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| 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: |

Filgrastim

Initial application

Applications only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified.

Prerequisites (tick boxes where appropriate)

- ☐ Prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or equal to 20%*)

or

☐ Peripheral blood stem cell mobilisation in patients undergoing haematological transplantation

or

☐ Peripheral blood stem cell mobilisation or bone marrow donation from healthy donors for transplantation

or

☐ Treatment of severe chronic neutropenia ($ANC < 0.5 \times 10^9/L$)

or

☐ Treatment of drug-induced prolonged neutropenia ($ANC < 0.5 \times 10^9/L$)

Note: *Febrile neutropenia risk greater than or equal to 20% after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.

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

Signed: Date:

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz