



NEW ENGLAND

Cancer Specialists

Infusion Center

Kennebunk · Portsmouth · Scarborough · Topsham

Phone: 207-303-3225 Fax:207-692-2473

**Pegfilgrastim order form Udenyca-Q5111, Fulphila-Q5108**

<b>Patient Name:</b> _____	<b>DOB:</b> _____
Diagnosis: _____	Diagnosis Code: _____
Height: _____(cm)	Actual Weight: _____(kg)
Allergies: _____	

**The preferred pegfilgrastim products for NECS are Fulphila or Udenyca. Other agents will only be considered on a limited case by case basis**

**Requested pegfilgrastim (check appropriate box)**

- Udenyca (pegfilgrastim-cbqv) 6 mg subcutaneously**
- Fulphila (pegfilgrastim-jmdb) 6 mg subcutaneously**
- \_\_\_\_\_

**pegfilgrastim frequency (check appropriate dosing box):**

- every 14 days**
- every 21 days**
- \_\_\_\_\_

**Orders valid through** \_\_\_ / \_\_\_ / \_\_\_

**\* In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: _____		
Provider Signature: _____	Date: _____	
Phone: _____	Fax: _____	Pager: _____