



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

**DH Circular 5/2020**  
DH 289/2020

21<sup>st</sup> January 2020

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

**Re: Abiraterone 500mg Tablets**

As part of Government's initiative to continue increasing the availability of Oncology Drugs, it is being brought to your attention that Abiraterone 500mg tablets are now available on the Government Formulary List for in-patient and out-patient use.

Abiraterone 500mg tablets can be prescribed by Consultant Oncologists for prostate cancer as per protocol 8 (Annex 1).

In view of this new introduction, the protocol of enzalutamide 40mg capsules (protocol 300) was updated accordingly as per annex (Annex 2) attached.

For your attention please.

Dr. Denis Vella Baldacchino  
Chief Medical Officer

## **Abiraterone 500mg Tablets**

**Prescriber Criteria:** Consultant Oncologist

**Out-patient and In-patient use:**

1. Malignant Diseases
  - For the treatment of adult men with metastatic castration-resistant prostate cancer whose disease has progressed on or after docetaxel therapy, or
  - For the treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

**Duration of Approval:**

1 year

## **Enzalutamide 40mg Capsules**

**Prescriber Criteria:** Consultant Oncologist

**Out-patient and In-patient use:**

1. Malignant Diseases

To be reserved for patients who are intolerant to abiraterone, or the use of abiraterone is contraindicated, or abiraterone treatment was ineffective:

- For the treatment of adult men with metastatic castration-resistant prostate cancer whose disease has progressed on or after docetaxel therapy, or
- For the treatment of adult men with metastatic castration-resistant prostate cancer who are asymptomatic or mildly symptomatic after failure of androgen deprivation therapy in whom chemotherapy is not yet clinically indicated.

**Duration of Approval:**

1 year