New Brunswick / Nouveau-Brunswick
New Brunswick Drug Plans / Régimes de médicaments du Nouveau-Brunswick

NEW BRUNSWICK DRUG PLANS
FILGRASTIM / PEGFILGRASTIM
SPECIAL AUTHORIZATION REQUEST

Please fax completed form to **506-867-4872** or **1-888-455-8322.**
Request forms that are missing information will be returned for completion.
If no mailing address or fax number is provided, we will be unable to return a response.

Section 1 – Requestor Information

First Name	
Last Name	
Mailing Address (Street, City, Province, Postal Code)	
Telephone	Fax

Section 2 – Patient Information

First Name
Last Name
Medicare Number (Critical for Processing) 1 2 3 4 5 6 7 8 9
Date of Birth (DD/MM/YYYY)

Section 3 – Drug Requested

Select one of the following:
- ◯ Filgrastim 300 mcg SC daily
- ◯ Filgrastim 480 mcg SC daily
- ◯ Filgrastim (specify dose): _____
- ◯ Pegfilgrastim 6 mg SC per cycle

Number of cycles required: _____
Number of doses per cycle: _____
OR
Anticipated duration of therapy: _____

Section 4 – Indication

For Chemotherapy Support (Filgrastim or Pegfilgrastim)

Chemotherapy is being administered with a curative intent: ◯ Yes ◯ No

Indication (select one of the following):
- ◯ High risk of febrile neutropenia due to chemotherapy regimen, co-morbidities, or pre-existing severe neutropenia
- ◯ Febrile neutropenia, neutropenic sepsis or profound neutropenia in a previous cycle of chemotherapy
- ◯ Chemotherapy dose reduction, or treatment delay greater than one week due to neutropenia
- ◯ Other (please specify): _____

For Non-malignant Indications (Filgrastim Only)

Indication (select one of the following):
- ◯ To increase neutrophil count and reduce the incidence and duration of infection in patients with congenital idiopathic or cyclic neutropenia
- ◯ For the prevention and treatment of neutropenia in patients with HIV infection
- ◯ Other (please specify): _____

For Stem Cell Transplantation Support (Filgrastim Only)

Indication (select one of the following):
- ◯ For mobilization of peripheral blood progenitor cells for the purpose of stem cell transplantation
- ◯ To enhance engraftment following stem cell transplantation

Section 5 – Requestor's Signature

Signature	License or Registration Number	Date (DD/MM/YYYY)

This information is collected under the authority of the *Prescription and Catastrophic Drug Insurance Act*, or the *Prescription Drug Payment Act*. This information will be used and disclosed to administer the NB Drug Plans (New Brunswick Prescription Drug Program and New Brunswick Drug Plan). It may be used and disclosed in accordance with the *Personal Health Information Privacy and Access Act*.