

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

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Fax Number: .....      Fax Number: .....

**Filgrastim**

**Initial application**

Applications from any relevant practitioner. 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 ×10<sup>9</sup>/L)
- or
- Treatment of drug-induced prolonged neutropenia (ANC < 0.5 ×10<sup>9</sup>/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](mailto:customerservice@health.govt.nz)