

New Brunswick Prescription Drug Program



**Filgrastim (Neupogen®) / Pegfilgrastim (Neulasta®)
Special Authorization Request Form**

PATIENT INFORMATION			
PATIENT SURNAME	PATIENT GIVEN NAME	MEDICARE or NBPDP ID NUMBER	DATE OF BIRTH
PATIENT ADDRESS			
DIAGNOSTIC & DOSING INFORMATION			
Diagnosis: _____			
Chemotherapy regimen: _____			
Current cycle: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Select One:		Patient weight: _____	
<ul style="list-style-type: none"> • Filgrastim daily dose: <input type="checkbox"/> 300 mcg <input type="checkbox"/> 480 mcg • Pegfilgrastim single dose: <input type="checkbox"/> 6 mg 			
Estimate the number of doses required for each cycle (Filgrastim only): _____ doses			
Number of cycles required: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
Indication for use: <input type="checkbox"/> Primary prophylaxis <input type="checkbox"/> Secondary prophylaxis			
Comments: _____			
NOTES			
<p>Filgrastim (Neupogen®) dosing is 5 mcg/kg/day. For patients ≤ 60 kg who are prescribed filgrastim 300mcg for 9 or fewer days, the cost for filgrastim therapy is less than the cost of pegfilgrastim 6mg.</p> <p>Reimbursement of pegfilgrastim is available through special authorization as part of an NBPDP Pilot Project to monitor usage. Pegfilgrastim is not indicated and requests will not be considered for the following:</p> <ul style="list-style-type: none"> • Myeloid malignancies • Pediatric patients with cancer receiving myelosuppressive chemotherapy • Non-malignant neutropenias • Stem-cell transplantation • Treatment of prevention of febrile neutropenia in the palliative setting 			
PRESCRIBER INFORMATION			
PHYSICIAN NAME & ADDRESS:		<div style="border-top: 1px solid black; margin-top: 20px; display: flex; justify-content: space-between;"> PHYSICIAN SIGNATURE DATE </div>	

PLEASE RETURN FORM TO:

SPECIAL AUTHORIZATION UNIT
 NEW BRUNSWICK PRESCRIPTION DRUG PROGRAM
 P.O. BOX 690
 644 MAIN STREET, MONCTON, NEW BRUNSWICK E1C 8M7
 TOLL FREE INQUIRY LINE: 1-800-332-3691
 LOCAL FAX: 506-867-4872 TOLL FREE FAX: 1-888-455-8322