



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCZX

30 MAR 2012

MEMORANDUM FOR Assistant Secretary of the Army (Manpower and Reserve Affairs), ATTN: COL (b)(6)

SUBJECT: Army Medical Department Review of Mefloquine Prescribing Practices

1. Reference memorandum, Assistant Secretary of the Defense (Health Affairs), 17 January 2012, subject: Service Review of Mefloquine Prescribing Practices. The Army Medical Department conducted a review of prescribing practices for the use of mefloquine at medical treatment facilities, pre-deployment processing locations, and deployed locations.
2. Mefloquine prescribed at Army medical treatment facilities and pre-deployment processing locations decreased by 83% from 2008 to 2011. This review identifies mefloquine prescribing practices during calendar year 2011 with emphasis on screening for contraindications, patient education, documentation in medical records, and confirmation of healthcare provider training.
3. Medical treatment facility and pre-deployment location providers document screening for contraindications to mefloquine less than 50% of the time. All mefloquine prescriptions are documented in patient medication profiles. While only 42% of medical records indicate that patients received the wallet card, nearly 100% of patients received a patient education monograph or the FDA-approved medication guide at the time of dispensing.
4. Deployed healthcare providers record 70% of mefloquine prescriptions in medical records, and document screening for contraindications on 33% of prescriptions. Deployed providers indicate that 41% of patients received mefloquine education.
5. The most significant deficiencies are the lack of documentation of screening for contraindications and insufficient provider training on mefloquine prescribing. Limited documentation exists confirming that healthcare providers were informed of mefloquine prescribing requirements.
6. Corrective measures include the development of a new and refill prescription template in AHLTA/AHLTA-T for mefloquine prescribing. In addition, the US Army Medical Command will develop healthcare provider training to improve quality assurance of mefloquine prescribing.

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7. Our point of contact is COL (b)(6) Health
Policy and Services Directorate, (b)(6) or email (b)(6)

FOR THE COMMANDER:


HERBERT A. COLEY
Chief of Staff