Reviewer’s report

Title: Patterns of Prescription Drug Expenditures and Medication Adherence Among Medicare Part D Beneficiaries with and without the Low-Income Supplement

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Reviewer: Kate Halton

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Overall Comments. The research appears to be soundly conducted. Statistical tests and methods of adjustment are appropriate. The results are clearly presented. The manuscript is clearly written and flows nicely. I think the manuscript can be accepted with minor revisions.

I have only three minor suggestions:

1. There are a lot of acronyms used in the manuscript which makes it hard to read. For cases where the acronym is not used often, or is being used to replace one work e.g. out-of-pocket I’d suggest spelling it out instead. All acronyms used in tables need to be defined.

2. The absolute difference in adherence to medications appears to be very small in absolute terms (even though it statistically significant this is more a reflection of the sample size of the study). Even claiming modestly better adherence for LIS recipients is an overstatement for all but diabetes medication.

3. The last sentence of the introduction doesn’t make sense.

4. The manuscript relies somewhat on local knowledge to understand the key differences between the LIS, non-LIS/GC and non-LIS/non-GC categories and the implications this might have for health seeking behaviour. This may limit how interpretable it is for an international audience. Some information in the discussion e.g. paragraph starting line 256 p 11 may be better up front in a clearer description of the important differences between these groups. The relevance of the article may also be broadened by discussing the findings in relation to a broader body of evidence about the impact of healthcare subsidies on healthcare access amongst disadvantaged groups in other settings (regardless of the mechanism of the subsidy).