



DRUG BENEFIT TRENDS®

FOR MEDICAL DIRECTORS, PHARMACY DIRECTORS, AND OTHER MANAGED CARE DECISION MAKERS

Guidelines for Authors

Statement of Editorial Purpose

DRUG BENEFIT TRENDS® serves managed health care decision makers, primarily medical directors and pharmacy directors of managed care organizations, who control or direct the pharmacy service, administer the drug benefit, and have an impact on formulary decisions. The circulation also includes large employers.

With managed care now the dominant force in how health care is delivered in the United States, medical directors and pharmacy directors are seeking to provide health care across populations in the most cost-effective ways possible. Our goal is to present research findings and other information to help readers make the best possible decisions affecting patient health using the tools of managed care. Articles, bylined columns, special sections and supplements, and news departments offer insight into how these tools—outcomes studies, benchmarking data, cost-benefit analyses, plan design, pharmacoeconomics data, disease management programs, and patient education—can best be used to enhance population-based decision making.

Editorial Content/Focus

Articles usually focus on the drug benefit or other health care topics. Subjects covered include:

- Outcomes studies
- Cost-effectiveness studies
- Patient education
- Pharmacoeconomic information
- Updates on pharmacy management
- Disease state management
- Data analysis
- Patient satisfaction surveys
- Clinical reviews
- Viewpoint articles

We also publish single- and multi-sponsored supplements on a variety of managed care and disease-specific topics.

Review Process

All articles are peer reviewed by 2 or more authorities selected by the editor. Articles may be edited for clarity. All major revisions will be submitted to the author for approval before publication.

Communicating With the Editors

Contact Laurie Martin, Editorial Assistant, at lmartin@cmp.com, or Janice Zoeller, Editor, at jzoeller@cmp.com with any questions or concerns, or story ideas. Telephone inquiries at (203) 662-6709 or (203) 662-6526 and fax messages at (203) 662-6776 also are welcome.

Electronic Submission: Text files can be sent as e-mail attachments formatted for Macintosh or Windows. E-mail your submission

to jzoeller@cmp.com. The publisher supports Microsoft Word for Macintosh and Windows. **When preparing the manuscript, please keep the format simple (ie, no hidden codes that indent text). Also, please do not use codes that place references at the bottom of each page.**

If submitting a manuscript by mail, send to:

Janice Zoeller, Editor
DRUG BENEFIT TRENDS
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Cliggott Publishing Group
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330 Boston Post Rd
Darien, CT 06820-4027

Graphics, Charts, Tables

Authors are strongly encouraged to submit graphics, charts, and tables to enhance understanding of the text. Graphics can be submitted as slides or electronically. Electronic submission as Adobe Illustrator or Photoshop JPEG files is preferred; however, other formats, such as EPS, PICT, or TIF files, are acceptable. For technical assistance in saving and submitting visual material electronically, contact Maria Sarli, Art Director at (203) 662-6575 or by e-mail at msarli@cmp.com.

Honorarium

An honorarium of \$400 is paid on publication for each full-length, electronically submitted article. Honorarium payments are reported to the Internal Revenue Service on form W-9.

Developing a Manuscript

Target Audience: Professionals in managed care organizations who design and administer the pharmacy benefit.

Length: Articles should be 2000 to 4000 words in length (10 to 20 double-spaced, typed pages), not including charts, tables, and graphics. Subjects that require extended treatment may be presented as a series.

Organization: Where possible, articles presenting original data should be organized according to standard scientific sections and subheadings: Abstract, Introduction, Materials and Methods, Results, and Discussion. For articles in which these headings are not appropriate, descriptive subheadings should be provided to clarify the article's content.

Reviews and other types of articles may be organized in a similar manner. For example, the introduction to a review article may describe the number of studies reviewed and the basic conclusions reached.

Presenting Data: Essential to any scientific article—be it original research or a review article—is the clear presentation of statistically significant *numeric* relationships. The American Society

of Information Science classifies relationships as significant ($P < .05$), nonsignificant, and not statistically tested. Numeric relationships are preferable to language descriptors of a relationship: "In one series, 60% of infections were community-acquired" is preferred to "most infections were community-acquired." Statistics should, of course, always be double-checked for accuracy and completeness. Errors most commonly occur when lists of statistics are presented: "Of the total suggested dose, 53% is excreted unchanged and 30% as the hydroxylated form." (What happened to the last 17%?) Wherever possible, statistical information presented in the text should be repeated in a figure or table.

Drug Names and Doses: Use the generic drug name in text and include in parentheses any trade names that would be more recognizable than the generic name. Drug dosing information should include dose, frequency, route, and length of time it was administered.

Essential Elements in the Manuscript

Every manuscript should contain the following elements, each beginning on a new page:

- Title page
- Abstract and key words
- Copyright transmittal
- Acknowledgments and permissions
- Illustrations and captions
- References
- Tables

Title Page: The title should be concise and informative. Authors should be listed by first name, middle initial, last name, and degree(s). A primary academic title and department affiliation should be provided for each author. Provide the name, address, and e-mail address of the author responsible for correspondence.

Abstract and Key Words: The abstract should not be longer than 100 words and should highlight the significant content of the article. A list of 3 to 5 key words should be provided beneath the abstract for use by indexing and abstracting services.

Evidence-Based Medicine and Authoritative Guidelines: If applicable, please cite 2 evidence-based medicine studies as references. These references should be mentioned both in the reference list and at the end of the reference list. Please also indicate whether there are authoritative guidelines available on the topic of the

article. If so, provide a link to the Web site where the guidelines can be found. This information is being requested primarily to facilitate searching on the Web.

References: Statements that are likely to be surprising or challenged should be referenced. Truisms (such as the statement "Hypertension is often asymptomatic, but can have serious long-range effects") require no reference. A short list of suggested readings may be included in addition to specific references.

References should be listed *in the numerical order in which they are first mentioned in the article*, not alphabetically. In contrast, suggested readings are listed alphabetically. Use the *American Medical Association* style:

Journal articles:

Robert GW, Jones RG, Bunting FR. Infection in the burn patient. *J Thorac Cardiovasc Surg.* 1978;74:835-841.

Books:

Rogers FP. *Fundamentals of Surgical Infection.* 3rd ed. St Louis: CV Mosby; 1978:383-395.

Chapters in books:

Frank RR. Precancerous events in the human spleen. In: Arthur GV, ed. *Liver and Disease.* New York: Appleton-Century-Crofts; 1979:131-134.

Captions: Captions for graphics should be no more than 50 words. In a separate sentence, spell out all abbreviations used in the graphic.

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