



OFFICE of the DEPUTY PRIME MINISTER  
MINISTRY for HEALTH  
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

**DH Circular 98/2019**  
DH 1191/2019

24<sup>th</sup> September 2019

**Attention All:** Consultants  
Medical Officers  
Pharmacists  
Pharmacy Technicians  
Nurses

**Re: Benign Prostatic Enlargement**

Following the necessary amendments in Legal Notice [183 of 2019](#), Benign Prostatic Enlargement has been included to Part II of the Fifth Schedule of the Social Security Act in respect of which free medical aid may be accorded.

The medicinal treatment presently available on the Government Formulary List for Benign Prostatic Enlargement is Finasteride 5 mg tablets and Doxazocin 2 mg tablets.

To be entitled to such treatment, patients should have a Schedule V card (Yellow Card), applied for, by a Consultant Urologist.

For the following 6 months, as a temporary measure in order to decrease unnecessary hardship on patients, patients who require such treatment can visit their Consultant, Resident Specialist, Primary Care Physician or GP to fill the form attached (Annex 1). Completed forms can either be taken by hand to Customer Care at MDH or forwarded as soft copy to [customercare.mdh@gov.mt](mailto:customercare.mdh@gov.mt) for vetting by a Consultant Urologist. A Schedule V card will then be issued and sent to patient by post once application is approved.

Those patients in possession of a valid Schedule II Card (Pink Card) already on Finasteride and/or Doxazocin treatment will continue to be dispensed treatment on the Schedule II card until they are in possession of a Schedule V card for a maximum of 6 months.

For your attention please.

Dr. Denis Vella Baldacchino  
Chief Medical Officer

## BENIGN PROSTATIC ENLARGEMENT (BPE) Schedule V medication form

Recommendation for Schedule V treatment to be started / added to patients suffering from bladder outflow obstruction or for switching to free medication alternatives. Forms are to be filled in by Consultants, Resident Specialists and Primary Care Physicians or Private GP's. Completed forms can either be taken by hand to Customer Care at MDH or forwarded as soft copy to [customer care.mdh@gov.mt](mailto:customer care.mdh@gov.mt) for vetting by a consultant urologist. The medication currently available on the formulary is the alpha-blocker doxazosin 2mg and the 5-alpha-reductase inhibitor finasteride 5mg.

Name  ID  Age

DOB  Date  Telephone

Address   
Affix Label here

### Medical Practitioner details

Name

Medical Reg No

Signature

### PART A

Please tick current alpha blocker treatment if any \*

Alfuzocin 10mg XL  Tamsulosin 0.4mg  Doxazocin 4mg XL  Silodocin 8mg

Doxazocin 2mg  Doxazocin 4mg  Terazocin 2mg  Terazocin 5mg

Others, please state name and dosage \_\_\_\_\_

### Patient Safety notice

Caution is advised when switching from one of the uroselective or extended release medications to the short acting doxazocin, especially when the dose equivalent of 4mg doxazocin is being contemplated. This information should be taken into account when prescribing doxazocin 2mg in patients that are prone to getting hypotensive episodes such as the frail and elderly. For patients starting finasteride it is recommended that a baseline PSA is taken.

I hereby declare that I have read this safety information and taken it into account  \*

\* Required fields. Forms without these fields will be returned to the sender unsigned.

### PART B

Prescribed Schedule V medication

Please tick one or both treatments as required

Doxazocin 2 mg **daily**  2mg **BD**  and/or Finasteride 5mg **daily**

### PART C

Is the patient already under consultant urology supervision? Yes  No  Name

Does the patient have an upcoming Urology OutPatient appointment? If yes, insert date

Approved Yes  No  Consultant Signature  Reg No