

Please complete all required sections to allow your request to be processed. Incomplete requests CANNOT BE EXPEDITED.

Patients may or may not meet eligibility requirements as established by Alberta Government sponsored drug programs.

PATIENT INFORMATION				COVERAGE TYPE:	
PATIENT LAST NAME	FIRST NAME	INITIAL	<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> Other		
DATE OF BIRTH: Year / Month / Day	ALBERTA PERSONAL HEALTH NUMBER				
STREET ADDRESS	CITY	PROV	POSTAL CODE	IDENTIFICATION/CLIENT/COVERAGE No:	

PRESCRIBER INFORMATION			PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION		
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	REGISTRATION NO.		
STREET ADDRESS			<input type="checkbox"/> CPSA <input type="checkbox"/> ACO <input type="checkbox"/> CARNA <input type="checkbox"/> ADA+C <input type="checkbox"/> ACP <input type="checkbox"/> Other		
CITY, PROVINCE			PHONE:	FAX:	
POSTAL CODE			<b>FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED</b>		

Only the following conditions may be authorized for coverage.  
 Drug Requested and Condition requiring quinolone treatment: Please check the boxes that apply to your patient.

<input type="checkbox"/> <b>CIPROFLOXACIN</b> <b>Respiratory Tract Infection:</b> <input type="checkbox"/> End stage COPD with or without bronchiectasis, where there has been documentation of previous <i>Pseudomonas aeruginosa</i> colonization/infection <input type="checkbox"/> Pneumonic illness in cystic fibrosis <b>Genitourinary Tract Infection:</b> <input type="checkbox"/> Urinary Tract Infection <input type="checkbox"/> Prostatitis <input type="checkbox"/> Prophylaxis of urinary tract surgical procedures <input type="checkbox"/> Gonococcal infection <b>Skin &amp; Soft Tissue / Bone &amp; Joint Infection:</b> <input type="checkbox"/> Malignant / invasive otitis externa <input type="checkbox"/> Bone / joint infection due to gram-negative organism(s) <input type="checkbox"/> Therapy / step-down therapy of polymicrobial infection in combination with clindamycin or metronidazole, e.g. diabetic foot infection, decubitus ulcers <b>Gastrointestinal Tract Infection:</b> <input type="checkbox"/> Bacterial gastroenteritis where antimicrobial therapy is indicated <input type="checkbox"/> Typhoid fever (enteric fever) <input type="checkbox"/> Therapy / step-down therapy of polymicrobial infection in combination with clindamycin or metronidazole, e.g. intra-abdominal infections <b>Other:</b> <input type="checkbox"/> Prophylaxis of adult contacts of cases of invasive meningococcal disease <input type="checkbox"/> Therapy / step-down therapy of hospital acquired gram-negative infections <input type="checkbox"/> Empiric therapy of febrile neutropenia in combination with other appropriate agents <input type="checkbox"/> Exception case of allergy or intolerance to all other appropriate therapies as defined by relevant guidelines/references, i.e. AMA CPGs or Bugs & Drugs <div style="text-align: center;">↓</div> Please specify details: _____ <input type="checkbox"/> For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases	<input type="checkbox"/> <b>LEVOFLOXACIN</b> <input type="checkbox"/> <b>MOXIFLOXACIN</b> <input type="checkbox"/> Community acquired pneumonia after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy <input type="checkbox"/> Community acquired pneumonia in patients with co morbidities (asthma, lung cancer, COPD, diabetes, alcoholism, chronic renal or liver failure, CHF, chronic corticosteroid use, malnutrition or acute weight loss, hospitalization within previous 3 months, HIV/AIDS, smoking) <input type="checkbox"/> Acute exacerbation of chronic bronchitis after failure of first and second line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy <input type="checkbox"/> Acute sinusitis after failure of first line therapy, as defined by clinical deterioration after 72 hours of antibiotic therapy or lack of improvement after completion of antibiotic therapy, in patients with β-lactam (penicillin & cephalosporin) allergy <input type="checkbox"/> For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases.
<input type="checkbox"/> <b>OFLOXACIN</b> <input type="checkbox"/> Pelvic inflammatory disease <input type="checkbox"/> Epididymo-orchitis/epididymitis most likely due to enteric organisms <input type="checkbox"/> For the treatment of Chlamydia infection <input type="checkbox"/> For the treatment of Gonococcal infection <input type="checkbox"/> For use in other current Health Canada approved indications when prescribed by a specialist in Infectious Diseases	

PHYSICIAN'S SIGNATURE	DATE	Please forward this request to: <b>Alberta Blue Cross, Clinical Drug Services</b> 10009-108 Street NW, Edmonton, Alberta T5J 3C5	FAX: <b>780-498-8384</b> in Edmonton <b>1-877-828-4106</b> toll-free all other areas
-----------------------	------	--	---

**ONCE YOU HAVE CONFIRMED YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST.**

## Optional Special Authorization for Quinolones

Select quinolones covered through optional special authorization for Alberta Government sponsored drug programs include **ciprofloxacin**, **levofloxacin**, **moxifloxacin**, and **ofloxacin**. Norfloxacin continues to be eligible for coverage as an unrestricted benefit.

### Rationale

These criteria are the result of a comprehensive evidence-based review undertaken as an initiative of the Alberta Health Expert Committee on Drug Evaluation and Therapeutics through the Review of Benefit Status (ROBS) process. This review examined systemic antimicrobial agents currently covered via the Alberta Drug Benefit List. The mandate of the review was to encourage optimal utilization and to help prevent antimicrobial resistance. The review was conducted according to the established ROBS process, and included systematic reviews of the medical literature and analysis of current utilization patterns. External Alberta physicians and pharmacists with expertise in the treatment of infectious diseases provided advice and assistance for this review process. Information and experience from other provincial jurisdictions that have undertaken similar antimicrobial reviews were also taken into consideration in this review.

The review was completed in accordance with pre-determined guiding principles that sought to allow optimal practice to proceed, ensuring optimal use and helping prevent resistance, while at the same time being unencumbered by undue paperwork and unnecessary restrictions.

### Role of Physicians

In conjunction with these new criteria, physicians have two options by which patients may be eligible for coverage of these specific antimicrobial products. This offers a streamlined alternative to traditional Special Authorization.

- 1) Physicians can register to be a designated prescriber. Registration allows for patients to receive coverage of quinolones **without Special Authorization as long as the prescription is written for one of the criteria for coverage** set out in the *Alberta Drug Benefit List*, and referenced on this form. *Should a designated physician wish to prescribe one of the select quinolones outside the coverage criteria, they may do so but must indicate this on the prescription; however, patients will not be eligible for payment under the government-sponsored program for such prescriptions and the patient may choose to receive the product at their expense.*
- 2) **Physicians who choose not to register will be considered 'non-designated prescribers'**.
  - Such physicians **will be required to apply for Special Authorization** on the patient's behalf.
  - A patient's claims for prescriptions written by non-designated physicians will be subject to a first fill forgiveness rule. This means the first claim will be paid but subsequent claims for the same active ingredient (irrespective of strength, route and form) within a 90 day period will require Special Authorization.
  - Special authorization requests must be submitted using the *Select Quinolones Special Authorization Request Form*. If the appropriate sections of this request form are completed *and* coverage criteria are met, the request will be processed within approximately 6 to 18 hours of receiving the request. Subsequent claims will be rejected unless Special Authorization is granted.

**To register to become a designated prescriber please complete the *Select Quinolone Antibiotics Registration for Designated Prescriber Status Form* found at [www.health.alberta.ca/services/drug-benefit-list.html](http://www.health.alberta.ca/services/drug-benefit-list.html) and return your completed registration by FAX to 1-877-305-9911.**

*For more information, please contact Clinical Drug Services, Alberta Blue Cross, at 780-498-8480 in Edmonton, and 1-866-998-8480 toll-free all other areas.*



® The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan. ABC 30966 SA form and comm (2012/09)