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



Commonwealth Department of Health and Family Services

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.

SAS No objection use if approved

18/1/2001

01/254 RUK 18/1/01

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

Prescribing doctor details

Name	G. BLACKWOOD <small>Initial Surname</small>	Hospital	BALMORAL NAVAL HOSPITAL
Postal address	BALMORAL NAVAL HOSPITAL HMAT PENQUIN MIDDLE HEAD RD MOSMAN Postcode 2088	Department	
		Phone number	02 996 00253
		Fax number	02 996 00369

Drug details

Active ingredient	TAFENOQUINE	Trade name	
Dose form	250mg	Company/supplier	
Dosage	SEE ATTACHED PROTOCOL	Route of administration	
		Duration of treatment	

Patient details

Patient initials	[Redacted]	Patient category	[Redacted]	Date of Birth	[Redacted]	Sex	[Redacted]
		Patient ID	[Redacted]	Previous SAS No.	[Redacted]		
Diagnosis	RECURRENT Malaria (Plasmodium vivax)						

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

PL VIVAX DIAGNOSIS IN NOV 2000 AFTER RETURNING FROM E. TIMOR IN OCT 2000. [Redacted] WAS TREATED WITH CYLOROQUINE AND PRIMAQUINE ([Redacted] DOUBLED THE DOSE OF PRIMAQUINE AND TOOK IT FOR AN EXTRA WEEK - IN 3 WEEKS). Malaria RECURRENT in USA on 10-1-01. PL VIVAX ALSO CONFIRMED IN USA AND BY MR. CYLOROQUINE HAS AGAIN BEEN GIVEN.

REQUEST TAFENOQUINE FOR REATIFICATION.

Prescribing doctor	GEORGE BLACKWOOD	Date	18/1/01
Signature	[Signature]		

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer TGA PO Box 100 Woden ACT 2506

01/23670