

<b>APPLICANT</b> (stamp or sticker acceptable)	<b>PATIENT NHI:</b> .....	<b>REFERRER</b> Reg No: .....
Reg No: .....	First Names: .....	First Names: .....
Name: .....	Surname: .....	Surname: .....
Address: .....	DOB: .....	Address: .....
.....	Address: .....	.....
.....	.....	.....
Fax Number: .....	.....	Fax Number: .....

**Midostaurin**

**Initial application**  
Applications from any relevant practitioner. Approvals valid for 9 months.  
**Prerequisites**(tick boxes where appropriate)

<input type="checkbox"/> Patient has a diagnosis of acute myeloid leukaemia
<b>and</b> <input type="checkbox"/> Condition must be FMS tyrosine kinase 3 (FLT3) mutation positive
<b>and</b> <input type="checkbox"/> Patient must not have received a prior line of intensive chemotherapy for acute myeloid leukaemia
<b>and</b> <input type="checkbox"/> Patient is to receive standard intensive chemotherapy in combination with midostaurin only
<b>and</b> <input type="checkbox"/> Midostaurin to be funded for a maximum of 4 cycles

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

Signed: ..... Date: .....  
Post application to Ministry of Health, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)