

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	<input type="checkbox"/> Alberta Blue Cross <input type="checkbox"/> Alberta Human Services <input type="checkbox"/> Other		
DATE OF BIRTH (YYYY/MM/DD)	ALBERTA PERSONAL HEALTH NUMBER				
STREET ADDRESS	CITY	PROV	POSTAL CODE	ID/CLIENT/COVERAGE NUMBER	

PRESCRIBER INFORMATION				
PRESCRIBER LAST NAME	FIRST NAME	INITIAL	PRESCRIBER PROFESSIONAL ASSOCIATION REGISTRATION	
STREET ADDRESS			REGISTRATION NUMBER	
			<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>	

**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 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.*

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 <b>Alberta Blue Cross, Clinical Drug Services</b> <b>10009 108 Street NW, Edmonton, Alberta T5J 3C5</b> <b>FAX: 780-498-8384 in Edmonton • 1-877-828-4106 toll free all other areas</b>
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**ONCE YOUR REQUEST HAS SUCCESSFULLY TRANSMITTED, PLEASE DO NOT MAIL OR RE-FAX YOUR REQUEST**