that many managed care drug plans overcharge members for generic drugs with copays of more than \$5 per 30-day supply. For example, an announcement in mid-2002 trumpeted a program to promote generic drugs to physicians, pharmacists, and consumers but was associated with a 3-tier benefit design of \$12 (generic), \$20 (tier-2) and \$30 (tier-3) copays for a 30-day supply.³⁷

The study by Nair, Ganther, Valuck, et al. adds to a thin literature on health plan member attitudes, other than satisfaction, related to prescription drug benefit plans. The study methods and interpretation of results should be reviewed carefully and critically. For example, the authors report statistically significant results that often appear to be an artifact of the large sample size and may have little if any practical significance, but, nevertheless, be of interest to some readers. For example, the authors reported that 3-tier plan members compared to 2-tier plan members may be more likely to consult with friends or family members to obtain information related to the purchase of prescriptions, but not the pharmacist, or that 3-tier plan members may be more likely to obtain a second opinion from another physician. In all of these cases, the absolute differences in the mean scores are very small, less than 0.25 points on a 7-point scale. In survey research, ask 100 questions, and 5 will be statistically significant simply by chance, at an a priori *P* value of 0.05. Survey enough respondents, and small differences in mean scores will produce statistically significant results.

■ JMCP Peer Review and Editorial Process

The quality of the *Journal* depends upon the collaborative work of authors, reviewers, and editors. Reviewers are often themselves authors, and more than 150 reviewers help to continuously improve the quality of the *Journal*. The bias management policy of the *Journal* is extensive and encompasses reviewers as well as authors. Members of the JMCP Editorial Advisory Board sometimes submit manuscripts for consideration, and these papers are treated no differently than any other manuscript.

All manuscripts submitted for consideration in the *Journal* undergo a prereview screen to protect reviewers from work associated with a paper that, due to a fundamental flaw in research design or insufficient relevance to readers, cannot be revised sufficiently to earn publication in the *Journal*. This prereview process is generally completed within 2 weeks of receipt of the manuscript. After passing the prereview process, each manuscript is sent to at least 3 independent reviewers, selected based upon expertise in one or more areas that are the principal subjects of the manuscript. All reviews are conducted under masking of author names and affiliations. Anonymity is the cornerstone of critical, scholarly review.

The JMCP bias management policy applies to all persons, regardless of their affiliation. In this issue of the *Journal*, the chairperson of the Editorial Advisory Board, Marvin D. Shepherd, PhD, collaborated with another researcher, Patricia Harrington, to write a subject review on the very timely matter of the transition of drugs from prescription to availability over-the-

counter (OTC). In this case, 3 expert peer reviewers agreed unanimously that the manuscript should be published, and the authors revised the manuscript according to all reviewer suggestions. The mission of JMCP is to provide reliable and timely information to assist managed care pharmacists in their efforts to maximize value for money and improve the quality of patient care.

Frederic R. Curtiss, PhD, RPh, CEBS, Editor-in-Chief

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