Reviewer’s report

Title: Evaluating the impact of a novel restricted reimbursement policy for quinolone antibiotics: A time series analysis

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Reviewer: Christopher Graber

Reviewer’s report:

This is a well-written, concise, logical report on the effect of implementation of an optional special authorization program had on quinolone utilization in the population studied. Though the authors were not able to demonstrate an overall reduction in the use of quinolones upon implementation of the OSA program, I do think it is important that there were significant level changes in quinolone prescription for UTI and URTI because these are prime indications where quinolones are frequently overused (this should be highlighted in the manuscript more).

I only have discretionary revisions/suggestions:

1. Abstract/Methods: I think it might be useful to give quantitative numbers on how many patient courses were analyzed in each phase of the study in this part of the abstract. For example, I would mention that there were 397,534 total unique index visits analyzed with regard to overall antibiotic utilization and that 1681 charts of patients with infections of interest were reviewed for indications for quinolone usage.

2. Abstract/Results: For the second-to-last sentence, I would add the phrase "identified through chart review" after "Among quinolone prescriptions."

3. Page 7: Methods/Optional Special Authorization Policy: I think it would be useful for the authors to list the criteria for use set out by the OSA directly in the manuscript (either as text in the Methods or as a table) rather than just referring to the online document.

4. Page 7: Study Population: I am interested as to why the authors only limited their analysis to AECB, pneumonia, URTI, and UTI. I would think that the effect of the OSA on indications for use that do not fall into one of these four categories would be of great interest as well, since such use may be more likely to be "off-label" and potentially inappropriate.

5. Page 13: Results/Overall antibiotic and quinolone antibiotic use before and after implementation of the OSA program: I think it would be useful to determine how much of the reduction in levofloxacin usage for AECB, pneumonia, and URTI was due to replacement by moxifloxacin. Furthermore, I would expand Figure 3 into multiple panels to show individual fluoroquinolone use for each indication (i.e. graph cipro/levo/moxi for UTI, AECB, pneumonia, URTI).
Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.