

The Social Security Act Reform: medicines entitlement

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Educational aims

- To inform Health Professionals with the changes in the Social Security Act
- To define the process and pinpoint how it will affect professional practice
- To improve patient care and achieve holistic care

Key words

Social Security Act Reform, Medicines Entitlement, Diabetes mellitus, Schedule V (yellow) card, Schedule II (pink) card

On the 27th of March 2012, legislative changes were made to the Social Security Act Cap 318 Article 23 and the Fifth Schedule of the same Act.¹ The change resulted in an increase in the number of listed Schedule V conditions, from 38 to 79. The new conditions include cerebrovascular and peripheral vascular disease, psychiatric disorders starting in childhood, chronic mood disorders, Down's Syndrome, and diabetes mellitus Type 1 and Type 2. Any patient suffering from a chronic condition which is listed under the second part of the Fifth Schedule of the Social Security Act is entitled to free medication for that specific disease and entitlement is based solely upon the presence of disease irrespective of means, income or age.

Schedule II (Pink Cards)

Those patients suffering from chronic conditions fall under **Schedule V** (Yellow Card), whilst those with limited means generally pertain to the **Schedule II** (Pink 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 (Figure 1).

Before the legislative changes Diabetes mellitus treatment used to be given on the pink card. Patients who had a pink card before the reform date, can either retain the pink card or opt for the Schedule V (yellow) card (Figure 2).

Diabetes mellitus treatment entitlement

Diabetic patients already having a pink card can opt to either remain as it is or else opt for the yellow card. However, new patients can only apply for a Schedule V (yellow) card (Figure 3).

Nothing has changed for the patients who opt to retain the pink card, so they will remain to be entitled to other benefits besides medicines such as nappies, telecare rebates, and spectacles. Those diabetic patients retaining the pink card, and who are not means tested, will not be able to apply for the yellow card for the diabetic condition. Patients opting for the Schedule V (yellow) card will not have the current pink card benefits, unless they are also means tested. As per memo 01/2012 issued through the Directorate for Pharmaceutical Affairs, the patients opting to remain on the pink card will still benefit from treatment that used to be pink positive before the reform date, for example, statins, fibrates.

However those opting to apply for the Schedule V (yellow) card will have the following benefits:

- a) Type 1 diabetic patients will be entitled to a Blood glucose meter and Blood glucose test strips **independent of their age**
- b) Syringes quota will be **thirty (30) per month**
- c) **Related treatment** to diabetes management such as, medicines used to manage neuropathic pain and infections etc.; and the associated medical supplies/consumables such as catheters, dressings etc. will also be listed on this card.
- d) **New oral medications and insulin treatment** introduced on the Government Formulary list after the 27th of March 2012, pertaining to direct and related

Figure 1: Extract from Outpatients Government Formulary List

V1.4		March 2012			
ATC Code	Active Ingredient	Dosage Form and Strength	Prescriber Criteria	Protocol	Pink Card
1. Gastro-intestinal system					
1.1 Dyspepsia and gastro-oesophageal reflux disease					
1.1.1 Antacids and simeticone					
A02AC01	Calcium Carbonate	Tablets 500mg	Consultants		
A02AX	Magnesium Hydroxide + Aluminium Hydroxide + Simeticone	Oral Liquid	Medical Practitioners		A
A02AA04	Magnesium Hydroxide Mixture	Oral Liquid	Medical Practitioners		A
1.1.2 Compound alginates and proprietary indigestion preparations					
A02AX	Antacid Compound Preparation	Tablets	Medical Practitioners		A
1.2 Antispasmodics and other drugs altering gut motility					
A03AB01	Atropine Sulphate	Tablets 0.6mg	Consultant Neurologists, Consultant Geriatricians, Consultant Paediatricians	MP 13	
A03BB01	Hyoscine Butylbromide	Injections 20mg	Consultant Palliative Care	HDO	
A03BB01	Hyoscine Butylbromide	Tablets 10mg	Medical Practitioners		A
A03AA04	Mebeverine Hydrochloride	Tablets 135mg	Medical Practitioners		C
A03AB05	Propantheline Bromide	Tablets 15mg	Medical Practitioners		A
1.3 Antisecretory drugs and mucosal protectants					
1.3.1 H2-Receptor antagonists					
A02BA03	Ranitidine	Syrup	Consultant Geriatricians, Consultant Oncologists, Consultant Paediatricians, Consultant Gastroenterologists, Consultant Palliative Care	MP 172	
A02BA02	Ranitidine	Tablets 150mg	Medical Practitioners		B
1.3.2 Chelates and complexes					
A07BB	Bismuth Chelate	Tablets 120mg	Consultant Gastroenterologists, Consultant Surgeons		
A02BX02	Sucralfate	Oral Liquid 1g/5mL	Consultant Gastroenterologists, Consultant Paediatricians, Consultant Geriatricians	MP 184	
A02BX02	Sucralfate	Tablets 1g	Consultants		C

management will *only* be given on this card. This also applies to new indications/new updates to current protocols.

Diabetes mellitus: Applying for the Schedule V card

- Those patients who opt to apply for the Schedule V card and who are in possession of a Consultant Form (SLH 145) and who do not require any change in their current stabilized treatment will need to be referred to a medical practitioner.
- The medical practitioner would need to verify that the Consultant form (SLH 145) is valid:
 - Appropriately filled in
 - Legible
 - Endorsed by: Prof. S. Fava, Prof. J. Azzopardi, Prof. J. Vassallo, Dr. M. Cachia, Dr. J. Torpiano, Dr. A. Ellul, and Dr. R. Sciberras, Dr. V. Curmi, and Dr. V. Svejda (Consultants in Gozo).
 - Valid expiry date

- Expired form will still be accepted if the Consultant form (SLH 145) was issued **after 1st January 2010** and has not been renewed in the last 2 years or so.

- The medical practitioner would need to endorse such requests by attaching a covering letter stating the current specific treatment.
 - The medicines need to be listed using the generic names e.g. glibenclamide, gliclazide.
 - Medicines which usually need a special permit (previously known as non-formulary) should still be listed.
 - The covering letter filled by the medical practitioner including the valid Consultant form (SLH 145) should be sent directly to the Medicines Entitlement Unit, MHEC, St. Luke's Hospital, G'Mangia.
- If the Consultant form (SLH 145) is **not valid** or in the case of **new patients**, the medical practitioner should **refer the**

patient with a ticket of referral, to the Diabetes clinics at Mater Dei Hospital/ Primary Health Care. Patients who opt for the switch over should keep on receiving regular treatment during the allocated transition period.

The Schedule V process

In order to become entitled to receive free medications under the Schedule V scheme, patients suffering from the listed conditions must be referred to a Consultant within the Government Health Service through a medical practitioner.

The Consultant can apply for a Schedule V card for the patient, listing the medicines required by the patient. Such cards cannot be transferred from one patient to another. The Schedule V card is issued from the Medicines Entitlement Unit, St. Luke's Hospital. Patients holding Schedule V cards are only entitled to those medicines and medical supplies/consumables listed on the card. Patients suffering from different chronic conditions usually have more than one card.

Figure 2: Schedule II

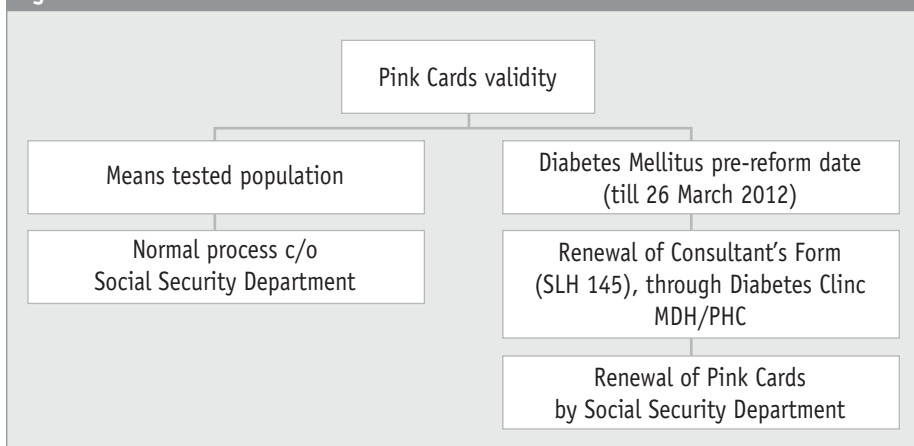
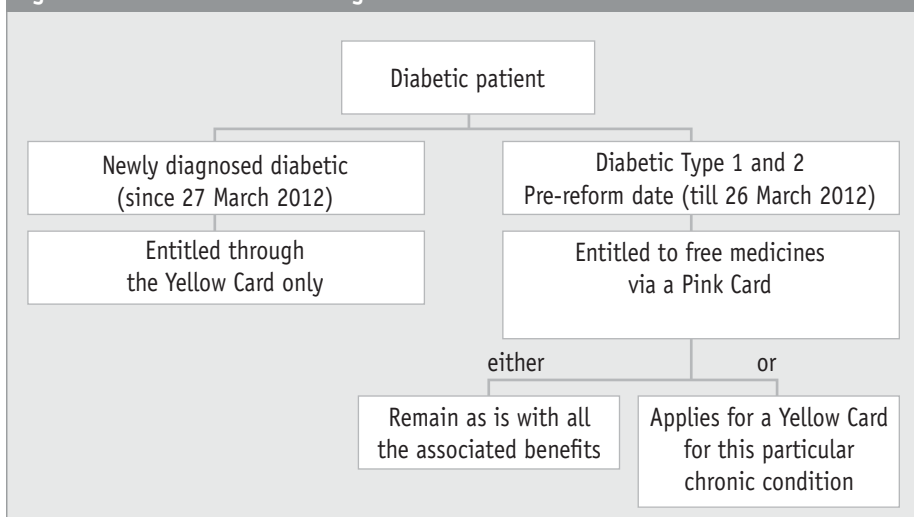


Figure 3: Diabetic entitlement algorithm



Key points

- Legislative changes were made to the Social Security Act Cap 318 Article 23 and the Fifth Schedule of the same Act. The change resulted in an increase in the number of listed Schedule V conditions, from 38 to 79.
- Before the legislative changes Diabetes mellitus treatment used to be given on the pink card. Patients who had a pink card before the reform date, can either retain the pink card or opt for the Schedule V (yellow) card.
- Nothing has changed for the patients who opt to retain the pink card, while those opting to apply for the Schedule V (yellow) card will have other benefits.
- To become entitled to receive free medications under the Schedule V scheme, patients suffering from the listed conditions must be referred to a consultant within the Government Health Service through a medical practitioner.
- Patients holding Schedule V cards are only entitled to those medicines and medical supplies/consumables listed on the card. Patients suffering from different chronic conditions usually have more than one card.

Prescriber criteria

To improve patient care, a change in prescriber criteria has been made. All medical practitioners, that is, National Health Services' doctors and private doctors, can change the dose of treatment for the below mentioned conditions when an item is marked on the formulary as 'Medical Practitioners' or 'Consultant'. This includes also **protocol-regulated medicines** (medicines that require a permit/approval).

1. Hypertension
2. Diabetes Mellitus
3. Chronic Heart Failure
4. Asthma

5. Chronic Obstructive Pulmonary Disease
6. Treatment for hypercholesterolaemia under the respective Schedule V conditions
7. Chronic Mood Disorders
8. Chronic Neurotic Disorders

Further Information

In view of the new Schedule V reform, and the large number of patients availing from this system, small groups' information sessions will be held. Interested persons can send their contact details via email to Ms. Alison Anastasi, Principal Pharmacist, Directorate for Pharmaceutical Affairs, on the generic email: schedulev.mhec@gov.mt

References

1. Social Security Act 2012. Available at <https://ehealth.gov.mt/download.aspx>. Accessed 31st May 2012.
2. Memo 01/2012. Directorate Pharmaceutical Affairs 2012. Available at https://ehealth.gov.mt/Health Portal/strategy_policy/pharm_pol_mon_/memo.aspx. Accessed 31st May 2012.