Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2342
March 2026

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: .....

Midostaurin

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

- ☐ Patient has a diagnosis of acute myeloid leukaemia

and

- ☐ Condition must be FMS tyrosine kinase 3 (FLT3) mutation positive

and

- ☐ Patient must not have received a prior line of intensive chemotherapy for acute myeloid leukaemia

and

- ☐ Patient is to receive standard intensive chemotherapy in combination with midostaurin only

and

- ☐ 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 Health New Zealand, Private Bag 3015, Wanganui – email: customerservice@health.govt.nz