specific quality criteria developed by the authors. RESULTS: We found 45 comparative studies in 43 publications. Asthma (14 studies) and psychiatric illness (12 studies) were most commonly investigated. In 33 studies, interventions were educational, 20 had multiple components and 23 did not appear to be linked to proven reasons for non-adherence. No studies assessed management of unintentional non-adherence. No study met all quality criteria. Study quality has not improved with time, as some better studies are over ten years old. Many studies used inadequate or unidentifiable adherence measures. Critically, many were too small or not randomised. All studies assumed that patients were prescribed appropriate therapy for their condition, and no assessment of treatment quality was made by any study. Reporting of adherence and outcome results was often unclear. Cost data were poorer quality than outcome data, using average or estimated costs and omitting some cost elements. Nine studies carried out incremental economic analysis. CONCLUSIONS: We were not able to make definitive conclusions about the cost-effectiveness of medication adherence enhancing interventions due to the heterogeneity of the studies found and incomplete reporting of results. Important policy decisions need to be made about non-adherence, however, they are currently being made in a vacuum of adequate information. Medication adherence-enhancing interventions must be based on reasons for non-adherence and be evaluated using accepted clinical and economic quality criteria.

**IMPACT OF INCREASED COPAYMENTS ON THE SWITCHING AND DISCONTINUATION RATES FOR NON FORMULARY MEDICATIONS**

Nair KV1, Valuck RJ2

1University of Colorado Health Sciences Center, Denver, CO, USA; 2University of Colorado, Denver, CO, USA

OBJECTIVE: Chronic disease sufferers are particularly affected by prescription copayment increases as they are faced with decisions to switch to formulary alternatives or pay more to stay on their current medication. The objective of this study was to evaluate the impact of increased prescription copayments as a result of a change in formulary status on continuation rates of non formulary medications in multi-tiered pharmacy benefit plans.

METHODS: Retrospective cohort study of chronic disease patients from a health plan in the Western U.S. Individuals were selected who were taking a medication that was being removed from the health plan’s formulary and thus experienced increases in their copayments for non formulary medications (n = 1244). Two time periods were studied: the “pre” period before and the “post” period after the increase in copayments. Adjusting for demographics, chronic co-morbidities, medication use, Medicare + Choice status and percentage increase in copayment for non formulary medications, Cox regressions were used to assess continuation rates for these medications.

RESULTS: A clear relationship between increasing copayment differentials and continuation rates for non formulary medications in the post period could not be established. In general those who experienced higher copayment differentials (between 50–100%, 100–200% and greater than 200%) were more likely to continue their non formulary medication than those who experienced copayment increases of 25–50% and less than 25%. CONCLUSIONS: Individuals confronted with increased copayments often switched their medications to formulary alternatives. However, a clear relationship could not be established between increasing copayments and continuation behavior. Further research is needed to determine if these switching behaviors result in inappropriate medication behaviors such as complete discontinuation of drug therapy due to the increased costs.