Enquiries to Ministry of Health
0800 855 066

# APPLICATION FOR SUBSIDY BY SPECIAL AUTHORITY

**Form SA2342**
November 2026

| **APPLICANT** (stamp or sticker acceptable) | **PATIENT** NHI: ..... | **REFERRER** Reg No: ..... |
|---|---|---|
| Reg No: ..... | First Names: ..... | First Names: ..... |
| Name: ..... | Surname: ..... | Surname: ..... |
| Address: ..... | DOB: ..... | Address: ..... |
| ..... | Address: ..... | ..... |
| ..... | ..... | ..... |
| ..... | ..... | ..... |

## 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**