JOURNAL OF PHARMACY TECHNOLOGY
AUTHOR GUIDELINES

Articles submitted for publication to the **Journal of Pharmacy Technology** should advance the entire field of pharmacy practice and provide valuable information for both pharmacists and technicians relevant to their professions.

This Journal recommends that authors follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals formulated by the International Committee of Medical Journal Editors (ICMJE).

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Abstract: no more than 250 words; Text: 3000 words References: 30; Tables/figures: 4

REVIEW ARTICLES: Comprehensive, significant, critical, and analytical reviews that include essential information on a well-delineated subject. Reviews must synthesize and critically evaluate available data rather than simply describing the findings.

New Drug Approvals: Brief reviews of single drug entities that have recently received FDA approval. Abstract: no more than 250 words; Text: 2000 words References: 50; Tables/ figures: 2

Formulary Forum: Comprehensive, comparative reviews of single drug entities to aid in the understanding of the merits of the agent relative to others in its class. Abstract: no more than 250 words; Text: 4000 words References: 100; Tables/figures: 4

Therapeutic Controversies: Critical and balanced assessments of current problems or controversial issues in clinical therapeutics that provide recommendations based on literature and clinical experience.

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Abstract: 100 words (unstructured); Text: 1500 words References: 15; Tables/figures: 1

LETTERS AND COMMENTS: Letters and comments should address areas related to technician or clinical practice, research, or education, including recently published articles. Letters are limited to no more than five authors. Before submitting a letter describing an adverse drug reaction, the Naranjo ADR probability scale (Clin Pharmacol Ther. 1981;30:239-245) or other validated scale should be used to assess the likelihood that the events were drug-related. Likewise, for reports of drug interactions, the DIPS scale (Ann Pharmacother. 2007;41:674-680. DOI 10.1345/ aph. 1H423) or another validated scale should be applied. Ranking from the scale

must be included in the text. Priority is given to letters for which the scores indicate a probable or definite association. Comments must be submitted within 6 months of an article's publication.

Abstract: none required; Text: 500 words References: 5; Tables/figures: 1

Style Guidelines

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Manuscript Preparation: Manuscripts should be prepared using a standard 12-point font on 8.5 x 11.0 inch (216 x 279 mm) paper (ISO A4 also acceptable), with margins of at least 1 inch (25 mm). It should be double-spaced, including title page, abstract, text, acknowledgments, references, tables, and figure legends. Pages must be numbered.

Title Page: The title page should contain:

1. Article title (concise, but indicating main focus of paper);
2. Name of each author in line-by-line fashion. Please ensure that the appearance and spelling of author names and surnames is correct and in accordance with previous publications;
3. Highest academic degree held by each author. Please list graduate-level degrees only per AMA guidelines;
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8. Information about presentation of the work as an abstract or poster, if applicable;
9. Separate word counts of abstract, main text, and references; and
10. Key words for purposes of indexing and searching.

STRUCTURED ABSTRACT

Abstracts should be no more than 250 words. All manuscripts submitted to the **Journal of Pharmacy Technology**, with the exception of Editorials, Commentaries, and Letters, require an abstract that is structured with the appropriate headings as shown below. (Editorials and Commentaries require an unstructured abstract up to 100 words in length.)

RESEARCH REPORTS

Background

Brief (2–3 sentences) description of why the study is needed and its importance to the field.

Objective

1. Concise (1–2 sentences) statement of the objective or hypothesis to be addressed.
2. Primary objective identified and stated first, followed by any key secondary objectives.

Methods

1. Design*:* Clear statement of the study's design, including all aspects (eg, parallel group, randomized, blinded). Indicate if Institutional Review Board or other ethical considerations were needed and/or approved.
2. Participants and setting: The most pertinent inclusion and exclusion criteria, and the setting within which the study was conducted.
3. Interventions: Complete details on treatment (eg, drug dose, route of administration, and duration of administration) and, if pertinent, control interventions.
4. Outcome: Primary and secondary outcome measures, identified as such.

Results

1. Number of participants: Total number, with breakdown into defined groups (eg, treatment, control) shown, followed by number of participants analyzed, again with breakdown into defined groups shown.
2. Outcome: Numbers of participants and events shown, with summary of the outcome in each group reported as effect size (eg, relative risk, odds ratio) and precision (confidence interval). Data on all outcome measures and any negative and/or non-significant findings must be included.
3. Adverse events/safety: Any unintended effects shown; if none, that should be stated.
4. Limitations: Factors affecting accuracy or generalizability of results (eg, small sample size, open-label design).

Conclusions

1. Conclusions (not summary) of the study, based

only on the results shown, with balance of benefits and harms.
2. Clinical application of the findings, based only on the data obtained (ie, avoid overgeneralization) and whether more study is needed before findings should be implemented into clinical practice

Research Report abstract example:

Background: Argatroban is the only commercially available Food and Drug Administration (FDA)–approved anti-coagulant for managing heparin-induced thrombocytopenia (HIT). However, bivalirudin may be an attractive alternative. **Objective:** To assess the efficacy and safety of argatroban and bivalirudin in patients with suspected HIT. **Methods:** This single-center, retrospective analysis included patients who received argatroban or bivalirudin for at least 24 hours between January 1, 2000, and June 30, 2020. The primary end point assessed anticoagulation goals, specifically time to therapeutic activated partial thromboplastin time (aPTT) goal and percentage of aPTT values within therapeutic range. Secondary end points included new thromboembolic events, bleeding, and mortality. **Results:** Of the 68 patients who met the inclusion criteria, 48 received argatroban and 20 received bivalirudin. Baseline characteristics were similar between the 2 groups except for age, percentage of patients with liver dysfunction, aPTT immediately prior to drug initiation, and the serotonin release assay results. The mean ± SD times to reach therapeutic aPTT goal for argatroban and bivalirudin were 14 ± 15 and 7 ± 8 hours, respectively (P = 0.024). The mean ± SD percentage of aPTT values within therapeutic aPTT goal was 69% ± 23% for argatroban and 84% ± 18% for bivalirudin (P = 0.005). Rates of thromboembolic events were similar between the 2 groups, as were the rates of bleeding and all-cause mortality. **Conclusions:** Bivalirudin appears to reach therapeutic aPTT goal faster with more aPTT values within therapeutic aPTT goal while achieving similar clinical outcomes. Although not approved by the FDA for managing HIT, bivalirudin may be an attractive alternative anticoagulant.

REVIEW ARTICLES

Objective
Explain the rationale and goals for the review.
Data Sources
Provide specific search details in the abstract and specify the resources employed in the search and include date ranges, search terms, and limits.

Study Selection and Data Extraction
Quantify the original reports included and how they were chosen, as well as the methods used for abstracting the data. **Data Synthesis**
Summarize main results and provide interpretation of the data from various studies.
Conclusions
Summarize the key "take-home" points from the review. NOTE: Reviews that can only conclude with the suggestion that "additional studies are needed" will be of a lower priority than reviews that can provide direct clinical recommendations or assessments as based on the literature being reviewed.

Review Article abstract example:

Objective: To evaluate the safety and efficacy of droperidol for the relief of acute migraine headaches. **Data Sources:** A MEDLINE search (1986 to August 2020) was performed using the following keywords and associated medical subject headings: droperidol, inapsine, headache, migraine, and migraine disorder. **Study Selection and Data Extraction:** The search was conducted to identify randomized controlled trials comparing droperidol with placebo or an active control in adult patients with acute migraine headaches that were published in English. Primary end points included acute headache improvement after the intervention. Safety end points included the frequency of extrapyramidal symptoms, somnolence, and cardiac adverse effects. **Data Synthesis:** In all, 5 manuscripts were included in this review. Patients presenting to the emergency department with acute headache desire rapid pain relief, which was the primary objective in each of the evaluated studies. Droperidol was better than placebo and at least as effective as comparator drugs such as prochlorperazine, meperidine, or olanzapine using droperidol doses of 2.5 to 5 mg, given either intramuscularly (IM) or intravenously (IV). The most commonly reported adverse effects were extra- pyramidal symptoms and sedation. Cardiac adverse effects were not reported in any of the studies; however, only 2 articles described using cardiac monitoring. **Conclusions:** Parenteral droperidol is an effective option for the treatment of acute migraine. The minimum effective dose is 2.5 mg given IM or IV. Clinicians must be aware of the risk for adverse events, select appropriate patients, perform EKG monitoring for patients at risk of QTc prolongation, and institute treatment if necessary.

Text: Appropriate headings and subheadings should be used liberally throughout the text. Abbreviations must be defined upon first use in the text. Use of abbreviations should be limited to, for example, lengthy terms; the majority of drug names should not be abbreviated. USANs or, when appropriate, chemical names, must be used for all drugs. Manufacturers' code numbers should be used only when a generic name is not yet available. Trade names should be included only to distinguish between different trade preparations, for some combination drugs, or in reviews of drugs that have been recently approved by the FDA.

REFERENCES: All references, including those related primarily to figures and tables, must appear in the text and be cited consecutively. References in text, tables, and figure leg- ends should be denoted with superscript Arabic numerals after the period at the end of a sentence. Personal communications (ie, un-published data) may not be used as numbered references. Information obtained through personal communication must be inserted in parentheses within the text and include the contact person's name, academic degree, affiliation, and date of communication. Signed permission letters from quoted sources indicating the content of the personal communication must be provided to the Editorial Office. Abstracts and Letters to the Editor may be used as numbered references but must be identified as such in the citations. Inclusive pagination must be provided for all references. Journal names should be abbreviated as they appear in PubMed. Those not appearing in PubMed should be spelled out. Referenced articles that are cited as "In press" must include the title of the journal that has accepted the paper. List all authors when there are 6 or fewer; with 7 or more authors, list the first 3, followed by "et al." To facilitate online retrieval of references, include a citation's digital object identifier (DOI) if available. More information about DOIs can be obtained at www.crossref.org or dx.doi.org. When citing articles that have been published online prior to print, authors are encouraged to include the date published online (Epub date) in addition to the full print information. When the article has appeared in print, the URL will not be used; however, a DOI should be included if available. If a URL is cited, please indicate the date the URL was accessed. Some examples of correct referencing style are given below.

Article
Waghel RC, Battise DM, Ducker ML. Effectiveness of electronic cigarettes as a tool for smoking cessation or reduction. J Pharm Technol. 2015;31:8-12.

Article with URL
Food and Drug Administration. FDA approves Trulicity to treat type 2 diabetes. http://www.fda.gov/NewsEvents/ Newsroom/PressAnnouncements/ucm415180.ht m?source= govdelivery&utm_medium=email&utm_source=govdelivery. Accessed September 22, 2014.

Abstract
Farkas A, Lee Y, Saunders-Hao P, Jodlowsky T, Avisrur K. Selection of optimal empiric antimicrobial therapy against Pseudomonas aeruginosa in the greater New York City area (abstract). J Pharm Pract. 2013;23:297.

Journal Supplement
Loghin C, De La Pena A, Cui X, Geiser JS, Chien JY. Pharmacokinetics of once daily dulaglutide in special populaions. Diabetologia. 2014; 57(suppl 1):A880.23.

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FIGURES: Figures and artwork should be submitted in their original file formats and with a minimum resolution of 300 DPI (600 DPI for line art). Letters, numbers, and symbols should be clear**,** uniform in size**,** and large and dark enough to be legible when the size of the figure is reduced to fit column width in the journal. Titles and detailed explanations should appear in the legends rather than in the figures. Bar graphs or pie charts should be in black and white only and not contain gray shading as filler or background; distinctive fillings should be used instead (eg, white or solid black; horizontal, vertical, or slanted stripes; cross- hatching; dots). Dotted lines and decimal points should be dark enough to reproduce well. Background horizontal or vertical lines should not be used. Figures should have labels on their margins indicating file number, figure number, and corresponding author's name at top of figure. The top of a figure should also be designated if the figure lacks distinguishing features. Legends should be double-spaced, and each abbreviation and symbol used must be defined. Duplication of figure content within the text should be minimized.