteria.

It is the collective responsibility of the authors to determine authorship and the corresponding author’s responsibility to ensure ICJME criteria are adhered to for submissions to *JMCP*. The corresponding author will complete the [Author Attestation form](#) defining and attesting to author contributions.

People who have contributed substantially to the work but do not meet the authorship criteria should be recognized in the acknowledgments. Further guidance on non-author contributors are also addressed in the ICJME recommendations.

Conflict of Interest Disclosures

Transparent disclosure of real or perceived conflicts of interest is fundamental to maintaining the credibility and trust of the peer-reviewed literature. As such, each author is responsible for disclosing all financial and personal relationships that may impact their work by completing the ICMJE [Disclosure of Conflicts of Interest](#) form. The statement generated from the form should be included in the title page for each author.

Further, the study sponsor (i.e., funder) must be disclosed. The role of the study sponsor in study design; collection, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication must be disclosed. Contractual or legal obligations with the sponsor that allow the sponsor to assert influence over a manuscript during its editorial review and publication, including the employment of 1 or more authors by the study sponsor, are permissible but must be disclosed.

If violations of *JMCP* disclosure requirements are identified after publication, *JMCP* will publish an erratum that is linked to the original published article and disclosed to *JMCP*'s readership. If such a violation were identified before publication, acceptance will be rescinded.

Prior Publication

All manuscript submissions should represent original work that has not been published previously in any format in print or online. The only exception to this is if that work has been presented or submitted, in part or whole, as a peer-reviewed poster or podium presentation at a conference, it is still eligible for submission to *JMCP*. The corresponding author should indicate this in the cover letter.

Embargo

All content that is published in *JMCP* is embargoed until the date of publication. This means that no public release of any such information is permissible, including, but not limited to, press releases, white papers, etc. Failure to adhere to *JMCP*'s embargo policy may result in rescinding acceptance or rejection of the paper.

Copyright Transfer

The [Author Attestation form](#) includes a statement of copyright of ownership of the manuscript intellectual property, including any and all rights incidental thereto, exclusively to AMCP, in the event that the submission is published by AMCP.

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Peer-Review Process

All articles in *JMCP* undergo a two-part review process. The first part is the editorial review, whereby a member of the editorial team determines whether or not the article will be sent to peer review based on the quality of the research, relevancy to *JMCP*'s readership, contribution of the work to the existing literature, quality of the writing, and timeliness of the work. During this review, the managing editor assesses the manuscript for compliance with *JMCP*'s authorship guidelines, including but not limited to word count and number of figures and tables. Editorial review decisions are typically made within 2 weeks of manuscript submission, and authors will be notified if their articles are not sent to peer review.

The second part of the review process is a single-blinded peer review, whereby the identity of the authors is known to the reviewers, but the identity of the reviewers is not disclosed to the authors. Peer reviewers are asked to review the article in great detail and provide comments to the authors using the "track changes" function in Microsoft Word. Peer reviewers also complete a reviewer form and are asked to make a publication recommendation based on relevancy, originality, quality of research, quality of writing, and influence of bias. The editorial team makes a final publication decision based on the peer-review recommendations. Decisions resulting from the second part of the process are usually made within 8 weeks of manuscript submission but may be extended in unusual circumstances.

The only exception to this peer-review process is for Letters to the Editor which are published at the sole discretion of the editor.

MANUSCRIPT SUBMISSION

All manuscripts should be submitted electronically at <http://jmcp.msubmit.net>. Manuscripts should generally be prepared according to the ICMJE recommendations previously discussed (see "Manuscript Preparation").

All manuscripts should be accompanied by a cover letter. Manuscripts should include the following in this order: title page, abstract, summary bullets, manuscript body, references (cited in numerical order as they appear in the text), tables and figures. Each table and figure should be on a separate page.

Cover Letter

A cover letter written by the first author should accompany all manuscripts. The cover letter should briefly describe the importance and scope of the manuscript and certify that the paper has not been accepted for publication or published previously and that it is not under consideration by any other publication.

Title Page

All submissions should start with a title page. The title page should include the following: the study title; authorship list; full name, credentials, affiliations, email, and phone for all authors; identification of the corresponding author; description of prior peer-reviewed presentation at a professional/scientific conference, if applicable; noncontributing author acknowledgments, if applicable; disclosure statements for all authors; and statement of funding source and role of sponsor.

Abstract

All *JMCP* submissions, with the exception of letters, should include a thorough but succinct abstract as a synopsis of the paper. Depending on the article type (defined below), authors should prepare a *structured* or *unstructured* abstract. *Structured abstracts* contain the following headings:

- **Background:** briefly justifies the need for the study.
- **Objective:** states the objective of the study in a concise statement.
- **Methods:** includes the data/population source, outcome measurements, and statistical procedures.
- **Results:** reports the primary findings, including the data points and statistical results
- **Conclusions:** addresses the study objective and need for the study.

Unstructured abstracts are narrative briefs of one or two paragraphs summarizing the paper.

Abstracts should not include references, and word limits for abstracts vary by article category (detailed below).

Summary Bullets

Research articles, Research Briefs, and Systematic Reviews should include succinct and quantitative bullet points that inform the reader of the following:

- **What is already known about this subject**
- **What this study adds**

Under each heading, authors should list 2-3 bullet points constructed as complete sentences. References should not be used to support the points, since it is expected that the manuscript itself will indicate the supporting references. The bullet points should appear immediately following the abstract but are **not** included in the abstract or article word count (that's right, they are free words!). Please refer to previously published *JMCP* articles for examples.

Article Categories and Specifications

JMCP accepts article submissions in the following categories:

- Research
- Research Brief
- Systematic Review
- Best Practices
- Viewpoints
- Letter to the Editor
- AMCP Meeting Proceedings

Each article category has a word limit. The body of the text only is included in the word count, which excludes the title page, abstract, summary bullets, tables, figures, and references.

Research: These articles report experimental or observational studies that use the scientific method. Research articles should not exceed 4,000 words in the body of the manuscript and should have a maximum of 5 tables and/or figures. The main headings for the Research article should be the following: Introduction, Methods, Results, Discussion, and Conclusions. The Discussion section should also include

a subsection entitled Limitations. These articles should be accompanied by a structured abstract of no more than 450 words and can include up to 2 appendices. Research articles should follow reporting standards based on the design of the study, including but not limited to:

- [CONSORT](#) for clinical trials
- [STROBE](#) for observational studies
- [CHEERS](#) for health economic evaluations
- [GRACE](#) for observational studies of comparative effectiveness
- [ISPOR](#) Good Research Practices for Comparative Effectiveness Research for observational studies of comparative effectiveness

Research Brief: These articles are similar to Research articles; however, this category is reserved for small or pilot studies that have limited generalizability or descriptive studies that may not test a hypothesis or have comparative study groups. Research Briefs should not exceed 2,500 words and should have a maximum of 2 tables and/or figures and no appendices. The main headings in the article should be the following: Introduction, Methods, Results, Discussion, and Conclusions. The Discussion section should also include a subsection entitled Limitations. These articles should be accompanied by a structured abstract of no more than 350 words.

Systematic Review: These articles report on literature reviews conducted using the scientific method. Systematic reviews should include a guiding hypothesis or question, criteria to determine study inclusion, extraction and analysis of results, and conclusions based on the presence or absence of evidence identified in the literature. This article category includes meta-analyses and systematic literature reviews and should be reported using the [PRISMA Statement](#). Systematic reviews should have a structured abstract of no more than 450 words, not exceed 4,000 words in the body of the manuscript, and have a maximum of 5 tables and/or figures, with no more than 2 appendices. The main headings in the review should be the following: Introduction, Methods, Results, Discussion, and Conclusions. The Discussion section should also include a subsection entitled Limitations.

Best Practices: These articles, or case studies, report the experience of innovative programs aimed at improving evolving challenges in the practice of managed care pharmacy. Articles should include a thorough program description, observations, and implications. Editorial priorities are for programs that address a timely topic or for other reasons do not lend themselves to evaluation using the scientific method. Best Practices should contain a structured abstract of no more than 350 words, not exceed 2,500 words in the body of the manuscript, and have a maximum total of 2 tables and/or figures and no appendices. The main headings in the abstract and manuscript should be the following: Introduction, Program Description, Observations, and Implications.

Viewpoints: These articles are timely topical reviews that are relevant to *JMCP's* readership. Articles should be well referenced, be presented in a clear and scholarly manner, and address multiple perspectives, including clinical, economic, policy, and patient perspectives. Viewpoints should contain an unstructured abstract of no more than 350 words, not exceed 2,500 words in the body of the manuscript, and have a maximum of 2 tables and/or figures and no appendices. Viewpoints may be unsolicited or solicited by the editors.

Letters to the Editor: Letters to the Editor that discuss either a timely topic relevant to managed care pharmacy or a recently published study are considered for publication. Submitted letters should not exceed 500 words in the body and 5 references. Letters in response to a recently published study should be submitted within 4 weeks of the publication of the original article. Letters to the Editor are not peer reviewed and are published at the discretion of the editor.

AMCP Meeting Proceedings: As the peer-reviewed journal of AMCP, *JMCP* accepts submissions from AMCP reporting the proceedings of association meetings that are timely and relevant to *JMCP's* readership. As with all articles, AMCP Meeting Proceedings are subject to peer review, with a special emphasis of the review on ensuring that the content is presented in an unbiased manner and is a factual representation of what occurred at the meeting with appropriate attributions. AMCP Meeting Proceedings

should have an unstructured abstract of no more than 450 words, not exceed 3,000 words in the body of the manuscript, and have a maximum of 5 tables and/or figures and no appendices. As with all reviewed articles, the final publication decision is made by JMCP editors. Additional information on AMCP Meeting Proceedings can be found here: <http://jmcp.org/doi/full/10.18553/jmcp.2015.21.12.1116>.

Tables and Figures

- Tables and figures should be included at the end of the document (following the references). With rare exceptions, all manuscripts should include **(a)** a subject characteristics table that profiles the key demographic and clinical characteristics (e.g., age, sex, comorbidities, baseline measures relevant to the study topic) of subjects in each study group (usually Table 1) and **(b)** a descriptive primary data table of outcomes for each cohort or comparator group (usually Table 2). Most outcomes will be expressed as % (n) (e.g., numbers of Group A subjects with the outcome of interest divided by total count of subjects in Group A) or measures of central tendency and dispersion for continuous variables (i.e., mean, standard deviation, median, and interquartile range).
- In addition to the characteristics and primary outcome tables, some reporting guidelines require specific tables/figures according to study design, such as a sample selection graphic. Please refer to relevant reporting guidelines.
- The information contained within a table or figure should be sufficient to enable the reader to understand the table or figure without referring to the text. Use succinct, clear, and complete descriptions in footnotes and row labels.
- Citations to table footnotes should use superscript letters a, b, c, d, etc., in the order of presentation in the table (e.g., the first footnote cited in the table is “a,” a footnote that is cited for the first time after footnote “a” is “b,” etc.).
- Acronyms and abbreviations that appear in the table (e.g., ICD-9-CM, GPI) should be spelled out, *in alphabetical order*, in the final (bottom-most) line following the footnotes.
- Show percentages to 1 decimal place, as XX.X% (n), where n=the cell count.
- Please refer to previously published manuscripts for examples.

References

References should be cited in numerical order as they appear in the text and should be superscript (e.g., ¹). If a reference is cited more than once in the manuscript, the same number should be used. The reference list should be generated using Word and not using external software packages. The reference list should be prepared following American Medical Association (AMA) style with journal names abbreviated as listed in [PubMed](#). For journal articles, list **up to 6** authors. If there are **more than 6** authors, list only the first 3 and add et al. Do not use *ibid* or *op cit* for JMCP references. When deciding whether to cite the print or electronic version of a journal article, the version consulted should be the version cited.

Examples of common types of references:

1. **Print journal article:** Placzek H, Xu Y, Mu Y, Begelman S, Fisher M. Clinical and economic burden of commercially insured patients with acromegaly in the United States: a retrospective analysis. *J Manag Care Spec Pharm*. 2015;12(21):1106-14.
2. **Electronic journal article:** Makhinova T, Barner JC, Richards KM, Rascati KL. Asthma controller medication adherence, risk of exacerbation, and use of rescue agents among Texas Medicaid patients with persistent asthma. *J Manag Care Spec Pharm*. 2015;21(12):1124-32. Available at: <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=20470>. Accessed December 25, 2015.
3. **Website:** Mississippi State Department of Health. 2013 Behavioral Risk Factor Surveillance System annual prevalence report. December 18, 2014. Available at: <http://www.msdh.state.ms.us/brfss/brfss2013ar.pdf>. Accessed November 17, 2015.
4. **Book:** Navarro RP. *Managed Care Pharmacy Practice*. 2nd ed.. Sudbury, MA: Jones and Bartlett Publishers; 2009.
5. **Prescribing information — Xolair** [prescribing information]. Genentech, September 2014. Available at: <http://www.gene.com/gene/products/information/pdf/xolair-prescribing.pdf>. Accessed December 25, 2015.

General Reporting and Style Guidelines

- All text should be submitted in Microsoft Word, prepared in 12-point type, 1.5 line spacing (tables can be 10-pt font).
- Citations to previous work should be primary, not secondary, references and should support the statement made in the text.
- Articles published in *JMCP* should acknowledge and evaluate the relevant work of others published previously in *JMCP*.
- 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 or a statement of why the research is exempt from IRB review. See [**JMCP Policy for Protecting Patient Safety and Privacy**](#).
- Use comma separators for numbers exceeding 999, for example 1,234, not 1234.
- *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 $P<0.001$.
- 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.
- A discussion of clinical/practical significance must accompany reports of statistical significance.
- A subsection at the end of the discussion labeled "Limitations" is required for Research, Research Briefs, and Systematic Reviews.
- For claims database analyses, the actual codes used must be reported. An appendix may be used if needed and must be within the appendices limits.