April 2017

**Changes to the Palliative Care Facilitated Access Program**

**Background: De-Listing of High-Strength Long-Acting Opioids**

In July 2016, the Ministry of Health and Long-Term Care announced that the Ontario Drug Benefit (ODB) Formulary/Comparative Drug Index would de-list high-strength long-acting opioids in January 2017.

Effective January 31, 2017, the following high-strength long-acting opioids were de-listed from the ODB Formulary:

- Morphine SR 200 mg tablets (e.g., MS Contin)
- Hydromorphone CR 24 mg and 30 mg capsules (e.g., Hydromorph Contin)
- Fentanyl 75 mcg/hr and 100 mcg/hr patches (e.g., Duragesic)

Prescribers are reminded that lower-strength, long-acting opioids will continue to be funded under the ODB program. Therefore, patients who need higher doses of long-acting opioids for adequate pain management may continue to be prescribed lower-strength formulations.

**Ontario Medical Association and Ontario Palliative Care Network Partnership**

The Ministry of Health and Long-Term Care consulted with prescriber experts in making the changes to the formulary; however, in response to feedback regarding this decision, the Ontario Public Drug Programs (OPDP) hosted follow up consultations with health care providers and key groups specializing in palliative care to discuss potential barriers and challenges to the implementation of these changes.

Access to symptom management medications for palliative care purposes, including opioids, is an important priority for the Ontario Medical Association (OMA) and the Ontario Palliative Care Network (OPCN). Recognizing the need to address the identified challenges associated with delisting high-strength opioids, the OMA and the OPCN struck an ad hoc working group of clinicians. The goal of this group was to develop recommendations to ensure continued access to high-strength opioids for the small percentage of patients who require these medications for palliative purposes. It became clear that the best approach to facilitate this access would be through the Palliative Care Facilitated Access (PCFA) mechanism. The OMA and the OPCN have been working with the Ontario Public Drugs Program to implement these changes.
Changes to the Palliative Care Facilitated Access (PCFA) Mechanism

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 have 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 new PCFA application form.

The changes currently apply to new PCFA applicants only. Physicians who currently hold PCFA designation will be grandfathered onto the list until March 31, 2018. The ministry is working to enhance access to drug products required for palliative care by transitioning several of the PCFA drugs onto the general ODB formulary. This will reduce the need for prescribers to access the PCFA mechanism. See next section (Changes to PCFA Drug List) for more information on palliative care drug funding changes.

Changes to the PCFA Drug List

To ensure that family physicians are able to care for their patients that have palliative care needs, several products are being moved off the PCFA drug list and will become Limited Use benefits on the ODB Formulary. These changes will support capacity building for palliative care in primary care, enabling family physicians to prescribe many of the drugs that are required for symptom management for palliative care purposes.

Given these important changes, this should substantially reduce the need to apply to be a PCFA prescriber. Only those physicians who need to prescribe the remaining PCFA drug products should submit a PCFA application, who have a specialization in palliative care.


OPDP publishes a monthly formulary update to communicate changes to drug coverage. This includes any changes to PCFA Drug List if applicable. The OPDP monthly formulary updates can be found here: [http://www.health.gov.on.ca/en/pro/programs/drugs/edition_42.aspx](http://www.health.gov.on.ca/en/pro/programs/drugs/edition_42.aspx)
Accessing High-Strength Long-Acting Opioids as a non-PCFA Prescriber

The OMA and OPCN recognize that this is a significant change in the PCFA application process and may cause concern, particularly for community prescribers offering palliative services. However, we note that the majority of patients will not need the higher strength opioids, as evidenced by prescriber trends and data analyzed. Given the shift of several of the other products to the ODB Formulary, these changes should not greatly affect family physicians’ ability to prescribe.

In circumstances where a non-PCFA prescriber requires access to one of the high-strength opioids (delisted from ODB formulary on January 31, 2017), this can be obtained through the Exceptional Access Program’s Telephone Request Service (TRS).

Application through the TRS will require that the physician has consulted a registered PCFA prescriber. The prescriber can connect with local palliative specialists through the OMA. 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).

During the TRS call, the physician or delegate will be asked to acknowledge that they are calling on behalf of a patient with a progressive life-limiting illness requiring palliative care and they will be asked for the CPSO number of the PCFA consultant in order to meet the funding criteria for reimbursement of the high-strength opioid. As the TRS provides a one-business day turnaround time, it is recommended that the TRS be used for this access to reduce delays in funding. However, if the prescriber wishes to fax the request to the EAP, the same criteria will be applied for faxed requests, and as such, the CPSO number of the registered PCFA consultant will need to be provided on the faxed application.

As a final note, the changes to the PCFA criteria and the new obligation that PCFA physicians make themselves reasonably available to consult with non-PCFA physicians are intended to promote safe and effective use of high-strength opioids across the profession.

Please see the attached FAQ document for additional information.

Additional information:

Physicians are encouraged to email pcfa@oma.org for additional information.