Reviewer’s report

Title: Interventions designed to improve the quality and efficiency of medication use in managed care: a critical review of the literature - 2001-2007

Version: 1 Date: 30 January 2008

Reviewer: Claiborne Reeder

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Major Compulsory Revisions:
Pg. 12 The sentence "One intervention of alerts for non-preferred agents with potential contraindications with information about medication alternatives as part of computerized provider order entry was associated with reductions in dispensing of potentially contraindicated medicines (including tricyclic-antidepressants) among the elderly (aged >65 years) [29]." lacks clarity. Please expand on the intervention.

Pg. 15 The sentence "Tiered formularies with different levels of patient copayment to encourage use of preferred drugs are used increasingly to control the costs of prescription medicines[41]." seems to connote that cost control is the main purpose of copayments. Perhaps the authors might note that "tiering" is intended to provide the most value for drug expenditure (e.g. generics are tier 1 because they provide the same therapeutic outcomes at a lower cost).

Pg. 15 The sentence "Independent of formulary tiering, patient cost-sharing is an important factor." may be misleading to some extent. Copayment tier and copayment amount are inter-related from a benefit management viewpoint. If there were not a price effect of tiering, the only impact of tiering would be through some non-monetary constraint such as mail order only, prior authorization, quantity limits, etc. Please elaborate a bit.

Pg. 16 The sentence "Studies by McDonough et al [52] and Andrade et al [53] both found increases in the prescribing of the preferred agents (lisinopril and sterified estrogen tablets, respectively) as a result of formulary change." seems some what out of place and incomplete. Consider relocating or clarifying so that the relevance to "Formulary/coverage change" is clear.

Minor Essential Revisions: (mostly editorial suggestions, spelling)
Pg.4 spelling - Para 1. enrollees; Para 3, line 6, copayment(s)
Pg.5 Para 1.line 3 change medications "that" to medications "so as to";line 9 education(al)
Pg.6 Para 1. line 8 change "There was also at that time" to "At that time, there was also"
Pg. 9 Para 1. line 4 insert "involving pharmacists" before (10%)
Pg. 9 Para 2. line 4 insert "involving pharmacists" before (5)
Pg. 12 Para 3. Sentence beginning with "One intervention" is a bit awkward, consider rewording for clarity.
Pg. 14 Para 1 line 1. insert "neither" before non-intrusive and "nor" before "presenting"
Pg. 16 Para 2 line 3 9. Does "while member co-payment increased significantly" refer to total out-of-pocket payments?
Pg. 17 Para 3 last line. Insert "levels" after cholesterol.
Pg. 18 Para 1 line 2 delete "an intervention involving" and insert "which were" after "plans".
Pg. 19 Para 1 line 1. Change "and" to "that" is associated.
Pg. 19 Para 2 line 9. Was the effect of the intervention different for antidepressants alone vs. problems solving?
Pg. 20 Para 1 line 1. What was the intervention in the Ray study? Was it simply the switch to carve out?
Pg. 23 Para 3 line 2. Change "long" to "longer"
Pg. 24 Para 3 line 4. Delete "in" and insert "used by" before MCOs
Pg. 25 Para 1 line 8. Change "common approaches" to "commonly" used
Pg. 31 Ref. 50 Is the second author's name correct?

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.