

Formulary

A peer-reviewed drug management journal
for managed care and hospital decision-makers

INFORMATION FOR AUTHORS

Formulary is a peer-reviewed journal for members of formulary (P&T) committees and other clinicians and administrative personnel involved in drug decision-making and drug management activities within hospitals, HMOs and managed-care settings, PBM companies, and long-term care and government settings. Since our readers make the crucial decisions about the drugs used within their organizations, they look to us for information on current trends in therapeutics, rational prescribing, drug use control, and other pharmaceutical and formulary management concerns.

FINANCIAL DISCLOSURE STATEMENT

Authors of manuscripts submitted for publication consideration that involve drug or drug-related products must advise the editor-in-chief in writing of any financial interest—including, but not limited to, consulting or speaking fees, honoraria, grants, and royalty fees, including those received from intermediaries (eg, communication companies, advertising agencies)—associated with the manufacturer of the drug. The editor-in-chief will decide on the necessity and form of disclosure in articles published in the journal.

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SUGGESTED ARTICLE TOPICS

Formulary is accepting short, tightly focused articles (see article text under manuscript preparation for details) on the following topics:

- Disease state management reviews with a focus on pharmacotherapeutic options.
- Drug class reviews.
- Successful strategies to contain costs of specific drugs or drug classes.
- Process-oriented articles that describe how to maintain an effective formulary system.
- Commentaries on how the structure and role of formulary committees are changing, especially with regard to expansion of "traditional" responsibilities.
- Head-to-head comparative studies of drugs.
- Consolidation of multiple formularies and formulary management responsibilities in an integrated healthcare system.
- Drug use evaluations.
- Outcomes research.
- Pharmacoeconomic evaluations of drugs.
- Policy formulation and implementation regarding drug therapy issues and compliance with formulary committee guidelines, JCAHO guidelines, or other regulatory agency guidelines.
- Continuous quality improvement, total quality management, and quality assurance issues in formulary management.
- Use of electronic information systems to streamline drug data collection and analyses and drug management activities.
- Update articles on newer drugs/biologics (possibly including soon-to-be-approved drugs) or new drug combinations for a selected disease state or therapeutic area.
- Update articles on newer uses of already approved drugs (including expanded indications and robust evidence-based off-label uses [ie, not based on case reports]).

- Update articles on the use of drugs in important subpopulations for which the evidence strongly supports such uses.
- Legal issues related to drug management/formulary development.
- Institution-based original articles. These may include successful drug cost containment strategies developed and implemented at your organization, drug management/intervention programs, clinical disease management guidelines that your organization has developed, successful therapeutic interchange programs, process- and results-oriented articles that describe how your organization addressed a controversial or difficult drug-related issue, and other topics related to drug and drug management issues. May also include other original research, review articles, and commentaries of interest to physicians, pharmacists, and other members of formulary committees at hospitals and managed-care settings.
- Drug and drug class reviews should contain pertinent information related to formulary considerations, including a comparison of relevant data related to clinical effectiveness and efficacy, side effect profiles, and regimens. Comparative drug studies should include numbers of study participants, specific drug-associated results, and the statistical significance of those results (ie, *P* values and confidence intervals). Additional data to consider are specific results related to morbidity and mortality and quality of life measures. Especially valuable pharmacoeconomics studies are those that evaluate the impact of a drug on the overall healthcare costs to the hospital or managed care organization.
- Articles with a disease state guideline or a critical care pathway should have recommendations for first- and second-line pharmaceutical agents and discuss the rationale for those recommendations.

OTHER ACCEPTED SUBMISSIONS

Articles from drug therapy-related bulletins and newsletters may also be submitted for publication consideration following receipt of appropriate permissions. Letters to the editor are also invited. Acknowledgment of receipt of such communications shall be made only if accepted for publication.

MANUSCRIPT PREPARATION

In general, *Formulary* follows the editorial style detailed in the *American Medical Association Manual of Style*.

Manuscripts should be prepared as follows:

- **Title page.** Include only the title and subtitle of the paper.
- **Author page.** List only those individuals who substantially contributed to the preparation of the paper. For each author, include name, highest academic degree(s), and institutional affiliations. If the article was written while an author was at a different facility, include that affiliation. Names of persons to be acknowledged also should be provided. At the bottom of the page, list the corresponding author with full mailing address as well as telephone and fax numbers, and email address.
- **Abstract.** A 100- to 150-word abstract summarizing the salient points of the article should be submitted with the manuscript. This should include the rationale, a brief description of methods, key results, and conclusion. Do not cite references in the abstract.
- **Article text.** Articles should be 2,500 to 5,000 words, *including* references, figures, and tables. Clearly identify headlines and subheads. Tables and figures should be prepared on separate pages at the end of the manuscript. Ideally, the number of references should not exceed 30-40. See below for specific information on how to submit manuscripts and what documents must be included; initial submission by email is encouraged (tstultz@advanstar.com).
- **Tables.** We encourage authors to develop tables. Types of tables to consider include those comparing clinical trials, drug characteristics, doses and regimens, guidelines for therapeutic uses, pharmacoeconomics outcome data, and new drugs in development for a particular disease. Each table should be numbered and called out in the text. Tables should have titles. List all abbreviations, notes, and references at the bottom of each table.
- **Figures.** Figures should be of good quality for reproduction, preferably submitted as a glossy, black-and-white or color print. Captions are needed for all figures. Write the number of each figure and the caption with a soft-tipped indelible marker on the back of the illustration or photograph.

- **Permissions.** Authors are responsible for securing any necessary permission to publish a figure or table. Copies of the permissions must be included when manuscripts are submitted.
- **Abbreviations.** All abbreviations should be written out initially and followed with the abbreviation in parentheses. Periods should not be used with any abbreviations (AMA style).
- **Drug nomenclature.** Refer to drugs by their nonproprietary names. Proprietary names of FDA-approved drugs should be given (in parentheses) at their first mention, along with the manufacturer, if available. Pricing information should be included whenever possible.

REFERENCES

Adequate documentation is required. References should be sequentially numbered in the text and listed at the end of the article in numerical sequence. Authors are requested to limit the number of references to 30-40, as mentioned previously.

In references, list all author names up to a total of four. If there are more than four, list three followed by et al. Journal abbreviations should be the same as those used in *Index Medicus and International Pharmaceutical Abstracts*.

Style references as follows:

Journal Reference

1. Crozier I, Ikram H, Awan N, et al. Losartan in heart failure: Hemodynamic effects and tolerability. *Circulation* 1995;91:691-7.

Textbook Reference

1. Risby ED, Risch SC, Stoudemire A. Mood Disorders. In: Stoudemire A, ed. *Clinical Psychiatry for Medical Students*. 2nd ed. Philadelphia:JP Lippincott Co; 1994;169-232.

Agency Reference

1. Global Strategy for Asthma Management and Prevention, NHLBI/WHO Workshop Report. Global Initiative for Asthma. Bethesda, MD: National Institutes of Health; 1995 US Department of Health and Human Services Publication 95-3659.

MANUSCRIPT SUBMISSION

One copy of the manuscript should be submitted to the editorial office electronically (tstultz@advanstar.com). A second copy of the manuscript (including tables, figures, and references) should be sent by regular mail.

IMPORTANT: The mailed manuscript must be accompanied by a signed cover letter that includes the name, address, phone, fax, and email address of the corresponding author and a financial disclosure statement. The letter must also include a statement indicating that the manuscript has not been accepted for publication and is not under consideration for publication by any other journal.

IMPORTANT: The mailed hard copy of the manuscript should contain the signed copyright release form(s). Acceptability of submitted papers will be determined by the clinical editor and staff editors following review by three peer-reviewers. Publication decisions will normally be communicated to the corresponding author generally within 60 days of receipt of the manuscript.

Material will be edited as necessary. Galley proofs will be sent to the corresponding author for correction and approval prior to publication.

Revised article submission. Manuscripts accepted and revised per comments from reviewers should be submitted electronically (tstultz@advanstar.com).

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Honoraria. *Formulary* generally pays an honorarium for each published article, to help defray the cost of manuscript preparation.

CHECKLIST FOR ARTICLE SUBMISSION

- Signed cover letter with financial interest disclaimer, statement of exclusive submission, and copyright form.
- One email copy and one mailed copy of the manuscript.
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