MINISTRY for ENERGY and HEALTH
15, PALAZZO CASTELLANIA, MERCHANTS STREET, VALLETTA, MALTA

DH CIRCULAR No. 12/2015
DH 221/2015

7 January 2015

Attention All: CEOs
Head of Departments
Consultants
Medical Doctors
Pharmacists
Pharmacy Technicians

Re: Gluten Free Dietary Items Voucher Scheme for Coeliac Patients

Coeliac disease is one of the chronic conditions for which free medical aid is provided as per Social Security Act Cap 318 Art 23. Gluten free products are an essential part of the clinical treatment of coeliac disease. Currently, coeliac patients collect gluten-free items as available on the Government Formulary List from Birkirkara Health Centre.

In order to reduce bureaucracy whilst improving quality and patient's access to the health services, a revision of the current coeliac disease entitlement policy was deemed necessary.

In view of this commitment, the Department of Health within the Ministry for Energy and Health is introducing a *'Gluten Free Dietary Items Voucher Scheme for Coeliac Patients'*. In January coeliac patients will be collecting gluten free items stocks for the last time from Birkirkara Health Centre. As from February 2015 the new voucher scheme will come into place. All patients will be receiving an explanatory letter of the new system by the Pharmacy of Your Choice (POYC) Unit. A monthly voucher of €30 will be issued to all patients with a valid Schedule V entitlement for coeliac disease.

As per protocol number 85, in the case of newly diagnosed coeliac patients a duodenal biopsy confirming coeliac disease must be attached to request for further processing (Annex 1).

All applications should be addressed to:

Pharmacy of Your Choice Unit
Medicines Approval Section
St. Luke's Square,
G'Mangia PTA 1012

Office of the Chief Medical Officer
t +356 22992232 **e** cmo.doh @gov.mt

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Request forms may also be sent electronically using the pdf entitlement form (Annex 2), which 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.

For further assistance you may contact the POYC Unit/Medicine Approval Section by:

Tel: 21232424 / 22481800
Generic E-mail: schedulev.mfh@gov.mt

Customer Care Opening Hours: Monday to Friday from 8.00 to 13.00

For your attention please.

Dr. Denis Vella Baldacchino
Chief Medical Officer

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Gluten Free Dietary Items Voucher Scheme for Coeliac Patients

Prescriber Criteria: Consultant Gastroenterologist
Consultant Paediatric Gastroenterologist

Out-patient use:

1. Coeliac Disease

Voucher will be issued against valid Schedule V entitlement for Coeliac Disease*.

Duration of Approval:
Indefinite

*In the case of newly diagnosed patients, duodenal biopsy confirming coeliac disease diagnosis MUST be attached to the request in order to be processed.

POYC
Pharmacy of Your Choice
Medicines Approval Section

Pharmacy Of Your Choice Unit
St. Luke's Square, G'Mangia
*e*mail: schedulev.meh-health@gov.mt
tel. no. 21 232424 / 22481800

Reset form

Request Form for the supply of Free Drugs in terms of Schedule V (Part II) of Social Security Act (2012)

Patient Name		Date of Birth	
Address			
ID. Card No.		Telephone No.	

Please tick ☑ Schedule V condition accordingly:

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

Duration of Schedule V entitlement: _____

☐ **By marking this box, I am accepting that previously approved treatment for other Schedule V conditions other than those ticked above may be added to the patient's *entitlement* document.**

Consultant's Signature _____ **Consultant's Name** (in block letters) _____ **Medical Registration No.** _____

i. PLEASE NOTE that in line with current Policy Direction in order to enable a patient to access his / her medication, the following documentation must be attached to this Form:

a. The current Schedule V Card
b. The following additional documentation [as appropriate]

Atorvastatin *and* Rosuvastatin	___ LDL report
Clopidogrel	___ Stent report and / or Admission dates
Donepezil	___ Form D1

Data Protection Statement: The Ministry for Energy and Health shall be responsible for the information compiled in this form. Every individual reserves the right to request in writing, to see all the information compiled on him/her. This information shall be used solely for the purpose of issuing medicines entitlement to beneficiaries in terms of the Schedule V legislation.

Patient Name		ID. Card No.	

Drug & Dosage Form Requested:	Protocol Number (Where applicable)	Strength: (POYC records ONLY)	Dosage Regimen: (POYC records ONLY)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

I hereby certify that this treatment for free medicine entitlement is being requested according to the stated condition covered by the provisions of Schedule V (Part II) of the Social Security Act and that all details provided are true and correct. I confirm that I have read the specific protocol/s, and the clinical conditions and specific terms set by the specific protocol/s have been met.

Consultant's Signature | **Consultant's Name** (in block letters) | **Medical Registration No.**

Date | **Rubber Stamp**

Email form

ii. Please Note:

a. **Only Forms endorsed by the Government Consultants and designated Medical Practitioners will be recognized.**
b. **An *Acknowledgement* will be sent to the prescriber upon receipt of the Application.**
c. **In case of a RENEWAL of an expired Card, PERMIT or CHANGE in TREATMENT, the Sch V Card that needs to be amended must be attached to this Application.**
d. **Any queries or requests should be addressed to the POYC Unit on email schedulev.meh-health@gov.mt.**