## Policy re supply of Malaria medication and MSK without a consultation

Malaria medications such as Malarone, Riamet, Doxycycline, and Lariam are S4 prescription drugs. The Malaria survival kit (Malaria test kit) contains Riamet.

At the discretion of the doctors, individuals can access extra malaria supplies without a formal consultation, provided these individuals meet the following criteria:

- They have been seen at our clinic in person within the previous 12 months,
- Were prescribed the same Malaria pill in the past by our doctors,
- Are visiting the same destination as previously discussed with our doctors,
- They report no significant side effects from the medication,
- No other vaccines etc are due (this is checked by medical staff), and
- We are provided a legible DD922 form with all applicable fields completed.

On receipt of the request form, a doctor will review the patient's file to determine if any other vaccines, blood tests etc are due.

The patient or a nominated person will then be contacted by email or phone to advise that the medication is ready for collection.

There is an administration fee of \$20 (listed as Corp AAA on the invoice) for staff time to track requests, review files and prepare medication. This is charged regardless of trip cancellation or failure to collect medication.

It is strongly recommended that this request be submitted well in advance of departure. This process takes time; expect one business day.

We have discussed these policies with representatives from both the AMA and our medical defence organisation.

We are not able to supply medication for persons who are not our registered patients.

(To access Malarone or MSK whilst in PNG, we recommend you contact International SOS.)

DD922 v	/8
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					DD922 v8	
Name	Date of Birth					
Are you returning to the s Resupply requested for: () Malarone () Doxycy	-	-				
How long have you been () Less than one month			12 months	() over 12 r	nonths	
Have you had any noticeable side effects? ( ) No ( ) Yes - if yes, please mark on the following table						
	just	noticeable >>>>	~~~~~	>>>>> intolerat	ble	
	1	2	3	4	5	
nausea						
headache						
stomach pain						
loss of appetite						
mouth ulcers						
diarrhoea						
dizziness						
cough						
fatigue						
Other? Please describe:						
Do you notice more side	effects at the st	<i>tart</i> of the course	?()No()Ye	S		
If yes, how long do they	take to subside?	?			_	
How many weeks of risk *Only write the number of week					eeded	
Departure date?		_				
Contact ph /email (to not	ify medication is	s ready to collect	.)			

Name of person collecting the medication (if not you)\_\_\_\_\_

Please note collection is to be made before 4pm weekdays.

Your signature\_\_\_\_\_ Preferred collection date& time?\_\_\_\_\_

Thank you - please return form to our email: <<u>clinic@thetraveldoctor.com.au</u>>

Medical Staff use only Rx	Qty	Signed	Date
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