

**DH CIRCULAR No. 38/2013**

DH 696/2013

12th February 2013

Attention All: Consultants
Medical Officers
Pharmacists
Pharmacy Technicians
Nurses

Re: Medicines Entitlement Unit Processes

Article 23 of the Social Security Act and Part II of the Fifth Schedule of the same Act governs entitlement to free medicines. Patients suffering from one of the 79 chronic illnesses are entitled to medicines through the Schedule V card. Pink card holders are entitled to a limited number of medicinal products, which are specifically marked as pink card positive on the Government Formulary List.

Prescribers are hereby being urged and reminded to fill in the appropriate entitlement application, in clear legible ink, circling the patient's condition/s and listing the specific medicines depending on the specific condition/s. The entitlement is condition based and thereby it is important to indicate the appropriate condition. The necessary clinical detail when applying for protocol regulated medicines is also requirement for eventual approval.

An intermediate approach that reflects the long term IT system has been designed. In order to facilitate the system, a pdf Entitlement form (Annex 1) was created which can be filled by the Consultant. The form has a virtual button directing the user automatically to the Schedule V generic email either through the Microsoft Outlook or manually through the internet government email. The email needs to be sent using the government email [mail.gov.mt]. The Consultant may choose to have designated medical practitioners to act as delegates within the firm to fill in the medicines entitlement request and send it through their emails. In this case, the list of delegated medical practitioners should be communicated to the department through an official email on schedulev.mhec@gov.mt, prior to sending requests by the assigned delegates.

The request can easily be filled in and once received; an acknowledgement receipt will be sent to the prescriber stating that the application has been received and that it is being processed. If a card or permit is expired – the prescriber can just send an email to renew treatment stating the card number, that is, the file number DH133/xxxx/x. For a change in treatment one can apply again using the attached form in Annex 1.

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In case where there is a difficulty and/or omission within the received application, and the patient gets in touch with your good selves, the department is allowing such a rectification through an email on the generic email: schedulev.mhec@gov.mt. This is being done to avoid any unnecessary hardship to patients. The department is constantly subject to audit, thereby your cooperation is being highly solicited.

Handwritten endorsed additions on the Schedule V cards are accepted. The endorsement implies that the prescriber is accepting that the current treatment remains valid besides prescribing the additional medicine/s.

Dispensers are kindly being reminded that treatment can only be dispensed if patients have a **valid** Schedule V card for the treatment prescribed. Initial urgent treatment should be supplied upon presentation of a valid Schedule V application or only after verification with government entitlement policies. If in doubt the patient should be referred to the Medicines Entitlement Unit.

The Opening Hours of the Medicines Entitlement Unit, within St. Luke's Hospital are as follows:

Monday, Wednesday and Friday from 7:30 to 14:30.

The customer care telephone number is **21 232424**.

Kindly, [access](#) the list of medicines that can be issued under the respective Schedule V conditions. Some medicines are regulated by the set [protocols](#). The department has the mission to maintain equity and sustainability, and thereby continual and systematic monitoring is in place.

The Department will continue with its commitment to reduce undue pressures from unnecessary bureaucracy thereby facilitating access for patients.

Dr. Natasha Azzopardi Muscat
Chief Medical Officer

Request Form for the supply of free drugs in terms of Schedule V (Part II) of Social Security Act (2012)
 All entries must be legible and complete without the use of abbreviations

Patient Name		Date of Birth	
Address			
I.D. Card No.		Telephone No.	

Please tick Schedule V condition accordingly:

<input type="checkbox"/> Addiction Disorders <input type="checkbox"/> Addison's Disease <input type="checkbox"/> Cardiac Arrhythmias <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Chronic Asthma <input type="checkbox"/> Chronic Eating Disorders <input type="checkbox"/> Chronic Heart Failure <input type="checkbox"/> Chronic Immunobullous Disorders <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Chronic Mood Disorders <input type="checkbox"/> Chronic Neurotic Disorders <input type="checkbox"/> Chronic Obstructive Pulmonary Disease <input type="checkbox"/> Chronic Osteomyelitis <input type="checkbox"/> Chronic Psychiatric Disorders starting in Childhood <input type="checkbox"/> Chronic Respiratory Failure <input type="checkbox"/> Coeliac Disease <input type="checkbox"/> Congenital Ichthyosis <input type="checkbox"/> Congenital indifference to pain <input type="checkbox"/> Crystal Deposition Disease <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Dementia <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Other types of Diabetes <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Dermatomyositis/Polymyositis	<input type="checkbox"/> Diverticular Disease requiring Stoma Care <input type="checkbox"/> Lupus Erythmatosus <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Endometriosis and Adenomyosis <input type="checkbox"/> Enzyme Disorders <input type="checkbox"/> Epilepsy <input type="checkbox"/> Gastric/Duodenal Ulcers <input type="checkbox"/> Gastro – Oesophageal Reflux Disease <input type="checkbox"/> Genetic Dyslipidaemia <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hepatitis B & C <input type="checkbox"/> Hirschprung's Disease <input type="checkbox"/> HIV/AIDS and HIV Related Diseases <input type="checkbox"/> Hospital Acquired Infections <input type="checkbox"/> Huntington's Chorea <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypogonadism <input type="checkbox"/> Hypoparathyroidism <input type="checkbox"/> Hypopituitarism <input type="checkbox"/> Imperforate Anus <input type="checkbox"/> Inborn errors of Metabolism <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Inherited Bleeding Disorders <input type="checkbox"/> Ischaemic Heart Disease <input type="checkbox"/> Inherited Haemoglobinopathies <input type="checkbox"/> Leprosy	<input type="checkbox"/> Malignant Diseases <input type="checkbox"/> Motor Neurone Disease <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Myasthenia Gravis <input type="checkbox"/> Narcolepsy <input type="checkbox"/> Paget's Disease <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Pituitary Adenomas <input type="checkbox"/> Polio and Post-Polio <input type="checkbox"/> Polyarthritis Nodosa <input type="checkbox"/> Polymyalgia Rheumatica <input type="checkbox"/> Prader-Willi Syndrome <input type="checkbox"/> Precocious Puberty <input type="checkbox"/> Primary Immunodeficiency Disorder <input type="checkbox"/> Psoriasis <input type="checkbox"/> Psychosis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Secondary Immunodeficiency Disorder <input type="checkbox"/> Seronegative Arthritis <input type="checkbox"/> Small Intestinal Failure <input type="checkbox"/> Spinal Cord Pathologies <input type="checkbox"/> Systemic Sclerosis <input type="checkbox"/> Trigeminal Neuralgia <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Turner Syndrome <input type="checkbox"/> Vascular Disease of the Retina
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Drugs requested for a period of :	
1	6
2	7
3	8
4	9
5	10

The Department of Health Mission

To maintain equity and sustainability with continual and systematic monitoring.

Data Protection Statement

All personal data is required to provide you with health care services as necessary, and is processed in accordance with the Data Protection Act, and as permitted by law. Further information about your data can be obtained on request.

I am aware that the specific medicine/s listed below **is/are protocol regulated**

https://ehealth.gov.mt/HealthPortal/chief_medical_officer/pharm_pol_mon/med_within_ghs/gov_form_list.aspx

Medicine/s (name, dosage form & strength)	
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I am hereby confirming that I have read the specific protocol/s and I am abiding to the terms set by the specific protocol/s. I am requesting this particular treatment for free medicines entitlement, since:

- ✓the relevant prescriber criteria
- ✓the stated schedule V condition and
- ✓the specific clinical cause for entitlement, have been met as per protocol number/s:

Protocol Number/s	
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I hereby certify that the details provided above are true and accurate.

Registration Number

Consultant's Name* in Block Letters

Date

*If the Consultant chooses to have designated medical practitioners within the firm to fill in the request and send it accordingly, the list of delegated medical practitioners should be communicated to the department through an official email on schedulev.mhec@gov.mt.

1. An acknowledgement receipt will be sent to the prescriber stating that the application has been received and that it is being processed.
2. If a card or permit is expired – the prescriber would need to send an email to renew treatment stating the card number, that is, the file number DH133/xxxx/x. The card to be renewed needs to be collected and sent to MEU.
3. For change in treatment apply again using this application form. The card to be changed needs to be collected and sent to MEU.

For validity and security purposes, the mail.gov should be used at all times

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