

Value in Health INSTRUCTIONS FOR AUTHORS

I. EDITORIAL SCOPE

About the Journal

As the official journal of ISPOR, *Value in Health* provides a forum for researchers, healthcare decision makers, and policy makers to apply health economics and outcomes research into healthcare decisions. The goal of *Value in Health* is to advance scholarly and public dialogue about the assessment of *value* in health and healthcare.

Increasingly, healthcare decision makers and policy makers are seeking outcomes research information (ie, comparative treatment effectiveness, economic costs and benefits, and patient-reported outcomes) that can guide them in healthcare resource allocation and in evaluating alternative treatments and health services interventions. *Value in Health* publishes original research articles in the areas of economic evaluation (including drugs and other medical technologies), outcomes research (“real-world” treatment effectiveness and patient-reported outcomes research), and conceptual, methodological, and health policy articles. All research papers accepted for publication must be conducted in a rigorous manner and must reflect valid and reliable theory and methods. Empirical analyses and conceptual models must reflect ethical research practices and provide valuable information for healthcare decision makers and the research community as a whole.

The journal uses the peer review process to ensure rigorous and transparent use of statistical methods. *Value in Health* also requires that papers reporting modeling results include sensitivity analysis of key and influential model parameters.

ISPOR Journals: Where to Publish?

In 2012, ISPOR launched a companion journal to *Value in Health* called *Value in Health Regional Issues*. The mission of *Value in Health Regional Issues* is to provide a forum for the advancement and dissemination of research in health economics and the health-related outcomes of populations in 3 specific regions: Asia, Latin America and Central and Eastern Europe, Western Asia, and Africa.

A major objective of the new journal was to provide an additional publication outlet for researchers in these regions. However, *Value in Health Regional Issues* has grown in stature over the years and is now a MEDLINE-indexed journal. Therefore, the distinction between *Value in Health* and *Value in Health Regional Issues* is less clear than initially intended. Thus, potential authors from the regions covered by *Value in Health Regional Issues* may be wondering which journal they should submit their paper to.

The main distinction between the two journals is not in the methodological quality of papers they publish, but rather in their focus. Given the international readership of *Value in Health*, papers submitted to this journal should have relevance beyond the country where the research was conducted. The clearest example of this would be a paper discussing a new methodological approach that could be applied in a number of settings, or the ISPOR Good Research Practices Task Force Reports, which provide statements on current international methodological standards.

For empirical papers, *Value in Health* might publish some of the first results of the cost-effectiveness or health outcomes gained from a new health technology, since these may be helpful for countries that have not yet evaluated the technology concerned. It might also publish papers exploring the impact of an innovative health policy that may be capable of application in other countries.

However, *Value in Health* is less interested in publishing country applications of economic models that have been published previously, or country adaptations of quality-of-life instruments, unless there are some broader insights from these adaptations.

On the other hand, *Value in Health Regional Issues* may have higher interest in these papers if (1) they meet the journal's methodological standards and (2) they provide useful estimates for the region concerned.

Therefore, in considering whether to submit to *Value in Health* or *Value in Health Regional Issues*, the main issue for an author to consider is: **Does my paper offer important insights beyond the country where the research was conducted?**

Mission Statement

The mission of *Value in Health* is to set a high scientific standard using editorial review and peer review, not just to screen articles, but also to foster communication within the research community—facilitating knowledge-sharing between the outcomes research community and healthcare decision makers. As such, the editors of *Value in Health* aim to enhance the validity, reliability, and transparency of health economics and outcomes research and its real-world applicability.

Editorial Scope

In keeping with its broad mission, *Value in Health* welcomes papers that make substantial contributions to the existing literature by providing new evidence or ideas that extend the current knowledge base. As such, manuscripts should describe the unique contribution of the article and place the current paper in context with the existing literature. *Value in Health* does not consider papers reporting data series or data sets that do not include appropriate statistical analyses.

Appropriate valuation of healthcare interventions requires multidisciplinary perspectives and assessment of economic and outcomes data. Therefore, the journal welcomes theoretical and empirical articles about health effects and health costs that strive to improve the quality and reliability of outcome evaluations of healthcare intervention—contributed not only by economists, but also by behavioral psychologists, sociologists, clinicians, ethicists, and others.

Value in Health is particularly interested in receiving articles in the following areas:

Economic Evaluations

Economic evaluations that assess the costs and consequences of alternative healthcare interventions are of interest, including those involving drugs, devices, procedures, and systems of organization of healthcare. However, studies that only consider costs or the economic burden of disease are less likely to be accepted unless they address important methodological or policy issues.

Patient-Reported Outcomes

Many challenging empirical and theoretical problems remain in the concept and measurement of patient-reported outcomes (PRO), including health-related quality of life (QoL). Articles presenting research on the development of measures for PRO/QoL instruments, especially innovative ways of assessing content or construct validity, are invited. (See also “Country Adaptations” below.)

Preference-Based Assessments

Research on the development and use of various types of instruments to express the value of healthcare, including health “utility” assessments, discrete choice experiments/conjoint analyses, and assessments of individuals’ willingness to pay is encouraged. (See also “Country Adaptations” below.)

Comparative-Effectiveness Research/Health Technology Assessment

Although it is difficult to be precise about the nature of the articles in this category (see Luce et al, *The Milbank Quarterly* 2010;88:256-276 for one taxonomy), *Value in Health* welcomes articles presenting information that can assist those deciding on the efficient and equitable allocation of healthcare resources by examining the relative value of interventions. In some cases, relative value may be addressed by considering only clinical outcomes, although normally it will involve considering PRO/QoL measures and impacts on resource utilization. Articles in this category can report the results of primary research or present findings from meta analyses or systematic reviews of the existing literature.

Health Policy Analyses

The journal invites articles that discuss various aspects of health policy, in particular those concerned with pricing and reimbursement issues, the adoption of new health technologies, or policies to encourage “value-based” decision making. However, the journal’s scope does not include papers dealing with more general issues of healthcare financing, health insurance, and cost-containment measures.

Research Published as ‘Working Papers,’ ‘Research Papers,’ or on Institution’s Websites

In common with most peer-reviewed journals, *Value in Health* is keen to publish original material that will be highly impactful. However, *Value in Health* editors are aware that, within the field of health services research and policy, some material may have been previously available as a working paper, research paper, or through publication on the host institution’s website.

Value in Health does not have a firm policy to reject material that has been previously available in the public domain.

Rather, the following tests will be applied to any paper submitted to *Value in Health*:

- (i) Does the paper summarize the material from a much longer report that makes it more accessible to the readership of *Value in Health* and more likely to impact decision making because of the peer-reviewed publication?
- (ii) Does the paper add to the methods and/or data published in the original report, either by reporting more data or by raising different discussion points?
- (iii) In the case of a working paper or research paper, is the version submitted for peer review substantively different from the publicly posted draft version and will the organization that published the draft paper remove the draft version and redirect individuals to the final published paper in *Value in Health*?

If one or more of the above criteria are met, the paper may be considered for publication in *Value in Health* through our normal peer-review process. If *Value in Health* publishes the paper, a link from the original posting’s website should refer readers to the *Value in Health* publication.

Country Adaptations

Value in Health recognizes that it is sometimes instructive to publish the results of health economics and outcomes research studies relating to more than one country. In the case of economic evaluations, this might involve using a model that was previously developed for an evaluation of a given intervention in another country. In the case of outcomes research, this might involve the validation of a quality-of-life instrument in another language or different jurisdiction. The journal is willing to consider such papers for publication, but only if they make a *substantial independent contribution to the literature*. Those submitting country adaptations should indicate (in the paper and their cover letter) what they consider the substantial independent contribution to be. It will not be sufficient to state that “results for intervention X have not previously been reported for country Y.”

Following Good Practices for Outcomes Research

Value in Health publishes the reports on “Good Practices for Outcomes Research” developed by task forces appointed by the ISPOR Board of Directors. There are now more than 65 task force reports, which can be accessed via the following link (http://www.ispor.org/workpaper/practices_index.asp). These task force reports provide guidance for best practices across a variety of research areas, including methods related to articles relevant to the scope of *Value in Health*. These include comparative-effectiveness research, economic evaluation, observational studies, patient-reported outcomes, modelling, preference-based methods, and the use of outcomes research in decision making.

Although *Value in Health* does not prescribe any particular research methods, the editors strongly encourage authors to review the ISPOR Good Practices for Outcomes Research reports relating to the methods or topics covered by their paper. The reports are written by thought leaders in the various fields of research and are extensively peer reviewed by members of the Society.

Some of the task force reports address the reporting of research studies. Irrespective of the methods used in a particular study, *Value in Health* believes that adherence to accepted standards of reporting is important. Therefore, if your paper reports an economic evaluation, we recommend that you follow the CHEERS¹ guidelines. If your analysis is based on a model, we recommend that you follow the guidance in the ISPOR-SMDM Task Force² report on model transparency and validation. Other reporting standards of particular relevance to authors of papers in *Value in Health* are the PRISMA guidelines³ for the reporting of systematic reviews and the CONSORT guidelines⁴ for reporting the results of studies assessing health-related quality of life/patient-reported outcomes.

Article Categories

Value in Health considers articles in the following categories, which comprise the sections of the journal. When submitting a manuscript through our online system, authors should indicate the appropriate category under which they wish their paper to be considered. All submissions will be considered for peer review prior to publication, with the exception of Editorials, Commentaries, and Letters to the Editor, which will be reviewed internally by the editors.

| Article Type | Description | Word Limit* | Limit No. Figures/Tables** |
|-------------------------------|---|-------------|----------------------------|
| Original Research | These papers report the findings of original research and may contain the results of empirical analysis, instrument development, or policy analysis. | 4000 | 6 |
| Methodological Articles | As the name implies, these papers deal with methodological issues in any of the topic areas within the scope of the journal. They can include data if these are required to illustrate the importance of particular methodological points. | 3500 | 6 |
| Policy Perspectives | These papers discuss important health policy topics within the scope of the journal. They may reflect conceptual pieces or reviews of the literature. | 3000 | 4 |
| Systematic Literature Reviews | These papers review empirical studies consistent with the methods of systematic review proposed by the Cochrane Collaboration ⁵ . However, they need not be confined to reviews of randomized controlled trials and can include reviews of observational studies, economic evaluations, outcomes research studies, and preference-based assessments. | 4000 | 6 |
| Brief Reports | These are empirical analyses with a more narrow focus than original research articles and generally a single aim. | 2500 | 2 |
| Commentaries | These brief papers present a particular perspective on a timely or controversial topic. They do not necessarily need to be based on original research or reviews of the literature and can be based on opinion, providing the points made are transparent and well-argued. While commentaries are typically invited contributions, the editors will consider unsolicited submissions. | 2000 | 1 |
| Editorials | Editorials are commissioned by the editorial team and often accompany a paper published in the same issue. | 1200 | 1 |
| Letters to the Editor | Customarily, letters refer to content published in the journal within the past 6 months. Authors of the article to which the letter refers will be given the opportunity to reply, and if a response is issued, both the letter and the reply will be published in the same issue of the journal. | 1500 | 1 |

*The manuscript word limit excludes the abstract, references, figure legends, tables, and appendices/supplemental materials.

**The maximum number of graphic elements reflects a combined total of figures (including figure parts) and tables.

II. MANUSCRIPT SPECIFICATIONS AND SUBMISSION

Value in Health uses a web-based submission system. To submit a manuscript, please create an account and log on here: <https://mc.manuscriptcentral.com/valueinhealth>. For assistance, authors may contact the *Value in Health* editorial office at viheditor@ispor.org.

Author Anonymity

It is the policy of *Value in Health* that peer review of submitted manuscripts is double blinded (ie, the reviewers do not know the names of the authors of manuscripts and the authors do not know the names of the reviewers). As such, the journal requires that all identifying information (author names, acknowledgements, etc) be removed from the manuscript components (including file names) and strictly limited to the cover letter and unblinded title page (which are not accessible to peer reviewers).

Manuscript Formatting

Manuscripts must be written in English, typed in 12-point Times New Roman font, double-spaced, using an 8¹/₂ x 11-inch page format with 1-inch margins on all sides. Minimal formatting should be used (ie, no line numbers, no watermarks, no justification, underlining, indenting, etc). There should be no hard returns at the end of lines. Authors should consult the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed)⁶ or the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJ E Recommendations)⁷ for specific style issues not addressed here.

| Formatting | Description |
|----------------|--|
| Font | 12-point, Times New Roman |
| Line spacing | Double-spaced throughout |
| Margins | One inch (2.5 cm) on all sides |
| Page size | Letter (8 ¹ / ₂ x 11 inches) |
| Page numbering | Bottom of page, centered (starting with abstract page) |
| Heading style | First level: bold; second level: bold italics |

Each submission should contain the following manuscript components (elements are listed in the order they should appear in the manuscript):

1. Cover Letter

The cover letter should be addressed to the editors-in-chief and include a brief description of the article, indicating why the paper would be of particular interest to the readers of *Value in Health* and how it contributes to the existing literature. In addition, the cover letter should include the following specific components:

| Components | Description |
|--|--|
| Title | The full title and subtitle of the article (no more than 25 words) |
| Description/ Interest to Readers | A brief description of the article, indicating why the paper would be of particular interest to the journal's readership |
| Statement of Proprietary Data | Statement indicating whether the data, models, or methodology used in the research are proprietary |
| Funding/Support | All financial and material support for the research must be disclosed. Include the complete names of the funding organization(s) and grant numbers, where applicable (eg, "Funding for this study was provided by the National Institutes of Health grant 1ABC2DEF" or "This study was supported by XYZ, Inc") |
| Role of Sponsor | Statement that the publication of study results was not contingent on the sponsor's approval or censorship of the manuscript |
| Contact information for the corresponding author | Full name (first, middle, last) and degree; department; institution; mailing address; email; phone; and fax |

2. Title Pages

Each manuscript must contain two separate title pages: One *unblinded title page* (containing author information, funding, and acknowledgements) and one *blinded title page* (containing no identifying information of the authors or author institutions). Generally, the title pages should contain the following elements:

| Components | Description | Example |
|--|--|--|
| Manuscript title and subtitle, as appropriate | Concise title of the manuscript; no more than 25 words; in title case (not all caps). | Clinical Guidelines: A NICE Way to Introduce Cost-Effectiveness Considerations? |
| Running title | A shortened title (no more than 45 characters, including spaces) to be used as a running header in the journal | Clinical Guidelines and Cost-Effectiveness [see full title above] |
| Full names, degrees, and affiliation for each author (unblinded title page only) | List the first name, middle initial (if applicable), surname, highest academic degree(s) (excluding certifications and fellowship designations), affiliation (department and institution), and city/province, state, and country for each author | John D. Doe, Jr, MD Department of Medicine University of York Helsington, York United Kingdom Susan T. Smith, MD, MPH Department of Health Policy University of Chicago Chicago, IL USA |
| Contact information for corresponding author (unblinded page only) | Provide the full name, mailing and email addresses, and telephone and fax numbers of the corresponding author (the person to whom all correspondence regarding the manuscript will be directed) | Thomas J. Wright, III, PhD Department of Economics Princeton University Robertson Hall Princeton, NJ, 08544 USA tjwright@princeton.edu Phone: (609) 123-4567 Fax: (609) 987-6543 |

| Components | Description | Example |
|---|--|--|
| Financial disclosures/funding statements (unblinded page only) | Include a brief statement indicating all sources of financial or other support received for the manuscript. If no funding was received, this should be noted on the title page. | Funding/Support: This study was supported by XYZ, Inc. Financial Disclosure: None reported. |
| Précis | 25-word summary of the article (avoid simply restating the title) | Precis: Current Medicaid policies that restrict hepatitis C treatment to patients with advanced disease are more costly and less effective than unrestricted, full-access strategies. |
| Acknowledgements (where applicable) | Include a statement to acknowledge the assistance of anyone who contributed to the paper (ie, editorial or writing assistance, statistical review, special research assistance, etc), but does not meet the criteria for authorship. | Acknowledgements: Jane Doe, PhD, provided statistical support and Thomas Smith contributed to the writing of this article. |
| Word count (see limits for particular article types on pages iii-iv) | Total number of words (excluding abstract, references, figure legends, tables, appendices) | Word Count: 3,250 |
| Number of pages | Total number of pages (including figures, tables, appendices, etc) of the article | Number of Pages: 25 |
| Number of figures (see limits for particular article types on page iii) | Total number of figures (including figure parts [ie, 1a, 1b, 1c = 3]) in the main article (figures in appendices should be counted separately) | Number of Figures: 4 |
| Number of tables (see limits for particular article types on page iii) | Total number of tables in the main article (tables in appendices should be counted separately) | Number of Tables: 2 |
| Appendices/supplemental materials | Include inclusive number of pages, figures, tables for any supplemental materials | Appendix: Pages:6 Figures: 2 Tables: 0 |

3. Manuscript Components

All manuscript submissions must contain the following components (see table below). Start each component on a new page.

| Components | Description | Example |
|-----------------|---|--|
| Abstract | <ul style="list-style-type: none"> Structured (objectives, methods, results, and conclusions) 250 words | All submissions (except Letters to the Editor and Editorials) must include an abstract that summarizes the work reported in the manuscript. Commentaries should include a brief, non-structured abstract/summary. |
| Highlights | <ul style="list-style-type: none"> 2-3 brief summary statements 75-word limit for each highlight statement | Authors should identify 2-3 "Highlights" that illustrate the paper's contribution to the field. These bulleted statements should address: <ol style="list-style-type: none"> What is already known about the topic? What does the paper add to existing knowledge? What insights does the paper provide for informing healthcare-related decision making? |
| Body of article | <ul style="list-style-type: none"> Introduction Methods Results Conclusions Discussion | The body of the manuscript should be divided into sections that facilitate reading and comprehension of the material, using section headers (first, second, third, etc) as appropriate. Avoid use of footnotes. |
| References | <ul style="list-style-type: none"> Cite in text using superscript Arabic numerals^{1-4, 22,28} Reference list should be numbered consecutively in order cited in the text Use AMA style for reference format | Citing unpublished or non-peer-reviewed work such as abstracts and presented papers is discouraged. Personal communications may be indicated in the text as long as written acknowledgment from the authors of the communications accompanies the manuscript. If there are 6 or more authors, use only the names of the first 3, followed by et al. The 4 most common types of references are illustrated below: |
| | Journal article | Vassall A, Mangham-Jefferies L, Gomez GB, Pitt C, Foster N. Incorporating demand and supply constraints into economic evaluations in low-income and middle-income countries. <i>Health Econ</i> 2016;25(Suppl 1):95-115. |

| Components | Description | Example |
|------------|--|---|
| | Journal article with 6 or more authors | Thokala P, Devlin, N, Marsh K, et al. Multiple criteria decision analysis for health care decision making an introduction: report 1 of the ISPOR MCDA Emerging Good Practices Task Force. <i>Value Health</i> 2016;19(1):1-13. |
| | Book | Drummond MF, Sculpher MJ, Claxton K, Stoddart GL, Torrance GW. <i>Methods for the Economic Evaluation of Health Care Programmes</i> (4th ed). New York: Oxford University Press, 2015. |
| | Book chapter | Schulman KA, Glick HA, Polsky D. Pharmacoeconomics: Economic Evaluation of Pharmaceuticals. In: Strom BL, Kimmel SE eds, <i>Textbook of Pharmacoepidemiology</i> , West Sussex, England: John Wiley & Sons, Ltd, published online May 2013. |
| | Website | ISPOR. ISPOR Good Practices for Outcomes Research Index. www.ispor.org/workpaper/practices_index.asp . [Accessed January 1, 2019]. |
| Figures | <ul style="list-style-type: none"> • Numbered • Title and legends; each on separate page (not embedded in text) • 300 DPI; TIFF, JPG, EPS, and PDF file formats | Cite figures consecutively as they appear in the text using Arabic numbers (eg, Figure 1, Figure 2, Figure 3A, etc). Refer to Figures section below for more information. |
| Tables | <ul style="list-style-type: none"> • Numbered • Title • Double-spaced; each on separate page (not embedded in text) | Tables should be clearly labeled, neatly organized, and easy to understand without reference to the text. Refer to Tables section below for more information. |

4. Figures

Figures should each be submitted as a separate image file, not embedded in the manuscript document or in a slide presentation. Cite figures consecutively as they appear in the text using Arabic numbers (eg, Figure 1, Figure 2, Figure 3A, etc). Each figure must be assigned a brief title (as few words as possible, and reserving abbreviations for the legend) and include a legend. The corresponding legend should be double-spaced on a separate page. All symbols, arrows, and abbreviations must be explained in the legend.

If authors provide usable color figures with their accepted article, the journal will ensure (at no additional charge) that these figures will appear in color in the printed version and in the online version posted on the web (eg, ScienceDirect and other sites).

Please submit image files with a resolution of at least 300 DPI at a size of 3" x 5". Line artwork should contain a resolution of at least 1000 DPI. Elsevier recommends submitting figures in the following formats: TIFF, JPG, EPS, and PDF.

Please be sure to delete any identifying patient information such as name, social security number, etc. Photographs in which a person's face is recognizable must be accompanied by a letter of release from that person explicitly granting permission for publication in the journal. For any previously published material, written permission for both print and electronic reprint rights must be obtained from the copyright holder. For further explanation and examples of artwork preparation, see Elsevier's Author Artwork Instructions at www.elsevier.com/artwork.

5. Tables

Tables should be clearly labeled, neatly organized and easy to understand without reference to the text. Statistical estimates should indicate parameter estimates and, as appropriate, t ratios or standard error, statistical significance, sample size, and other relevant information.

All abbreviations must be explained in alphabetical order below each table (eg, DCE indicates discrete choice experiment; EMA, European Medicines Agency; MCDA, multiple criteria decision analysis).

6. Supplementary Material or Supplementary Data

Authors may submit appendices that describe either methods or results in more detail if these are needed for clarity of understanding by either peer reviewers or readers. If submitted, indicate the particular reasons for the appendix and whether you are submitting it for possible web publication or simply for peer review purposes.

Please note supplementary materials are not edited or laid out; they are posted online in the format submitted to the journal. Be sure to upload supplementary materials in the file format you want readers to access the information online.

7. Survey Instrument

For papers analyzing preferences, *Value in Health* requires the submission of a copy of the survey instrument (translated into English if published in a different original language) used to generate the preference data. This is to help facilitate the review process, and the survey instrument need not appear in a final publication. If the authors wish the questionnaire to be published with the paper, it should be submitted through the journal's online submission system as part of the paper. If the questionnaire is

not intended to be published with the paper, it should be uploaded as “Supplemental File for Review” so that reviewers can view it as a supplemental appendix.

III. EDITORIAL PROCESS

Peer Review

For the past few years, *Value in Health* has demonstrated double-digit percentage increases in the journal's impact factor (currently 5.494). The journal is now rated 3rd of 94 journals in healthcare sciences and services, 3rd of 79 journals in health policy and sciences, and 6th of 353 journals in economics (social science).

The journal has also witnessed more than a 70% increase in submissions over the past 5 years. As a result, the editors now find it necessary to reject many more papers without peer review, including ones that may be suitable for publication in other leading journals. In 2018, the journal's overall rejection rate was 85.2%. Although we recognize that authors never want to hear that their papers are rejected, we also know that they value a fast response time. That said, the editors strive to return decisions on papers that are not sent out for an external peer review within 2 weeks.

On the other hand, all manuscripts that are deemed appropriate for *Value in Health* after initial screening will be reviewed by at least two peer reviewers. The objective of the journal is to complete peer review and reach an editorial decision within 6 to 8 weeks of submission, at which time the corresponding author will receive written notification, including anonymous feedback from the reviewers.

Value in Health expects the highest ethical standards from their authors, reviewers, and editors when conducting research, submitting papers, and throughout the entire peer review process. *Value in Health* subscribes to the Committee on Publishing Ethics (COPE)⁸ and supports COPE Ethical Guidelines for Peer Reviewers.⁹

IV. PUBLISHING PROCESS

Proofs

Proofs will be sent electronically to the authors to be checked carefully for printer's errors. **Substantive changes or additions to the edited manuscript are not allowed at this stage.** Any changes to authorship (additions, deletions, reorder, etc) or substantial changes in the data or results require review and approval by the Editors. Corrected proofs must be returned to the publisher within 48 hours.

Offprints

The corresponding author, at no cost, will be provided with a PDF file of the article via email. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. The PDF file is a watermarked version of the published article and includes a cover sheet with the journal cover image and a disclaimer outlining the terms and conditions of use.

V. PUBLISHING POLICIES AND DISCLOSURES

Ethics in Publishing

For information on Ethics in Publishing and Ethical guidelines for journal publication see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/ethicalguidelines>.

Authorship

The recommended number of authors on a paper should not exceed 10. More than 10 authors requires permission from the Editors. *Value in Health* uses the guidance set forth by the International Committee of Medical Journal Editors (ICMJE) for Defining the Role of Authors and Contributors.¹⁰

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- 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.

Authors can read the full set of recommendations at <http://www.icmje.org/recommendations/browse/roles-andresponsibilities/defining-the-role-of-authors-and-contributors.html>.

Submission Declaration

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere (either in whole or in part, in print or electronic form, in English or in any other language, etc) without the written consent of the copyright holder.

Open Access

In recent years, the importance to authors of open access has been increased by the policies of major research funders in many countries, requiring that the publications arising from the work they fund should be freely available to all. Authors can read a full description of the journal's approach to open access publication online at https://www.ispor.org/docs/default-source/value-in-health/vih_open-access-policy.pdf?sfvrsn=a0e8cd6a_2.

Although *Value in Health* is a traditional subscription-based journal, authors can choose to pay to have their articles published with open access (immediately and permanently free for everyone to read and download). The current fees for open-access publishing are accessible on the publisher's website at www.elsevier.com/journals/value-in-health/1098-3015/open-access-options. However, because *Value in Health* is a Society journal, all the published content automatically becomes open archive (freely accessible to all) 1 year after publication. Therefore, authors needing their articles to be open access to meet the requirements of various research competitions and awards may not need to pay for open access publication in *Value in Health*, depending on the precise requirements of their research funders.

In addition, the editors-in-chief nominate selected articles throughout the year that they believe are likely to have a high impact and therefore merit immediate "free" access on the publisher's website at <http://www.valueinhealthjournal.com> for a specified period of time (ie, 30 days). Access is restricted for the remainder of the 12-month period, after which point the article becomes open archive and freely accessible to all 1 year after publication.

Conflict of Interest and Copyright Assignment Forms

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. As part of the online submission process, all authors are required to complete and submit the ICJME Form for Disclosure of Potential Conflicts of Interest. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. See also <http://www.elsevier.com/conflictsofinterest>.

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Funding Body Agreements and Policies

Elsevier has established agreements and developed policies to allow authors whose articles appear in journals published by Elsevier to comply with potential manuscript archiving requirements as specified as conditions of their grant awards. To learn more about existing agreements and policies please visit <http://www.elsevier.com/fundingbodies>.

Data, Models, and Methodology

All authors must agree to make their data available at the editor's request for examination and re-analysis by referees or other persons designated by the editor. All models and methodologies must be presented in sufficient detail to be fully comprehensible to readers.

REFERENCES

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