GENERAL INFORMATION

The *Journal of Managed Care + Specialty Pharmacy (JMCP)*, published since 1995, publishes 12 issues per year and is the peer-reviewed journal of the Academy of Managed Care Pharmacy (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.

*Studies Conducted Outside of the United States*

*JMCP* welcomes research studies conducted outside of the United States that are relevant to our readership. Our audience is primarily concerned with designing policies of formulary coverage, health benefit design, and pharmaceutical programs that are based on evidence from large populations of people. Studies of pharmacist interventions conducted outside the United States that have already been extensively studied within the United States and studies of small sample sizes in non-managed care environments outside of the United States (e.g., hospitals or community pharmacies) are generally of low interest to our readership. However, studies of health outcomes and costs assessed in large populations that provide evidence for formulary coverage, health benefit design, and pharmaceutical programs are of high interest to *JMCP*’s readership.

POLICIES

*Authorship*

*JMCP* requires that authors are determined according to the International Committee of Medical Journal Editors’ (ICMJE) **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 reviewing 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. ICMJE 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. Co-first or co-senior authors are accepted when 2 authors contribute equally as first authors to a manuscript. When submitting a co-authored paper, please indicate dual first authorship with an asterisk on the manuscript title page, for example, “XXX and YYY (last names) contributed equally to this article.”

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 adherence to ICMJE criteria for submissions to JMCP.

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 is addressed in the ICMJE recommendations.

**Author Attestations** in the online submission portal require the corresponding author to attest to compliance with this policy.

**Study Funding and Conflict of Interest Disclosures**

**Study Funding:** In the online submission portal, authors must provide a statement disclosing the study funder and the role of the funder in study design; collection, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication. 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 one or more authors by the study sponsor, are permissible but must be disclosed.

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ICMJE [Disclosure of Conflicts of Interest](#) form must be completed and uploaded for all authors to complete the submission process.

If violations of JMCP disclosure requirements are identified after publication, JMCP may take appropriate actions, including but not limited to publication of 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.

**JMCP Policy for Protecting Patient Safety and Privacy and Informed Consent**

Institutional review board (IRB) approval, or a valid exemption, is required for every article published in JMCP that involves research on human subjects as defined in federal regulations promulgated by the U.S. Department of Health and Human Services (DHHS) at 45 C.F.R. § 46.102(f). Approval from equivalent bodies is acceptable for studies conducted outside of the US. Significantly, the definition includes research on living individuals involving identifiable private information even if such information is contained within an already existing dataset. Manuscripts submitted to JMCP should include a statement of IRB approval or exemption, as well as a description of the methods used by the researchers to ensure appropriate handling of identifiable private information. If required, manuscript submissions must also include a statement that the investigators...
obtained informed consent in compliance with state and federal law. Investigators who conduct research that does not meet the definition of human subject research and/or is not required to comply with human subject protection and/or federal or state informed consent requirements must submit a statement to that effect, describing the reasons compliance was not required.

Quality improvement projects are often undertaken by organizations to improve the quality of care of their patients. According to DHHS, most quality improvement projects are not research subject to the DHHS protection of human subjects regulation. However, some quality improvement projects may have a shared research purpose and DHHS protection of human subjects regulations and/or state law governing human subjects research may apply. Investigators who have determined that their work is not subject to DHHS protection of human subjects regulations because it does not meet the definition of research provided at 45 C.F.R. § 46.102(d) and/or is not subject to applicable state research law must include a statement to that effect, describing the reasons that the investigation does not come within the regulatory regime.

Investigators must certify to JMCP that their research has been conducted in compliance with all applicable federal and state research and privacy laws, including DHHS protection of human subjects regulations and the Health Insurance Portability and Accountability Act (HIPAA) and its associated regulations (the “Privacy and Research Laws”). Investigators must further certify that no identifiable private information or Protected Health Information (PHI), as that term is defined at 42 C.F.R. § 160.103, has been provided to JMCP for publication. Investigators must also agree to indemnify and hold harmless JMCP and its affiliates, officers, directors, and agents from and against any claim or demand, damage, cause of action, liability, loss, cost, or expense, including reasonable attorneys’ fees, resulting from, arising out of, or relating to any violation by investigators, authors, or contributors of the Privacy and Research Laws.

**Author Attestations** in the online submission portal require the corresponding author to attest to compliance with this policy.

**Corrections and Retractions**

*JMCP* follows [ICMJE Recommendations](https://www.icmje.org/recommendations/) for issues related to corrections, rejections and expressions of concern, which include following procedures defined by the [Committee on Publication Ethics](https://www.publicationethics.org) (COPE). All questions about errors or scientific misconduct are investigated by the editors. Unintentional errors may result in a printed correction notice or a retraction with a replacement publication. Scientific misconduct may result in a retraction, publication of an expression of concern, and/or notification of the institutions and funders. Matters of debate, rather than error or misconduct, are handled as letters to the editor.

**Data Sharing Policy**

*JMCP* does not require submission of data for any study type; however, the editors may request the data be made available in unique circumstances. Authors of clinical trial publications should include a data sharing statement in the manuscript and a data sharing plan in the trial's registry, as described in [ICMJE Recommendations](https://www.icmje.org/recommendations/).

**Prior Publication**

All manuscripts must represent original work and must not have been previously published. Submitted manuscripts may not be considered for publication elsewhere while under review by *JMCP*. Neither conference
presentations nor posting to preprint servers constitute prior publication. **Author Attestations** in the online submission portal require the corresponding author to attest to compliance with this policy.

**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 and white papers. Failure to adhere to *JMCP*'s embargo policy may result in rescinding acceptance or rejection of the paper.

**Copyright Transfer**

Copyright ownership in each published manuscript must be transferred to AMCP by completing the copyright transfer statement in the online submission portal. Employees of the U.S. Federal Government are exempt from the requirement to transfer copyright.

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**Peer-Review Process**

Articles in *JMCP* are subject to a 2-part review process. The first part is the editorial review, whereby a member of the editorial team determines whether 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 detail and provide comments to the authors using the “track changes” function in Microsoft Word. Peer reviewers also 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 6-8 weeks of manuscript submission but may be extended in unusual circumstances.

The exceptions to this peer-review process are Letters to the Editor, AMCP Meeting Proceedings, and Perspectives, which undergo editorial review only.

All submissions are subject to applicable provisions of ICMJE and the Committee on Publication Ethics, and publication may be withdrawn or denied at any time consistent with those provisions. Members of the editorial team recuse themselves from editorial decisions if they have conflicts of interest or pose potential conflicts related to articles under consideration.

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

**Manuscript Submission Checklist**

The following information is required to be entered in the online submission portal:

1. Manuscript category
   - Research
   - Research Brief
   - Systematic Review
   - Viewpoints
   - Letters to the Editor
   - AMCP Meeting Proceeding
   - Perspectives (invited only)
2. Manuscript title
3. Short title (<100 characters including spaces)
4. Abstract (see below)
5. Study registration number (if applicable)
6. Implications for Managed Care Pharmacy (see below)
7. Plain Language Summary (see below)
8. Response to: Does your manuscript address the subject matter of racial and social inequities in medication use? (Y/N)
9. Information for all authors
   - Salutation, full name, degrees, email, institution, city, country, phone, Twitter handle
10. Acknowledgements (if applicable), formatted as:
   - The authors acknowledge Dr. Nguyen for his critical review of the study protocol.
   - The authors acknowledge Dr. Green for her technical editing of the manuscript.
11. Relevant subject areas, selected from provided list
12. Corresponding author attestation to compliance with JMCP’s policies on Authorship, Prior Publication, and Protecting Patient Safety
13. Study funding disclosure statement, formatted as:
   - This study was funded by AbbVie. AbbVie provided input into the initial study concept and design but had no influence over the study execution and the decision to publish.
   - This study was funded in part by a grant from the MacArthur Foundation. The MacArthur Foundation had no influence over the study design, execution, or decision to publish.
   - The authors have no study funding to disclose.
14. Potential conflicts of interest statement, formatted as:
   - Dr. Singh discloses consulting fees and honorarium from Daiichi Sankyo and Celgene.
   - Dr. Williams reports grant funding from the Bill and Melinda Gates Foundation and the PhRMA foundation.
   - All authors are employed by the study sponsor.
   - The authors report no disclosures.
   - Dr. Hill reports no disclosures.
15. Name and date of prior conference presentation (if applicable)
16. Response to Copyright Transfer Statement
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. Unstructured abstracts are narrative briefs of 1 or 2 paragraphs summarizing the paper. 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.

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

Plain Language Summary

Research, Research Briefs, Systematic Reviews, and Viewpoint articles must all include a plain language summary of what you did and what you found. The purpose of the plain language summary is to ensure that research published in JMCP is accessible to a wider range of stakeholders that includes patients. Submitting authors should apply the following guidance, adopted from ISMPP. Please check your readability statistics in Microsoft Word and aim for an 8th grade reading level.

- Write a short summary (no bullets) that is less than 75 words
- Use short sentences and short words - avoid complex grammatical structures
- Avoid jargon, but use technical words when needed
- Use accessible, conversational language and the active voice
- Filter out unnecessary detail and start with the take home message
- Use tools in Word (Flesch reading ease and Flesch-Kincaid Grade level) to assess readability
- Consider involving patients in writing or reviewing
- Avoid making a marketing pitch

Implications for Managed Care Pharmacy

Content published in JCMP should be actionable in managed care pharmacy practice. Research, Research Briefs, Systematic Reviews, and Viewpoint articles must include a concise summary of how the article can be applied to managed care pharmacy practice. The summary should be less than 75 words and should not use bullets. Consider the following prompts: What is the key study finding? How might this research inform benefit design? How might this research inform clinical programs or policy? How might this research be considered in formulary development? How might this research address racial and social inequities in medication use?

Manuscript Categories and Specifications
Each manuscript 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 scientific methods. 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, Limitations, and Conclusions. These articles should be accompanied by a structured abstract of no more than 400 words and should include a registration number if applicable. Research articles can include supplementary materials (see Supplementary Materials). 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
- **Reporting to Improve Reproducibility and Facilitate Validity Assessment for Healthcare Database Studies** V1.0
- **Good Practices** for Real-World Data Studies of Treatment and/or Comparative Effectiveness: Recommendations from the Joint ISPOR-ISPE Special Task Force on Real-World Evidence in Health Care Decision Making
- **Updated Guidance** on the Reporting of Race and Ethnicity in Medical and Science Journals

**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 can include supplementary materials. The main headings in the article should be the following: Introduction, Methods, Results, Discussion, Limitations, and Conclusions. These articles should be accompanied by a structured abstract of no more than 300 words and should include a registration number if applicable.

**Systematic Review:** This article category includes meta-analyses and systematic literature reviews and should be reported using the **PRISMA Statement**. 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. Systematic reviews should have a structured abstract of no more than 400 words, not exceed 4,000 words in the body of the manuscript and have a maximum of 5 tables and/or figures and include supplementary materials. The main headings in the review should be the following: Introduction, Methods, Results, Discussion, Limitations, and Conclusions.

**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 300 words, not to exceed 2,500 words in the body of the manuscript, have a maximum of 2 tables and/or figures, and can include supplementary materials.
**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. AMCP Meeting Proceedings are subject to editorial review only, which should ensure 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 400 words, not exceed 3,000 words in the body of the manuscript, have a maximum of 5 tables and/or figures, and can include supplementary materials. As with all reviewed articles, the final publication decision is made by *JMCP* editors.

**Perspectives:** These articles are by invitation only from the editorial staff. The articles are not peer reviewed and are subjected to editorial review only.

**Manuscript Files**

The manuscript file should include the following elements in this order: authors and author information, abstract, plain language summary, implications for managed care pharmacy, body of the manuscript, references (cited in numerical order as they appear in the text), tables and figures, and supplementary materials.

**References**

References should be cited in numerical order as they appear in the text and should be superscript (eg, 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.

With rare exceptions, unpublished data should not be cited in research studies. Social media posts are not accepted as citations. Similarly, referencing AI-generated materials as a primary source is not acceptable.

Examples of common types of references:


4. **Book:** Navarro RP. *Managed Care Pharmacy Practice.* 2nd ed. Jones and Bartlett Publishers; 2009.


### Tables and Figures

- Tables and figures should be included at the end of the manuscript (following the references). Please do not upload the tables and figures as separate files.
- Please note that each table and/or figure within a multi-panel table/figure is considered a separate table/figure and will count towards the maximum limit. In other words, multiple tables/figures that are placed together and named as a single table/figure is not permissible.
- Manuscripts with excessively long tables/figures-supplemental figures/tables may require modification at the editor’s discretion.
- With rare exceptions, all research manuscripts should include (a) a study design diagram (see example), (b) a study sample attrition diagram, (c) a subject characteristics table that profiles the key demographic and clinical characteristics (eg, age, sex, comorbidities, baseline measures relevant to the study topic) of subjects in each study group, and (d) a descriptive primary data table of outcomes for each cohort or comparator group. Most outcomes will be expressed as % (n) (eg, 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 (ie, 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.
- In the demographics table, both sexes should be reported – Do not default to male.
- For studies that use multivariable regression analyses, the complete regression results should be reported, including point estimates and variations for each variable in the models.
- For claims database analyses, the actual codes used must be reported. These can be included as Supplementary Materials.
- 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 (eg, 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 (eg, 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 (recent) published manuscripts for examples.

### Supplementary Materials

Research should be transparent and reproducible, yet word count and table/figure limits in publishing sometimes stifle this ideal. As such, JMCP allows authors to include supplementary materials. Supplementary materials may include code lists, full-text surveys, additional tables or figures, data extraction forms, or...
interview transcripts, for example. Please do not submit narrative paragraphs as supplemental materials. All supplemental materials will be sent to peer reviewers.

Supplemental materials will not be included in the print journal. A hyperlink will be included in the electronic article that navigates the reader to the supplemental materials file. This file will appear exactly as submitted in the final version of the article. At the beginning of the file, please provide a list of the supplementary materials included. Please label each supplementary table and figure called out in text and listed in the supplementary file as follows: "Supplementary Figure/Table #X".

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.
- Capitalize racial and ethnic terms, including Black and White. Do not use racial or ethnic terms in the noun form (Blacks patients, not Blacks). Please refer to JAMA’s guidance on reporting race and ethnicity for further information.
- Use comma separators for numbers exceeding 999, for example 1,234, not 1234.
- All P values should be expressed with a minimum of 2 decimal places.
- Product trade names may be used only once, for the purpose of providing clarity for readers, generally at the first reference to the generic name but not in the abstract. Use of trade and generic naming conventions may be adjusted at the editor’s discretion to provide clarity for the reader.
- A discussion of clinical/practical significance must accompany reports of statistical significance.
- For claims database analyses, the actual codes used must be reported. These can be included as Supplementary Materials.