

FEBUXOSTAT SPECIAL AUTHORIZATION REQUEST FORM

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

Please complete all required sections to allow your request to be processed. PATIENT INFORMATION **COVERAGE TYPE** PATIENT LAST NAME FIRST NAME INITIAL ☐ Alberta Blue Cross □ Alberta Human Services ☐ Other DATE OF BIRTH (YYYY/MM/DD) ALBERTA PERSONAL HEALTH NUMBER POSTAL CODE STREET ADDRESS CITY **PROV** ID/CLIENT/COVERAGE NUMBER PRESCRIBER INFORMATION PRESCRIBER LAST NAME FIRST NAME INITIAI PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION ☐ CPSA ☐ ACO **REGISTATION NUMBER** ☐ CARNA ☐ ADA+C STREET ADDRESS ☐ ACP ☐ Other **PHONE** FAX CITY . PROVINCE POSTAL CODE FAX NUMBER MUST BE PROVIDED WITH EACH REQUEST SUBMITTED Criteria for Coverage of FEBUXOSTAT "For the treatment of symptomatic gout in patients with a documented hypersensitivity to allopurinol or documented hematological abnormalities. Special authorization may be granted for 6 months." Please note: Hypersensitivity to allopurinol is a rare condition that is characterized by a major skin manifestation, fever, multi-organ involvement, lymphadenopathy and hematological abnormalities (eosinophilia, atypical lymphocytes). Intolerance or lack of response to allopurinol will not be covered by this criteria. The product(s) are eligible for auto-renewal. Please provide the following information for NEW requests (check ALL that apply) Diagnosis ☐ Symptomatic gout ☐ Other (please specify) Previous medications utilized: Information is required for the following ☐ Allopurinol has been utilized → please indicate response to therapy ☐ Documented *hypersensitivity ☐ Documented hematologic abnormalities, please specify ☐ Other (please specify) *Please note: Hypersensitivity to allopurinol is a rare condition that is charcterized by a major skin manifestation, fever, multi-organ involvement, lymphadenopathy and hematological abnormalities (eosinophilia, atypical lymphocytes). Intolerance or lack of response to allopurinol will not be covered by this criteria. ☐ Allopurinol has NOT been utilized → please indicate reason ☐ Documented hematologic abnormalities, please specify Other (please specify) Additional information relating to request PRESCRIBER'S SIGNATURE DATE Please forward this request to Alberta Blue Cross, Clinical Drug Services 10009 108 Street NW, Edmonton, Alberta T5J 3C5

ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 108 Street, Edmonton AB T5J 3C5.



FAX: 780-498-8384 in Edmonton • 1-877-828-4106 toll free all other areas

