Enquiries to Ministry of Health
0800 855 066

APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

Form SA2342
June 2026

APPLICANT (stamp or sticker acceptable)

Reg No: ....

Name: ....

Address: ....

....

....

Fax Number: ....

PATIENT NHI: ....

First Names: ....

Surname: ....

DOB: ....

Address: ....

....

....

REFERRER Reg No: ....

First Names: ....

Surname: ....

Address: ....

....

....

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