

**Request for Febuxostat (Uloric) for Gout or Lowering Uric Acid
Exceptional Access Program (EAP)**

Not for Paediatric
Cases



To avoid delays, please ensure that all appropriate information for each section is provided.

Section 1 - Physician Information **Section 2 - Patient Information**

First Name	Initial	Last Name	First Name	Initial	Last Name
Street #	Street Name		Health Card Number		
City	Postal Code		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)	
Fax	Preferred Phone Number				

Section 3 - Drug Requested

Febuxostat (Uloric) 80 mg DIN 02357380	Dose Requested:
<input type="checkbox"/> Initial Request Is the patient currently on Uloric? <input type="checkbox"/> Yes (Fill section 4 & 5) <input type="checkbox"/> No (Fill section 4)	<input type="checkbox"/> Renewal Request (Fill Section 5) Approved EAP request # <input type="text"/>

Section 4 - Clinical Information

1. Diagnosis:

Gout
 For the lowering of uric acid as recommended by clinical practice guidelines

2. Has the patient been treated with allopurinol previously?:

No - please provide rationale why it cannot be considered

Yes - provide Dose mg Frequency Duration

Response to allopurinol:

Failure : patient has had recurrent gout attacks
 Patient has experienced Severe Allopurinol Hypersensitivity Syndrome (complete #3 below)
 Other: Details:

3. Please check all signs and symptoms that this patient experienced:

Major clinical criteria:

Worsening renal function
 Acute hepatocellular injury
 A rash that is one of: toxic epidermal necrolysis (TEN), Stevens-Johnson syndrome (SJS), erythema multiforme, generalised maculopapular exanthem or generalized exfoliative dermatitis (GED)

Minor clinical criteria: Fever Eosinophilia Leukocytosis

Section 5 - Complete for Renewal Requests Only

Has the patient demonstrated a benefit from the use of Uloric, documented by either a reduction in gout attacks or a reduction in uric acid levels?
 Yes No

Other relevant information

Physician Signature	CPSO Number	Date (DD/MM/YYYY)
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