Palliative Care Facilitated Access Frequently Asked Questions

1. What is the Palliative Care Facilitated Access List?

The Palliative Care Facilitated Access (PCFA) list includes physicians who have applied to the Ontario Medical Association (OMA) and received a “PCFA” designation. This allows physicians to prescribe high-strength opioids and other restricted medications required for palliative purposes. The OMA and the Ontario Palliative Care Network (OPCN) maintain the list. The list is shared with the Ontario Public Drug Programs (OPDP), the College of Physicians and Surgeons of Ontario (CPSO) and Ontario pharmacists.

2. What is the purpose of the Palliative Care Facilitated Access List?

A PCFA designated physician is recognized to hold expertise in palliative care, which allows them to evaluate the need to prescribe specific products that can be used for palliative purposes. If patients require these products and are ODB-eligible, they are reimbursed through the PCFA mechanism under the Exceptional Access Program (EAP) of the Ontario Public Drug Programs. Physicians on the PCFA list are exempt from obtaining approval through the EAP for those products reimbursed through the Facilitated Access mechanism for palliative care.

The PCFA drug list is found in the ODB Formulary Summary of Changes for January and February 2017.


3. What are the criteria to receive designation as a PCFA physician?

As of January 2017, in order to be added to the PCFA list, physicians must meet one of the following criteria:

- Hold a Certificate of Added Competence in Palliative Care (CCFP (PC) / MCFP (PC)) from the College of Family Physicians of Canada
- Meet the eligibility requirements for the GP Focused Practice Designation in palliative care from the Ontario Medical Association and Ministry of Health and Long-Term Care
- Identified as a provider of palliative care by the executive of the section of palliative medicine at the OMA and the Ontario Palliative Care Network (OPCN) Provincial Physician Lead, with supporting documentation.
o Be enrolled in an accredited Palliative Care Fellowship (PGY3/4)
o Palliative Board-Certification with the Royal College of Physicians and Surgeons of Ontario (when implemented)

4. Why was the criteria recently changed?
Recognizing that high strength opioid prescribing brings with it risks that must be mitigated for both patient safety and public health, it was necessary to revise the existing PCFA eligibility criteria. Palliative care experts, along with the Ministry of Health and Long-Term Care, assessed the current PCFA criteria and decided that revisions to the existing PCFA eligibility criteria were needed. Efforts were been made to develop criteria that are more objective and still enable access to high strength opioids for the relatively small number of patients who require them. The updated criteria is reflected on the PCFA application form.

5. Will the changes to the PCFA eligibility make it more difficult for prescribers to access lower-strength opioids?
No. Lower-strength, long-acting opioids will continue to be funded under the ODB program for palliative purposes. Patients may continue to be prescribed lower-strength formulations. In addition, the OPDP is moving a number of drugs from the PCFA drug list to the ODB Formulary. For more information on which drug products that are transitioning, please refer to ODB monthly Formulary updates.

6. How will these changes affect the ability of family physicians and non-palliative specialists to deliver palliative care?
Working with the ministry, the OMA and OPCN have been modernizing access to medicines for palliative care by transitioning a number of drugs from the PCFA drug list to the ODB Formulary. Overall, these changes will make it easier for family physicians and other non-palliative specialists to prescribe some of the essential drugs that are required for palliative care purposes.

7. What should I do if my patient requires a high strength opioid prescription, but I do not meet the new criteria?
Prescribers who do not meet the new PCFA eligibility criteria have two options.
  i) Prescribers may continue to prescribe lower strength, long-acting opioids to meet their patients’ needs.

  ii) For those prescribers who require access to higher strength opioid drug products, access is available on a case-by-case basis through the Ontario Drug Benefit Program’s Exceptional Access Program (EAP) Telephone Request Service (TRS).
These physicians must meet the criterion of consulting with a physician from the PCFA List regarding a palliative care treatment plan using the requested high-strength long-acting opioid(s).

To connect with a physician from the PCFA list, prescribers should call the PCFA program at the OMA (416.340.2924 or 1.800.268.7215 ext.: 2924). Moving forward, mechanisms will be put in place at the local level to enable access to local palliative care specialists and to promote regionally integrated palliative networks.

Following the consultation, if the patient qualifies for a high-strength opioid, the primary physician would call the TRS to obtain the approval for reimbursement. The physician or delegate calling the TRS must acknowledge that the request is for a patient with a progressive life-limiting illness who requires palliative care and they will be also be asked to provide the CPSO number of the PCFA registered prescriber who was consulted about the use of high strength opioid in the patient.

The approval duration is for up to 12 months for requests meeting the specified criteria. For renewals, a new call to TRS and a new consultation from a registered PCFA prescriber is required. Staff from EAP will validate with the identified PCFA prescriber that a consultation has occurred.

The TRS operates from 8:30 am to 5:00 pm from Monday to Friday and the TRS phone numbers are toll-free at 1-866-811-9893 or 416-327-8109.

8. What should I do if my patient requires access to one of the products on the PCFA drug list that is not a high-strength long acting opioid, but I do not meet the new criteria?

Case-by-case access to products on the PCFA drug list for patients who require these drugs for palliative purposes is available via TRS for non-PCFA prescribers. Consultation with a PCFA prescriber is required only for high-strength long-acting opioid drug products (i.e. morphine SR 200 mg tablets, hydromorphone CR 24 mg and 30 mg capsules, fentanyl 75 mcg/hr and 100 mcg/hr patches).

9. Will physicians currently on the PCFA list be grandfathered under the new criteria?

Yes. Physicians who currently hold PCFA designation have been grandfathered onto the list until March 31, 2018. The grandfathered period ends on this date, and reapplication will have to occur before this date. Physicians who require additional training to meet the revised PCFA criteria are encouraged to renew their PCFA designation when they acquire the updated training.
10. I am a palliative care physician with PCFA designation. Will I be required to provide consultations to non-PCFA physicians?

Yes. In order to remain on the PCFA list, physicians agree to be available to provide timely palliative consultations for non-PCFA prescribers. This expectation is identified on the declaration form as a part of the application process.

11. Can physicians bill for consultations in order to facilitate TRS approvals?

Yes. If a face-to-face consultation takes place, the PCFA prescriber may use the A945 Consultation Fee Code. If a telephone consultation takes place, Physicians may use the Physician/Nurse Practitioner to Physician Telephone Consultation Fee Code under the Schedule of Benefits. Referring physicians may use the K730 code and consultants may use the K731 code. Additional payment information is on page A29 of the Schedule: http://www.health.gov.on.ca/en/pro/programs/ohip/sob/PHYSSERV/PHYSSERV_MN.HTML.