INSTRUCTIONS FOR AUTHORS

The *Journal of Pediatric Pharmacology and Therapeutics* (JPPT) welcomes the submission of manuscripts that advances and supports the health and wellbeing of children through research and scholarly activity on effective medication use in pediatrics through collaboration, advocacy, research, and education. All accepted manuscripts are published as open access. Authors' submission to JPPT implies that the content has not been published or submitted for publication elsewhere except for brief abstracts and/or presentation at scientific meetings, proceedings, or symposia. This information must be disclosed in the Acknowledgment section of the manuscript.

All submissions to JPPT undergo critical, expert peer-review. Journal editors, members of the editorial staff and International Editorial Board are encouraged to submit their work to JPPT. Submissions from such individuals undergo the same comprehensive, author blinded peer-review as all JPPT submissions. Journal leadership strives to complete the peer-review process promptly and anticipates final manuscript publication whenever possible within 6, but no later than 10, months after acceptance.

Views, statements, and factual claims expressed in individual contributions are personal to the respective contributors and do not reflect the official policy of the Pediatric Pharmacy Association (PPA) unless so stated. PPA, JPPT, or its editors and its agents assume no liability for any material published in JPPT and are not responsible for any errors in or consequences occurring from the use of information/data published in JPPT.

JPPT has a strict policy of 1 corresponding author per published manuscript.

All individuals associated with JPPT take the issue of scientific misconduct, falsification/ misrepresentation of data, and plagiarism extremely serious. Submissions for consideration by JPPT are subjected to digital scanning employing commercially available plagiarism and "bot"/artificial intelligence detection software. JPPT endorses the recommendations of the Committee on Publication Ethics (COPE; https://publicationethics.org). Any submission deemed non-compliant with standard ethical research conduct, data reporting, and/or plagiarism will be immediately rejected from further consideration. All such decisions are final and non-

negotiable. In addition, JPPT editorial staff reserve the right of informing the authors' superiors and/or institution of any suspected or confirmed misconduct.

Article Publication Charges (APCs)

JPPT is a completely open access publication. There are no charges for submitting or in the case of manuscript acceptance, the publication of your manuscript. All contents of a published Issue are available through recognized indexing services as open access. Recognizing the increasing costs of publishing scientific data, authors submitting work with available funding for publishing may volunteer to donate these funds to the Journal. Authors are encouraged to inform the editor of a donation after a submission is accepted for publication. In addition, JPPT offers on-line first publication (see below) for a nominal fee covering their associated costs.

Artificial Intelligence (AI)

JPPT recognizes the evolving roles artificial intelligence (AI)/AI-assisted technology (e.g., generative AI technologies, chatbots, large language models, image creators, etc.) has and will have in the discovery, scientific and clinical research processes, and the publication paradigm. Use of any AI technology in any aspect of the research performed or in any aspect of manuscript preparation including, but not limited to, study protocol design, study implementation, data collection, data analysis/presentation, manuscript writing, etc., must be clearly acknowledged and specifically outlined in the Methods section. Similarly, any use of AI in assisting in writing, that is, writing sections, correcting grammar, editing language, or any other use in the manuscript preparation or submission, must be completely outlined in the Acknowledgment section of the manuscript. Author(s) are encouraged to include an estimate of what percentage of their manuscript was written by an AI tool(s) in the Acknowledgment section. Detailed descriptions in Methods of the specific AI product used must include the name of the tool used, version and extension number(s), dates of use, and manufacturer. Authors are encouraged to consult the JPPT editorial outlining the Journal's current guidelines on AI use and disclosure: Reed MD. Artificial Intelligence – AI – and The Journal of Pediatric Pharmacology and Therapeutics. *J Pediatr Pharmacol Ther* 2023;28(4):284–286. Recognizing the dynamic, changing role(s) of AI technology, these recommendations are accurate as of the

date of publication and will continue to evolve as AI evolves. Any questions regarding AI should be directed to the JPPT editor-in-chief.

An AI tool cannot be an author or co-author of a JPPT manuscript. By submission of their manuscript for consideration for publication in JPPT, authors assert there is no plagiarism anywhere within their manuscript. Further, authors must assure the accuracy of the AI-assisted technology material used and absence of "hallucinatory" material.

Manuscript Preparation

Prepare manuscripts in accordance with the *American Medical Association Manual of Style*, 11th edition (2020). This style guide provides specific, important information regarding manuscript style, data analysis, and presentation and terminology. A summary of these requirements and journal-specific instructions are available on the JPPT website (http://www.amamanualofstyle.com). Furthermore, JPPT encourages authors to consult the reporting guidelines pertinent to their type of publication available from the Equator Network (https://www.equator-network.org).

All submitted manuscripts must be written in Western English. If needed, non-native English-speaking authors are strongly encouraged to use a Western English language editing service that is expert in medical, scientific manuscript writing. Use of such a service or AI program should be noted in the Acknowledgment section of the manuscript.

General Format.

Prepare your manuscript using word processing software; Microsoft Word is preferred. Set the page size to 8½ × 11 inches with 1-inch margins. Use a standard font such as Times New Roman, Calibri, or Arial and set the font size to 12 points. Set text to align left (i.e., ragged right margin) with **double spacing** and turn off automatic hyphenation. **Number pages consecutively beginning with the title page.** Within the text, use only 1 space between sentences and a hard return only after a major heading or at the end of a paragraph. Use the Tab key instead of the space bar to indent paragraphs. Use number keys for any numerals (i.e., do not use the lowercase letter I for 1 [one] or the uppercase letter O for 0 [zero]).

Line Numbers.

Initiate continuous line numbering beginning with the Title. Manuscripts without line numbering will be returned to the author for correction.

Reference Checking Software.

Turn off automatic reference checking software prior to submission.

Authorship.

Authorship on a manuscript submitted to JPPT **must meet all 4 criteria** outlined in the International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, updated May 2023 (https://www.icmje.org).

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

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

2. Drafting the work or reviewing it critically for important intellectual content; AND

3. Final approval of the version to be published; AND

4. 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."

The following statement must be included in the Disclosures section that appears at the end of your manuscript: "All authors attest to meeting the four criteria recommended by the ICMJE for authorship of this manuscript." (This requirement is addressed in specific detail below: Disclosures.)

As noted, JPPT has a strict policy of 1 corresponding author per published manuscript and this individual is solely responsible for all correspondence with the Journal.

Shared Authorship.

JPPT permits shared or joint authorship in either the first or senior positions to denote equally contributing authors. JPPT does not recognize co-first or co-senior authorship in reference lists. Designation of co-first/co-senior authors are denoted with an asterisk (*) after their names on the title page and with this added statement to the Acknowledgment section: "*Drs (add names) are co–first/co-senior authors and have contributed equally to acquisition, analysis and interpretation of data for this manuscript."

Manuscript Components

Include the following items in the order indicated: title page, abstract, abbreviations, keywords, text, article information, references, tables, figures, and supplemental material.

Title Page.

Make the title concise while still indicating the key points of the work. **Provide a running title** of fewer than 50 characters (not counting spaces). Include the full names and degrees of authors, separate authors by semicolons. **Do *not* include** Fellow, board certification, or licensure designations. Put author affiliations in the Article Information section, which is immediately before the References section.

Example:

Invasive Fungal Infections While on Voriconazole, Liposomal Amphotericin B, or Micafungin for Antifungal Prophylaxis in Pediatric Stem Cell Transplant Patients

Short Title: Antifungal Prophylaxis in Stem Cell Transplant Patients

Annie Bui, PharmD; Veronica Nguyen, PharmD; Christina Hsu, PharmD; Ben Hyde, PharmD; and Tiffany Simms-Waldrip, MD

Abstract.

Except for Research Letters, Letters to the Editor, Editorials, or Commentaries, each manuscript must include an abstract of $\leq$ 250 words. Abstracts for Research articles must be structured and include 4 paragraphs with the following headings: Objective, Methods, Results, and Conclusions. Make headings in all capital letters and boldface, follow by a keyboard space, no punctuation. Abstracts for other article types are unstructured. Do not include explanatory footnotes or references in abstracts.

Example (Research article):

OBJECTIVE Although acetaminophen has emerged as a therapeutic option for treating hemodynamically significant patent ductus arteriosus (PDA) in preterm infants, limited data exist on pharmacodynamics. The objective of this research is to report serum acetaminophen concentrations at steady state in infants treated with intravenous acetaminophen for PDA and to examine associations with clinical outcomes.

METHODS This retrospective study evaluated all infants admitted during the study period who received intravenous acetaminophen for the treatment of PDA. Acetaminophen dosing was 15 mg/kg every 6 hours. A serum acetaminophen concentration was obtained 4 hours after the eighth dose. Associations between serum concentrations and efficacy, assessed by ductal constriction on echocardiograms, and safety, assessed by serum creatinine and hepatic transaminases, were explored using simple linear regression.

RESULTS A total of 36 infants were included, with a median birth weight of 720 g (IQR 585–895 g) and a median gestational age of 25 weeks (IQR 24–26 weeks). The median acetaminophen concentration in the cohort was 12.3 mg/L (IQR 6.7–16.5 mg/L; range, 1.1–29.0 mg/L). Serum acetaminophen concentrations did not correlate with infant demographics, hepatic transaminases during treatment, or duct size at treatment completion. We observed ductal closure across a wide range of serum acetaminophen concentrations.

CONCLUSIONS We did not identify an association between acetaminophen serum concentrations following intravenous therapy and ductal response or hepatic toxicity.

Example (Case Report):

Staphylococcus aureus is the most common bacteria associated with the development of osteomyelitis in pediatric patients. Osteomyelitis caused by methicillin-resistant *Staphylococcus aureus* (MRSA) can be difficult to treat safely and effectively. Vancomycin, linezolid, and clindamycin are commonly used to treat osteomyelitis caused by MRSA. While adult studies suggest intravenous (IV) daptomycin may be beneficial for the treatment of MRSA osteomyelitis, it is not approved by the US Food and Drug Administration for use in pediatrics, and minimal data are available related to its use in this population. This case report describes the successful use of daptomycin (8 mg/kg/dose IV daily) combined with rifampin for 5 weeks, followed by 5 weeks of oral sulfamethoxazole/trimethoprim, for treatment of acute bilateral osteomyelitis caused by MRSA in an 8-year-old male. The patient did not initially respond to the combination of vancomycin plus rifampin and gentamicin; neither did he respond to ceftaroline treatment. After initiation of daptomycin, his fever quickly subsided, his pain rapidly improved, and his inflammatory markers significantly decreased. While daptomycin was effective in this patient, additional research is needed to determine the true safety and efficacy of this drug for treatment of osteomyelitis caused by MRSA in pediatric patients.

Abbreviations.

Immediately after the Abstract, include a list of all abbreviations used in the abstract, text, tables, and figures. Put the abbreviation first followed by a comma and space, the definition, a semicolon, and space. List abbreviations in alphabetical order. Please only use generally accepted abbreviations and terminology that commonly appear in the medical and scientific literature.

Example:

ABBREVIATIONS ALT, alanine aminotransferase; AML, acute myeloid leukemia; AST, aspartate aminotransferase; GM, galactomannan; HSCT, hematopoietic stem cell transplant; IDSA, Infectious Diseases Society of America; IFI, invasive fungal infection; IA, invasive aspergillosis; L-AMB, liposomal amphotericin B; PAP, primary antifungal prophylaxis; SCr, serum creatinine

Keywords.

Immediately after Abbreviations, include 5 but no more than 7 keywords; they should be consistent with the Medical Subject Headings of the National Library of Medicine (https://www.nlm.nih.gov/mesh/meshhome.html). List keywords in alphabetical order, separated by semicolons.

Example:

KEYWORDS antifungal prophylaxis; invasive fungal infection; liposomal amphotericin B; micafungin; review; voriconazole.

Text Specifications.

General Comments.

Headings. Typical headings include:

Abstract, Introduction, Materials and Methods, Results, Discussion, Limitations, Conclusions

Abbreviations: In addition to the abbreviation list noted above after Abstract, spell out a word or phrase when used for the first time and follow with the abbreviation in parentheses. For abbreviations used in figures and tables, include their definitions in footnotes.

Units of Measure.

JPPT uses conventional units (e.g., mg/dL) and does not use the International System of Units (SI).

Medication Names.

Use generic medication names. If brand names are relevant to the manuscript, then include the trade name, manufacturer's name, and location (city and state) in parentheses at first occurrence. Omit any trademark symbols but capitalize a trademarked name. Please only use generally accepted abbreviations for drug names that commonly appear in the medical and scientific literature.

Medication Doses.

Use conventional metric mass units (e.g., mg or mg/kg) rather than molar SI units. Because medications such as insulin or heparin may be prepared as mixtures and have no specific molecular weight, express doses in mass units. Express liquid doses in mL or mL/kg. Dosage is usually expressed as a quantity per unit of time, for example, mg/kg/dose every 8 hours; however, do not abbreviate "day" as "d" (mg/kg/d), but use "day" (mg/kg/day).

Example: She was started on oral CLB (Onfi, Lundbeck, Deerfield, IL) at 5 mg twice a day (0.3 mg/kg/day) for improved seizure control, and a temporary bridge of oral clonazepam at 0.02 mg/kg/day divided 3 times a day.

Preferred Matrix Terminology.

Express a biologic fluid (e.g., serum, synovial) measurement value as a "concentration", not as a "level" (e.g., the vancomycin serum concentration was 25 mg/L; the plasma bilirubin concentration was 6 mg/dL). When possible, express units as mg/L and not mcg/mL.

References Within the Text.

The author is responsible for the accuracy and completeness of the references and for correct in-text citations. **Number references in consecutive order** as they first appear in the text and not alphabetically. **Use superscripted Arabic numerals** for designators; enter the numbers after the period at the end of the sentence and generate the numbers manually instead of using a word processing function to generate the numbers. If you cite a reference more than once, use the original reference number for all subsequent citations. Ensure you have cited all references in the text, tables, or figure legends in their proper order.

Example:

Number references in consecutive order as they first appear in the text.[1]

Number references in consecutive order as they first appear in the text.[1,2]

Number references in consecutive order as they first appear in the text.[1–3]

References to unpublished sources or personal communications are discouraged. However, if you do name an individual as a source whether from a conversation, letter, email message, or telephone conversation, then obtain written permission from the person. List these sources in text only, not in the References section. For example: email, S. J. Phelps, July 24, 2019. In the absence of unusual circumstances, JPPT does not permit citing of preprint publications or any publication that has not undergone peer review (e.g., website at-will posting).

Prior to submission, turn off automatic reference checking software.

Tables and Figures.

Number tables and figures consecutively in the order of their callouts in the text. However, do not include the tables and figures themselves in the body of the paper near their respective callouts. Place tables and figures at the end of your manuscript after the Reference section.

Tables. Include tables as editable text within the manuscript and place after the Reference section but before figures. Create tables using a word processing table function. Use the tab function to align information—do not use manual spaces. Each table must include a succinct but complete title. If specific references are cited within the table, include only the first author's name and superscripted reference number; do not use "et al" or date. If there are footnotes, use the following symbols for designations in the order indicated: *, †, ‡, §, ¶, #, **, ††, ‡‡. For examples of table construction, see Instructions for Authors > Table Creation https://meridian.allenpress.com/DocumentLibrary/PPAG/Table.pdf.

Figures. Place figures after tables. Each figure must include a succinct but complete title and be easily editable. Place any keys or legends below the figure and not in the figure itself. If there

are footnotes, use the following symbols for designations in the order indicated: *, †, ‡, §, ¶, #, **, ††, ‡‡. Once the paper is scheduled for publication, the Editor will contact the corresponding author about submitting high-resolution figures that comply with JPPT style.

Minimal resolutions are as follows: 1200 dpi for line art; 600 dpi for color (save as CMYK, not RGB or indexed) or grayscale images (save black and white images as grayscale). Photos taken with a digital camera must have a resolution of at least 4 megapixels. Minimize the use of color in charts, graphs, and drawings to that necessary for clarity of communication and ease of understanding. Use solid fill or percentage screens (not pattern or textured fills) and a minimum line weight of 1 point throughout. Remove background lines and titles from all graphs.

Study inclusion/exclusion flow diagrams/charts are published as supplementary material.

Statistical Guidance.

Sufficient information and detail regarding the methods of statistical analysis including statistical power computations and a brief description of sample size considerations, when applicable, should be included in Methods. No reference citations are necessary for standard tests. If additional, expanded detail beyond standard descriptions is needed for any aspect of statistical methods, please include this detail as a Supplementary Table with appropriate reference citation(s).

Numeric results (including measures of association and confidence intervals) should be reported to a maximum of 2 decimal places. We define the interquartile range (IQR) as a range (25th percentile to 75th percentile) and should be displayed as the 2 values. P values larger than 0.01 should be reported to 2 decimal places, and those between 0.01 and 0.001 to 3 decimal places; p values smaller than 0.001 should be reported as $p < 0.001$.

The number of participants/observations with missing data at baseline and for all variables used in study descriptions, data analysis must be stated in appropriate sections within Methods and Results and clearly noted as a footnote to appropriate table/figure legends. Within Methods and if appropriate, clearly describe the approach used to address missing data and data considered as outlier. When appropriate, outlier data should be shown and noted in

figures. Authors are encouraged to consult Kwak SK and Kim JH. Statistical data preparation: management of missing values and outliers. *Korean J Anesthesiol* 2017;70(4): 407–411.

Information Specific to Types of Articles

Education

Reviews.

The Journal welcomes comprehensive, authoritative, and concise reviews. These manuscripts are either evidence-based reviews of topics relevant to those practicing in the areas of pediatric clinical pharmacy/clinical pharmacology and therapeutics, in depth assessments of old or new treatments, and/or descriptions of therapeutic dilemmas.

Reviews include an unstructured abstract and are generally ≤ **7000 words and may include up to 10 tables/figures total and 200 references**.

Scoping and systematic reviews are welcomed. When deciding on the type of review, authors should consult the following: Munn Z et al. Systematic review or scoping review? Guidance for authors when choosing between systematic or scoping review approach. *BMC Med Res Methodol.* 2018;18:143. doi.org/10.1186/s12874-018-0611-x. In addition, all reviews, *including meta-analysis*, must conform to the principles and recommendations of the 2020 PRISMA guidelines (Page MJ et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*. 2021;372:n71. https://doi.org/10.1136/bmj.n71). Authors of reviews must cite in Methods their adherence with the PRISMA 2020 guideline. In the case of partial adherence, authors must state which criteria were not adhered to and the reason(s) for non-adherence. If this information is lengthy, please include specific details as a Supplementary Table.

Briefly, *Scoping Reviews* are a descriptive approach focused on a specific topic involving a comprehensive literature search with the goal to identify gaps in our existing knowledge base that may serve as the basis for future research and/or performance of a systematic review. In contrast, *Systematic Reviews* address and opine on existing literature focusing on a specific question(s)/issue/topic. For more detail on the differences between scoping reviews, systematic reviews, and meta-analysis, authors are encouraged to consult: Sargeant JM,

O'Connor AM. Scoping reviews, systematic reviews, and meta-analysis: applications in veterinary medicine. *Front Vet Sci*. 2020;7:11. doi: 10.3389/fvets.2020.00011

Meta-Analysis involves combining the Results from multiple independent studies and represents a thorough, systematic, comprehensive, and recent review of the literature. A meta-analysis uses statistical methods to summarize the results from multiple studies. The search strategy, selection process, and statistical methods used should be described fully, in detail, in the manuscript including adhering to the 2020 PRISMA guidelines.

Meta-analysis addressing drug therapy should clearly note the drug(s) to be assessed and include their dose, route of administration, duration of treatment, and any systemic exposure characteristics, if available. Similarly, all relevant patient characteristics including demographics, disease state(s), therapies, should also be fully described. Extensive tables detailing the characteristics of included or excluded studies should be submitted as supplementary material.

Therapeutic dilemmas are teaching cases based on real or contrived patients. (Please note such in the Acknowledgment section.) A case may be constructed to allow for discussion of an area of therapeutics that is novel or often misunderstood by practitioners. Education articles undergo the same peer-review and editorial process as Research articles and Clinical Vignettes. Papers on ethical topics, legal concerns, pharmacoeconomic, and health care policy are welcome. To prevent possible duplication of a topic, contact the editor-in-chief (mreedxx0@yahoo.com) before writing an unsolicited Review.

Original Research.

Descriptions of original research include a structured abstract $\leq$ 250 words and are generally **up to 5500 words, including up to 10 tables/figures combined and a total of 80 references**.

Use the following major headings: Introduction, Materials and Methods, Results, Discussion, Limitations of Study, Conclusions, Article Information, References, tables, and figures. In the Methods section, indicate all statistical tests used, power analysis results, and the a priori level of significance as well as appropriate indicators of measurement error or uncertainty for mean

values. Briefly explain or cite a source for unusual or complex statistical methods. If you use more than 1 statistical test, clearly identify the data evaluated by each test. In the Results section, present outcomes in a logical sequence. We highly recommend that you report results of randomized controlled trials according to the CONSORT guideline and observational trials according to the STROBE guideline (https://www.equator-network.org). Begin the Discussion section with the major findings of the study and in the Conclusions, specify the implications or applications of the findings.

Brief (Practice) Reports.

These reports are usually ≤ **3250 words, 4 tables/figures in total, and up to 50 references** and are similar to research manuscripts in that they follow the same rigor, format, and guidelines; however, they are shorter papers that are designed for small-scale research or systems research. These reports may include preliminary results with small sample sizes describing pilot data of new findings or important initial findings that indicate the need for further investigation. These manuscripts may also describe or evaluate a new/revised practice paradigm or the effect of a policy or procedure change and implementation.

Clinical Vignette.

Clinical Vignettes are brief reports ≤ **3250 words, 4 tables/figures in total, and up to 35 references** that describe the medical course for 1 patient (Case report) or a series of patients (Case series). Clinical Vignettes undergo the same peer review and editorial process as Research manuscripts. **An unstructured abstract** is required and immediately after the abstract **include an Information Box** that provides a 1-sentence, complete but succinct, response to each of the following:

<u>Information Box</u>

- What specific question(s) does this report address?

  Your 1 sentence statement
- What does this report add to our current knowledge?

  Your 1 sentence statement

Reports must include the patient's age, sex, race, weight, pertinent medical history, and baseline laboratory values. Refer to patients only by number; ensure real names or initials do not appear in the text, tables, or figures. Do not identify the institution unless it is essential to understanding content. Also, include a statement that written informed consent was obtained or was not required by the applicable institutional review board (IRB). We highly recommend that you consult the CARE guidelines (https://www.equator-network.org) in the preparation of your Clinical Vignettes.

Clinical Vignettes describing an adverse drug reaction must complete the Naranjo probability scale (*Clin Pharmacol Ther* 1981;30(2):239–245) estimating the probability of the adverse reaction. The scale score numeric value must be stated in Results with the completed scale included as a Supplemental Table. Priority for publication is given to those reports with scores indicating a probable or definite association. Example in Results section: The Naranjo score was 7 corresponding to a probable association.

To complete the scale, JPPT strongly encourages authors use the definitions for each of the 10 criterions outlined in the NIDDK Instructions for Using the ADR Probability Scale (LiverTox: Clinical and Research Information on Drug-Induced Liver Injury [Internet]. Bethesda, MD: National Institute of Diabetes and Digestive and Kidney Diseases; 2012-. Adverse Drug Reaction Probability Scale (Naranjo) in Drug Induced Liver Injury. [Updated 2019 May 4]). Prior to submission authors are also encouraged to confirm adherence to the principles outlined in the paper by Edwards and Aronson: Adverse drug reactions: definitions, diagnosis and management. *Lancet*. 2000;356:1255–1259. Priority for publication is given to those reports with scores indicating a probable or definite association.

Clinical Vignettes describing a drug interaction must complete the Drug Interaction Probability Scale (DIPS) published in Horn JR, Hansten PD, Chan L-K. Proposal for a new tool to evaluate drug interaction cases. *Ann Pharmacother*. 2007; 41:674–680. The scale can be obtained from this citation. The scale score numeric value must be stated in Results with the completed scale included as a Supplemental Table. Priority for publication is given to those reports with scores

indicating a probable or definite association. Example in Results section: The DIPS score was 7 corresponding to a probable association.

Research Letter.

Research Letters are brief reports summarizing findings that are best published as a concise, focused report addressing 1 to 2 clear ideas or findings. This publication format fosters dissemination of useful information, often of confirmatory value with previous published work, that does not advance our knowledge base to the same depth/extent as a comprehensive Research manuscript. Research Letters may be **up to 750 words, ≤ 5 authors, 2 to 3 small tables/figures and a total of 10 references** with no abstract or keywords. The Letter should be constructed to include an Introduction, Purpose, Methods, Results, and Discussion though do not use these headings in your Letter. Adhere to JPPT Instructions to Authors including the inclusion of our standard Article Information section at the end of the Letter before References. All Research Letters undergo peer-review.

Opinion/Commentaries.

Opinion pieces do not contain an abstract and **are usually ≤ 1500 words and no more than 15 references**, or shorter. This guideline may be modified after consultation with the editor-in-chief.

An Opinion piece generally provides commentary and analysis on an article in the Issue in which it appears. Opinions may also provide a perspective on a selected, contemporary topic. **Commentaries** are usually solicited, but the editor-in-chief welcomes unsolicited commentaries addressing varying viewpoints and/or controversies applicable to pediatric pharmacotherapeutics. Author(s) preparing to submit an unsolicited, authoritative, evidence-based commentary should contact the editor-in-chief (mreedxx0@yahoo.com) to discuss their intention. Another opinion piece is a Letter to the Editor (see Letter to the Editor below), which is a brief communication that expresses an opinion in response to an article previously published in JPPT.

Letter to the Editor.

A Letter to the Editor is **usually < 600 words with up to 10 references, 2 total small tables/figures with 5 or fewer authors** and is a brief communication that expresses an opinion in response to an article previously published in JPPT, or briefly opining on an area of interest to Journal readership. Letters commenting on a previously published paper in JPPT must be submitted within 6 months of the papers' publication.

Article Information

Include the following items in the order indicated and place immediately before the Reference section: Affiliations, Correspondence, Disclosures, Ethical approval and Informed consent, Acknowledgment (if applicable), and supplemental material (if applicable). To help you format these sections:

Article Information

Affiliations

List the department followed by the respective authors' initials in parentheses, institution, city, and state; separate by commas.

Example:

Affiliations. Department of Pharmacy (ELS), WakeMed Health & Hospitals, Raleigh, NC; Departments of Pharmacy (MWS, BSS, BBL), Pediatrics (KAR), and Biostatistical Sciences (GBR), Wake Forest Baptist Health, Winston-Salem, NC.

Correspondence

List the corresponding author's information including name, degrees followed by a semicolon and 1 space, and then the email address followed by a semicolon and 1 space and then the Twitter/X handle (@) if applicable. JPPT recognizes only 1 individual as the corresponding author.

Disclosure

For each author you must note any possible or probable/definite conflict(s) of interest and/or financial or proprietary interest in the subject matter or materials discussed in the manuscript. Use the following statements and modify as needed for the content in various types of papers.

Examples:

Case Report. The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. The authors had full access to all patient information in this report and take responsibility for the integrity and accuracy of the report. All authors attest to meeting the four criteria recommended by the ICMJE for authorship of this manuscript.

Opinion (Editorials, Letters, Position Papers). The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. All authors attest to meeting the four criteria recommended by the ICMJE for authorship of this manuscript.

Research. The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. The authors had full access to all the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. All authors attest to meeting the four criteria recommended by the ICMJE for authorship of this manuscript.

Review. The authors declare no conflicts or financial interest in any product or service mentioned in the manuscript, including grants, equipment, medications, employment, gifts, and honoraria. The authors had full access to all the data in the review and take responsibility for the integrity of the data and the accuracy of the data analysis. All authors attest to meeting the four criteria recommended by the ICMJE for authorship of this manuscript.

Ethical Approval and Informed Consent

For experimental investigations of human and/or animal subjects, include a statement regarding appropriate IRB approval of the project. For human subject research, also include

a statement that assent/written informed consent was obtained or was not required by the IRB. Preparation of case reports/case series should undergo IRB review; include a statement of approval or if the need for review was waived. For investigators who do not have formal ethics review committees, include a statement indicating that you followed the principles outlined in the World Medical Association Declaration of Helsinki (https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/). Documentation supporting IRB approval is not required. Use the following statements and modify as needed for the content in various types of papers.

Examples:

Prospective Study. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant international guidelines on human experimentation and have been approved by the appropriate committees at our institution (*). All patients and/or parents/caregiver(s) provided written informed consent and/or assent (as applicable) at enrollment.

Retrospective Study, Survey, Case Report, Case Series. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant international guidelines on human experimentation and have been approved by the appropriate committees at our institution (*). However, given the nature of this study, informed consent was not required by our institution.

If the conclusion of the IRB Committee regarding their review was waived please state such.

** Authors can specifically mention an institution, IRB number, or date of approval if desired, but this is not required. An example would be (The University of Tennessee Health Science Center and Le Bonheur Children's Hospital; TN-18-00169, 4/19/2019).*

Acknowledgment

List all persons who have made substantial contributions to the work reported in the manuscript, but who do not meet full ICMJE criteria for authorship. Indicate if an abstract or

any portion of the manuscript has been presented at a meeting. Include the name of the organization, place, and date of the presentation. Financial and material support for the described work should also be included here. Any contribution of AI to work product and/or the submitted manuscript, as outlined above, must be noted here.

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