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 (i.e., 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 indexed in MEDLINE and the Web of Science. 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 is most appropriate for submission of their papers.

The main distinction between the two journals is not in the methodological quality of papers they publish, but rather in their focus. Considering the diverse 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 Reports, which provide statements on current international methodological standards.

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 with its particular focus on challenges and opportunities in countries with developing economies or healthcare systems, 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 insights for the region concerned.

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.

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.

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—conducted 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.

**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.

**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.

**Policy on the Publication of Research Previously Available in the Public Domain**
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 available previously 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 available previously 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.

Some authors are posting their papers as “preprints,” so that they can be made available in the public domain while they are being peer-reviewed. Most publishers are aware of this process but delegate decisions on publication to each individual journal. There are currently different views among journal editors on whether posting papers as preprints constitutes prior publication. Therefore, if an author is considering posting their paper on a preprint server, we strongly encourage them to contact the journal in advance.

**Following Good Practices for Outcomes Research**

Value in Health publishes Good Practices Reports that are developed by task forces appointed by the ISPOR Board of Directors. These task force reports (https://www.ispor.org/member-groups/task-forces) 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 CHEERS 2022 guidelines¹ and submit a completed CHEERS 2022 checklist as supplementary material with your submission. 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 2020 guidelines² for the reporting of systematic reviews and the CONSORT guidelines² for reporting the results of studies assessing health-related quality of life/patient-reported outcomes. In addition, the editors encourage authors to follow recent guidance.
Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals5 published in JAMA for reporting race and ethnicity in medical journals.

**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.

<table>
<thead>
<tr>
<th>Article Type</th>
<th>Description</th>
<th>Word Limit*</th>
<th>Limit No. Figures/Tables**</th>
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<tbody>
<tr>
<td>Original Research</td>
<td>These papers report the findings of original research and may contain the results of empirical analysis, instrument development, or policy analysis.</td>
<td>4000</td>
<td>6</td>
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<tr>
<td>Methodological Articles</td>
<td>As the name implies, these papers deal with methodological issues in any of the topics within the scope of the journal. They can include data if these are required to illustrate the importance of particular methodological points.</td>
<td>3500</td>
<td>6</td>
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<tr>
<td>Policy Perspectives</td>
<td>These papers discuss important health policy topics within the scope of the journal. They may reflect conceptual pieces or reviews of the literature.</td>
<td>3000</td>
<td>4</td>
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<tr>
<td>Systematic Literature Reviews</td>
<td>These papers review empirical studies consistent with the methods of systematic review proposed by the Cochrane Collaboration. 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.</td>
<td>4000</td>
<td>6</td>
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<tr>
<td>Brief Reports</td>
<td>These are empirical analyses with a more narrow focus than original research articles and generally a single aim.</td>
<td>2500</td>
<td>2</td>
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<tr>
<td>Commentaries</td>
<td>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.</td>
<td>2000</td>
<td>1</td>
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<tr>
<td>Editorials</td>
<td>Editorials are commissioned by the editorial team and often accompany a paper published in the same issue.</td>
<td>1200</td>
<td>1</td>
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<tr>
<td>Letters to the Editor</td>
<td>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.</td>
<td>1500</td>
<td>1</td>
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*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 viheeditor@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 files 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 8 1/2 x 11-inch page format with 1-inch margins on all sides. Manuscripts must be submitted as editable files (preferably as Word documents) and contain minimal formatting (ie, no line numbers, no watermarks, no justification, underlining, indenting, etc). The document should not cross-reference or use hyperlinks to connect to Figures, Tables, or references within the file. Authors should consult the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed)7 or the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)8 for specific style issues not addressed here.
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:

<table>
<thead>
<tr>
<th>Components</th>
<th>Description</th>
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<tbody>
<tr>
<td>Title</td>
<td>The full title and subtitle of the article (no more than 25 words)</td>
</tr>
<tr>
<td>Description/Interest to Readers</td>
<td>A brief description of the article, indicating why the paper would be of particular interest to the journal's readership</td>
</tr>
<tr>
<td>Statement of Proprietary Data</td>
<td>Statement indicating whether the data, models, or methodology used in the research are proprietary</td>
</tr>
<tr>
<td>Funding/Support</td>
<td>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</td>
</tr>
<tr>
<td>Role of Sponsor</td>
<td>Statement that the publication of study results was not contingent on the sponsor's approval or censorship of the manuscript</td>
</tr>
<tr>
<td>Contact Information for the Corresponding Author</td>
<td>Full name (first, middle, last) and degree; department; institution; mailing address; email; and phone number</td>
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2. **Title Pages**

Each manuscript must contain two separate title pages in an editable format (preferably Word documents): One unblinded title page (containing author information, funding, disclosures, 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:

<table>
<thead>
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<th>Components</th>
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<th>Example</th>
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<tr>
<td>Manuscript title and subtitle, as appropriate</td>
<td>Concise title of the manuscript; no more than 25 words; in title case (not all caps)</td>
<td>Clinical Guidelines: A NICE Way to Introduce Cost-Effectiveness Considerations?</td>
</tr>
<tr>
<td>Full names, degrees, and affiliation for each author (unblinded title page only)</td>
<td>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</td>
<td>John D. Doe, Jr, MD Department of Medicine University of York Helsingon, York United Kingdom</td>
</tr>
<tr>
<td>Contact information for corresponding author (unblinded page only)</td>
<td>Provide the full name, degrees, mailing and email addresses, and phone number of the corresponding author (the person to whom all correspondence regarding the manuscript will be directed)</td>
<td>Thomas J. Wright, III, PhD Department of Economics Princeton University Robertson Hall Princeton, NJ, 08544 USA <a href="mailto:tjwright@princeton.edu">tjwright@princeton.edu</a> Phone: (609) 123-4567</td>
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3. Manuscript Components

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

<table>
<thead>
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<th>Components</th>
<th>Description</th>
<th>Example</th>
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<tbody>
<tr>
<td>Abstract</td>
<td>Structured (objectives, methods, results, and conclusions) 250 words</td>
<td>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.</td>
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</table>
### Components

<table>
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<th>Highlights</th>
<th>Description</th>
<th>Example</th>
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</table>
|                                                | **2-3 brief summary statements**<br>**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:  
  i. What is already known about the topic?  
  ii. What does the paper add to existing knowledge?  
  iii. What insights does the paper provide for informing healthcare-related decision making? |

| Body of article                                | **Introduction**<br>**Methods**<br>**Results**<br>**Conclusions**<br>**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                                      | **Cite in text using superscript Arabic numerals**<br>**Reference list should be numbered consecutively in order cited in the text**<br>**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: |


  https://doi.org/10.1016/j.jval.2021.10.008 |


  www.isor.org/workpaper/practices_index.asp |

| Figures                                          | **Numbered**<br>**Title and legends; each on separate page (not embedded or hyperlinked in text)**<br>**TIFF, JPEG, 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                                           | **Numbered**<br>**Title**<br>**Double-spaced; each on separate page (not embedded or hyperlinked in text)** | Tables should provided in an editable format (preferably as a Word document), 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 or hyperlinked 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 note there is no single, universally agreed-upon set of guidelines for de
review of sex and gender information in study design, data analysis, outcome reporting and research interpretation — however,
should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss
based analyses into their research design according to funder/sponsor requirements and best practices within a
of terms and the constructs to which they refer (see De
also intended to be published with the paper, it should be uploaded as
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).

5. Tables

Tables must be submitted in an editable format (eg, Word or Excel). Do not embed tables within the text of the main document
or include hyperlinks to the tables within the document. Either upload tables as separate files after the figures or include them in
the main document after the reference section. 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 under-
standing 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 remove all track changes and to upload supplementary materials in the file format you want readers to access the information online.

7. Data, Models, Methodology, and Survey Instruments

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.
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.

8. Reporting Sex and Gender in Research

Reporting guidance

For research involving or pertaining to humans, animals, or eukaryotic cells, investigators should integrate sex and gender-
based analyses into their research design according to funder/sponsor requirements and best practices within a field. Authors
should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss
this as a limitation to their research’s generalizability. Importantly, authors should explicitly state what definitions of sex and/or
gender they are applying to enhance the precision, rigor, and reproducibility of their research and to avoid ambiguity or con-
fusion of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the “Sex and Gender Equity in Research (SAGER) Guidelines” and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation — however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (eg, chromo-
somal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated
at birth (“sex assigned at birth”), most often based solely on the visible external anatomy of a newborn. Gender generally refers to
socially constructed roles, behaviors, and identities of women, men, and gender-diverse people that occur in a historical and
cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how
they behave and interact, and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary
(female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional
sex categorizations and gender identities such as people who are intersex/have differences of sex development or identify as
nonbinary. Moreover, the terms “sex” and “gender” can be ambiguous — thus it is important for authors to define the manner in
which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further
insight around sex and gender in research studies.
III. EDITORIAL PROCESS

Peer Review

*Value in Health* remains one of the top-ranked journals in the HEOR field. The journal’s current impact factor score is 4.5 and its 5-year score is 6.2. The journal is now rated 8th of 87 journals in Health Policy & Sciences, 21st of 105 journals in Health Care Sciences & Services, and 69th of 380 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 2022, the journal’s overall rejection rate was 82.4%. 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 2 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.

ISPOR journals expect the highest ethical standards from their authors, reviewers, and editors when conducting research, submitting papers, and throughout the entire peer review process. Both *Value in Health* and *Value in Health Regional Issues* subscribe to the Committee on Publishing Ethics (COPE) and supports COPE Ethical Guidelines for Peer Reviewers.

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, re-order, etc), disclosure/funding statements, author contributions, 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. However, *Value in Health* is aware that sometimes a submitted paper may have a large number of authors, in which case authorship may be assigned to a group rather than to individuals. The Editors reserve the right to seek clarification from the corresponding author if a paper has more than 10 authors, or has a large number of authors in relation to the research reported in the paper. *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. 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-and-responsibilities/.

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

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