

Coverage criteria introduced for select quinolone antibiotics

At the request of Alberta Health and Wellness, Alberta Human Resources and Employment, Alberta Seniors and Community Supports and Alberta Children's Services, Alberta Blue Cross will apply new criteria effective November 15, 2005 for coverage of select quinolones—**ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin, and ofloxacin**—covered through their drug benefit programs. Norfloxacin continues to be eligible for coverage as an unrestricted benefit.



These criteria are the result of a comprehensive evidence-based review undertaken as an initiative of the Alberta Health and Wellness Expert Committee on Drug Evaluation and Therapeutics through the Review of Benefit Status (ROBS) process. This review examined all classes of systemic antimicrobial agents currently covered or being considered for coverage through the *Alberta Health and Wellness 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 analyses of current utilization patterns and possible impact to other drugs following coverage changes. Alberta physicians and pharmacists with expertise in the treatment of infectious diseases provided advice and assistance for this review. 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 that these changes should not cause unnecessary barriers to appropriate use of or prevention of resistance to antibiotics, should minimize any increase in paperwork or workload for prescribers and pharmacists, and should be simple and practical to implement in daily practice.

As a result of this review, Alberta Health and Wellness, Alberta Human Resources and Employment, Alberta Seniors and Community Supports and Alberta Children's Services have adopted new criteria for coverage of five quinolone antibiotics: ciprofloxacin, gatifloxacin, levofloxacin, moxifloxacin and ofloxacin.

In conjunction with these new criteria, prescribers have two options by which patients may be eligible for coverage of these specific antibiotics.

- 1) Prescribers can register to be a *Designated Prescriber*. This offers a streamlined alternative to traditional Special Authorization.
- 2) Prescribers who choose not to register will be considered '*non-designated prescribers*'.

Registration as a Designated Prescriber allows for patients to receive coverage of quinolones without Special Authorization.

- Due to the need for timely treatment of medical conditions related to these products, patient claims for prescriptions written by a 'non-designated prescriber' will be subject to a **"first fill forgiveness rule,"** meaning the first claim will be paid.
- Subsequent claims for products with the same active ingredient, no matter what strength, within a 90 day period would require the prescriber to apply for Special Authorization for coverage on the patient's behalf using the *Select Quinolones Special Authorization Request Form*.
- Alberta Blue Cross will assess the request and process within approximately 6 to 18 hours.

Role of pharmacy service providers

Pharmacy Service providers should experience minimal changes to daily operation procedures as a result of this new process.

- A patient's first claim for a prescription written by a non-designated prescribers will be subject to the **first fill forgiveness rule**.
- This means the first claim will be paid but subsequent claims for products with the same active ingredient, no matter what strength, within a 90-day period would require Special Authorization.
- Alberta Blue Cross will reject subsequent claims where no Special Authorization is granted.
- To accommodate government program clients who may have urgent need for these products *in extenuating circumstances and where the non-designated prescriber is not accessible*, pharmacy providers will have the option to contact Alberta Blue Cross Pharmacy Services to request prior authorization.

This only applies in situations where the prescriber is a non-designated prescriber and is not available (i.e. prescriber's office is closed) and this is a **subsequent claim to the first forgiveness claim**.

- In such cases the provider may contact Alberta Blue Cross Pharmacy Services and a quinolone authorization will be granted to the pharmacy provider for one time use only.
- Pharmacy providers are required to submit the correct physician identification number. Claims using the pseudo-physician identification number (91111 or 81111) will be rejected back to the provider for clarification and resubmission.



Call centre hours:

Monday to Friday
8 a.m. to 8 p.m.
Saturday, Sunday and Stat.
Holidays **10 a.m. to 5 p.m.**

498-8370
(Edmonton and area)
294-4041
(Calgary and area)
1-800-361-9632 toll free.



For more information on pharmacy topics, please contact your pharmacy services representatives at:

498-8370 (Edmonton and area)
294-4041 (Calgary and area)
1-800-361-9632 toll free.

Q&As: new coverage criteria for select quinolone antibiotics

1. What will the adjudication-messaging look like for rejected claims?

If the incoming claim is for an OSA product that is not eligible for first forgiveness and with a non-designated prescriber, a reject message with a response code of *'LH - authorization required - call adjudicator'* will be returned to the pharmacy.

If the incoming claim is for an OSA product that is eligible for first forgiveness and with a non-designated prescriber, the claim will pay if the patient has not received a product with the same active ingredient, no matter what strength, within a 90-day period prescribed by the same prescriber. In such instances, a message will be sent to the pharmacy with the response indicating that subsequent claims will require special authorization. The response code *'RV - Non designated phys future fills need SA'* will be used.

2. What happens if a pharmacy submits the wrong identification number for a prescriber (other than the default 91111)?

Specific to this program, the wrong prescriber identification number attached to a given prescriber, designated or non-designated, may result in a claim accepted or rejected in error.

As such, pharmacies must ensure they are using the correct physician identification number to ensure they are not receiving unnecessary rejections due to non-designated prescriber.

To minimize potential administration issues, it is critical to submit correct prescriber identification numbers on claims.

3. Are non-designated prescribers allowed one first claim forgiveness per patient every 90 days?

Yes, after 90 days has elapsed, a non-designated prescriber may write another prescription for this product for the individual and it will be eligible for coverage.

4. How will “extenuating circumstances” be managed where the non-designated prescriber is not accessible?

Extenuating circumstances are considered only in the event that a physician is not available for a period of time. This is limited to emergency situations, and the pharmacy must document its attempt to contact the physician, including date and time and the actions the pharmacy has taken. Overrides may be subject to a verification process.

