TGA Therapeutic Goods Administration

REQUEST FOR SPECIAL ACCESS SCHEME (SAS) APPROVAL
CATEGORY B and C PATIENTS ONLY

Commonwealth Department of Health and Family Services

SAS No objection to use in [redacted] 18/1/2001

Category B: Persons suffering from a life-threatening medical condition, even if they are not critically ill.

Category C: Persons suffering from a serious but not life-threatening illness.

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

01/259 RAL 15/1/01

Prescribing doctor details

Name (initial / surname)	G. BLACKWOOD	Hospital	BALMORAL NAVAL HOSPITAL
Postal address	BALMORAL NAVAL HOSPITAL	Department	
	INMAT PENGUIN	Phone number	02 99600253
	MIDDLE HEAD RD		
	MOSMAN Postcode 2088	Fax number	02 99600369

Drug details

Active ingredient	TAFENOQUINE	Trade name	
		Company/supplier	
Dose form	200mg	Route of administration	
Dosage	SEE ATTACHED PROTOCOL	Duration of treatment	

Patient details

Patient initials	[redacted]	Patient category	[redacted]
Patient ID	[redacted]	Date of Birth	[redacted]
Previous SAS No.		Sex	[redacted]

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Diagnosis: RECURRENT MALARIA (PLASMODIUM VIVAX)

Justification for use of drug *(include previous and current treatment; state whether requesting renewal of SAS approval)*

PL VIVAX DIAGNOSED IN NOV 2000 AFTER RETURNING FROM E. TIMOR IN OCT 2000. [redacted] WAS TREATED WITH CHLOROQUINE AND PRIMAQUINE ([redacted] DOUBLED THE DOSE OF PRIMAQUINE AND TOOK IT FOR AN EXTRA WEEK - ie 3 WEEKS). MALARIA RECURRED IN USA ON 10-1-01. PL VIVAX ALSO CONFIRMED IN USA AND BY MRL CHLOROQUINE HAS AGAIN BEEN GIVEN

REQUEST TAFENOQUINE FOR ERADICATION.

Prescribing doctor: GEORGE BLACKWOOD

Signature: [signature]

Date: 18/1/01

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer, TGA, PO Box 100, Woden ACT 2606

01/23670