



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

DH CIRCULAR No. 81/2020
DH 899/2020

23rd November 2020

Attention All: Consultants
Medical Officers
Pharmacists
Pharmacy Technicians
Nurses

Re: Benign Prostatic Enlargement Form Update

Following [DH Circular No. 67/2020 New Treatment for Benign Prostatic Enlargement](#), it is being brought to your attention that the application form was updated as per Annex 1 attached.

The updated form can be filled by Consultants, Resident Specialists, Primary Health Care Physicians, or private GPs. The form can be filled online and sent as attachment to customercare.mdh@gov.mt for vetting by a Consultant Urologist. The completed form can also be submitted by hand to Customer Care at MDH, however due to the current pandemic situation it is highly recommended that the completed forms are sent via email.

After vetting by Consultant Urologist, a Schedule V card will be issued and sent to the patient by post once application is approved.

Patients who are currently on doxazosin 2mg tablets and/or finasteride 5mg tablets may be switched to Alfuzosin 10mg prolonged release and/or Dutasteride 0.5mg tablets.

For your attention please.

Dr Denis Vella Baldacchino
Chief Medical Officer

Office of the Chief Medical Officer (Health)
t +356 22992232 e denis.vella-baldacchino@gov.mt

Recommendation for treatment for patients suffering from Benign Prostate Enlargement

The medications currently available on the formulary are, the alpha-blockers Doxazosin 2mg and uroselective Alfuzosin 10mg prolonged release; and the 5-alpha-reductase inhibitors (5-ARI) Finasteride 5mg and Dutasteride 0.5mg.

Name	<input type="text"/>	ID	<input type="text"/>	Age	<input type="text"/>	DOB	<input type="text"/>
Date	<input type="text"/>	Telephone	<input type="text"/>	Address	Affix Label here		
Medical Practitioner Name	<input type="text"/>	Medical Reg No.	<input type="text"/>				
Signature		<input type="text"/>					

PART A

Please tick current alpha blocker treatment if any *

Alfuzosin 10mg XL Tamsulosin 0.4mg Doxazosin 4mg XL Silodosin 8mg

Doxazosin 2mg Doxazosin 4mg Terazosin 2mg Terazosin 5mg

Others, please state name and dosage _____

Patient Safety notice

Caution is advised when switching from one of the uroselective or prolonged release medications to the short acting doxazosin, especially when the dose equivalent of 4mg doxazosin is being contemplated and especially in patients that are prone to getting hypotensive episodes such as the frail and elderly.

For patients starting 5-ARI's 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

Tick the required treatment/s from the list below. When treatment with the alpha blocker is not sufficient, a 5-ARI may be added.

Doxazosin 2mg Finasteride 5mg Alfuzosin 10mg XL Dutasteride 0.5mg

PART C

Is the patient already under consultant urology supervision? Yes No

Name

Approved Yes No

Consultant Signature/

Reg No

Rubber Stamp

© Urology

Data Protection Statement

All personal data is processed in accordance with the GDPR and as permitted by law. Further information about your data can be obtained upon request.