



Department of Defence 3 RAR RAP

7.	The Director			
	Drug Safety and Evaluation			
	Branch, Therapeutic Goods Administration			
Fax:	62328112			
Tel:	62328112			
Email:				

From:	Capt Graves	
	3 RAR RAP	
	HOLSWORTHY	
	NSW 2173	
Fax:	02 96002133	
Tel:	02 96002261	-
Email:		

	ENDORSEMENT TO PRESCRIBE TAFENOQUINE			
Reference:	Date: 31 May 2000	Pages (including cover): 4		

IMPORTANT: This facsimile remains the property of the Defence Organisation and is subject to the jurisdiction of section 70 of the Crimes Act 1914. If you have received the facsimile in error, you are requested to immediately contact the sender by telephone so that arrangements can be made for the return of the document to the sender.

Instructions or comments:

 Please find attached an endorsement from the Army Malaria Institute, treatment protocols, and a signed copy of the agreement to treatment directions. 30-MAY-2000

%S5

FROM

12:56

HPI J 32254890

30-WHX-5000 15:54



Weary Dunlop Dvc., Gallipoli Barracks, ENOGGERA, 4152

AMI 548-7-41 AMI /00

Mr. Z Hodak Experimental Drugs Section Therapeutic Goods Administration PO Box 100 **WODEN ACT 2606**

ENDORSEMENT TO PRESCRIBE TAFENOQUINE

The Army Malaria Institute endorses

Mortin Groves, RMD 3RAR.

to be an authorised prescriber of Tafenoquine under the prescribing direction provided by the

Prescribing of Tafenoquine endorsed by the Army Malaria Institute

Tafenoquine is an aminoquinolone analogous to Primaquine. Primaquine is presently recommended by the Army Malaria Institute (AMI) for the eradication and treatment of Vivax Malaria. Tafenoquine has been trialed by AMI in both Bougainville and East Timor for eradication and treatment. It has been found to be effective and safe. This supports trials conducted by SmithKline Beecham, the manufacturer of Tafenoquine.

AlvII directs prescribing of Tafenoquine for the purposes of treating recurrent Vivax Malaria in Descence Personnel after initial treatment with Chloroquine (IAW HPD215). endorsement to prescribe Tafenoquine in treatment of recurrent Vivax Malaria, the following requirements must be met by the endorsed and prescribing medical officer:

- Discussion of each case with the AMI Medical Officer on call (T: 0407 150384),
- Diagnosis of recurrent Vivax Malaria and the primary episode of Vivax Malaria must be confirmed to AMI (to the satisfaction of the OC Clinical Field, AMI) prior to use of
- The case will be treated with Chloroquine initially IAW HPD215,
- The patient will be informed of the nature and potential side effects of Tafenoquine and this is to be recorded in the Patient Medical Documents,
- Tafenoquine treatment is to begin prior to any further evidence of Vivax Malaria (usually within one week of concluding Chloroquine treatment),

50.9

30-MAY-2000

%26

12:56

FROM

+21 7 33324800

30-MAY-2000 12:24

2

- The protocol for Tafenoquine shall be:
 - 200mg base daily for three days
 - followed by 200mg base weekly for eight weeks.
- Provision of blood slides (thick and thin film) or samples (should PCR be required for diagnosis) with results of a full blood count and liver function tests are required:
 - Prior to onset of treatment with Chloroquine (IAW HPD215),
 - Following treatment with Chloroquine,
 - Following treatment with Tafenoquine and
 - On the occurrence of any intercurrent illness requiring medical attention during the course of the treatment program, or
 - In the event of any recurrence of Vivax Malaria in the following 12 months.

M D EDSTEIN

LTCOL

DEPUTY DIRECTOR, AMI

Tel: 07 3332 4930; Fax: 07 3332 4800

14 April 2000

1,96

80.9 JATOT 80.9

+61 7 33324800

38-MAY-2888 12:25

400 V U

AGREEMENT TO TREATMENT DIRECTIONS

AUTHORISATION OF PRESCRIBERS UNDER SECTION 19(5) OF THE THERAPEUTIC GOODS ACT 1989

Unregistered drug to be sa	applied (prescribed):	TAKEND WINE.
Route of administration /	dosage form:	cear.
Condition / reason for pre-	scribing;	RECURRENT VNAT MARKER
Supplier's name and addre	85 :	5K-B. / Am1.
Nume of Body endorsing t	his application:	ARMY MANAGA INSTITUTE.
I understand that:		
Administration (TG/	pistered for marketing in k) is unable to vouch for use is regarded as experi	Australia and that the Therapeutic Goods the quality, safety or efficacy of this unregistered mental.
or a description of the 2	ocretary hable to a perse	9(5) does not render the Commonwealth, the Secretary in in respect of loss, damage, or injury of any kind g out of the use of, therapsinic goods by that person or
. the product may be p	rescribed only for patien	us in an authorised prescriber immediate care.
cirug, That is, an antho baving the ender	ntised prescriber must be a me respect of the oblics commit mer codorsed by a relevant sp	re an appropriate endorsement in order to supply the relical practice at a hospital and sec of that hospital for the purpose of supply of that drug; or a penialist medical society for the
authorisation at any ti	me and that any authors	i Aged Care may give notice of revocation of this sation would be valid only until revoked or until the tered in Australia, which ever is the earlier.
I agree to:		
		t in relation to the proposed use of the unregistered that the product is not registered in Australia.
. report may suspected a	edverse reactions to the	TGA.
to provide the TGA w product.	ith a quarterly report on	the number of patients for whom I have prescribed the
. to comply with all rel	evant State/Territory leg	rislation.
Signature:		Date: 30 /5/00
Medical Practitioner's name and address.		CAPT Martin Grangs
		KADYONG LINES
		LIVERDOOL MILITARY AREA.