## APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

APPLICANT (stamp or sticker acceptable)	PATIENT NHI:	REFERRER Reg No:
Reg No:	First Names:	First Names:
Name:	Surname:	Surname:
Address:	DOB:	Address:
	Address:	
Fax Number:		Fax Number:

## Febuxostat

Initial application — Gout Applications from any relevant practitioner. Approvals valid for 6 months. Prerequisites(tick boxes where appropriate)		
and	Patient has been diagnosed with gout	
	Image: Constraint of the patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose   Image: Or The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose   Image: Or The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note)   Image: Or The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout.	
Application	Itication — Tumour lysis syndrome   is only from a haematologist or oncologist. Approvals valid for 6 weeks.   Ites(tick boxes where appropriate)   Patient is scheduled to receive cancer therapy carrying an intermediate or high risk of tumour lysis syndrome   Patient has a documented history of allopurinol intolerance	
Renewal –	– Gout proval Number (if known):	
Application	is from any relevant practitioner. Approvals valid for 2 years. ites(tick box where appropriate)	
Т	he treatment remains appropriate and the patient is benefitting from treatment	
Renewal –	– Tumour lysis syndrome	
Current app	proval Number (if known):	
	is only from a haematologist or oncologist. Approvals valid for 6 weeks. i <b>tes</b> (tick box where appropriate)	
The treatment remains appropriate and the patient is benefitting from treatment		

I confirm the above details are correct and that in signing this form I understand I may be audited.