

NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS
Request for Insured Coverage of Dalbavancin Hydrochloride (Xydalba)

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	HEALTH CARD NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC INFORMATION			
For the treatment of adult patients with acute bacterial skin and skin structure infections (ABSSSI) who meet all the following criteria:			
<input type="checkbox"/> Known or suspected methicillin-resistant Staphylococcus aureus (MRSA) ABSSSI; AND			
<input type="checkbox"/> High risk of nonadherence to outpatient antibiotic treatment OR			
<input type="checkbox"/> High risk of nonadherence to prolonged hospitalization.			
Claim Notes: Approvals will be for a maximum 1500 mg per treatment course.			
Additional Comments (if applicable):			
PRESCRIBER NAME & ADDRESS:			
_____		_____	
LICENCE #		PRESCRIBER SIGNATURE	DATE

If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026

Please Return Form To: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 496-4440