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	
	 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 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 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) The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout. 	
Application	Iication — Tumour lysis syndrome s 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	
Application	- Gout proval Number (if known): is from any relevant practitioner. Approvals valid for 2 years. ites(tick box where appropriate)	
	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 tes (tick box where appropriate)	
Пт	he 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.