

01/2003  
27/4/01  
RW



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

Commonwealth Department  
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.

PLEASE USE BLACK PEN, PRINT CLEARLY AND COMPLETE ALL SECTIONS

#### Prescribing doctor details

Name	<input type="text" value="Initial"/> <input type="text" value="Surname"/>	Hospital	<input type="text"/>
Postal address	Dr John Simpson Lavarack Barracks Medical Centre Military Post Office TOWNSVILLE QLD 4813 Tel (07) 4771 7068 Fax (07) 4771 1674	Department	<input type="text"/>
		Phone number	<input type="text"/>
		Postcode	<input type="text"/>
		Fax number	(07) 4771 1674

#### Drug details

Active Ingredient	TAFENOQUINE	Trade name	<input type="text"/>
Dose form	200mg tablet	Company/supplier	SKB
Dosage	200mg daily x 3 + 200mg weekly x 8	Route of administration	ORAL
		Duration of treatment	EIGHT WEEKS

#### Patient details

Patient initials	<input type="text"/>	Patient category	<input type="text"/>	Date of Birth	<input type="text"/>	Sex	<input type="text"/>
		Patient ID	<input type="text"/>	Previous SAS No.	<input type="text"/>		

Diagnosis Recurrent vivax malaria (5<sup>th</sup> episode).

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

Recurrent vivax malaria as per protocol from the Army Malaria Institute.

*approval proposed for dose regimen for tafenoquine*  
K. Mackay 27-4-01

Dr John Simpson  
Lavarack Barracks Medical Centre  
Military Post Office  
TOWNSVILLE QLD 4813  
Tel (07) 4771 7068  
Fax (07) 4771 1674

Prescribing doctor

Signature

DR K. M. MACKAY

Date 24/4/01.

Fax to: The Experimental Drugs Team (02) 6232 8112 or Send by Mail to: The SAS Officer  
TGA  
PO Box 100  
Woden ACT 2605