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 hold expertise in palliative care, which allows them to evaluate the need to prescribe specific products used for palliative purposes. If patients require these products and are ODB-eligible, the physicians on the PCFA list are exempt from obtaining approval through the Exceptional Access Program for those products reimbursed through the Facilitated Access mechanism for palliative care.

The PCFA drug list is found in the ODB Formulary/Comparative Index (Section VI-B).


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

All physicians who wish to join PCFA may do so, under the following criteria:

- Provide more than 20 palliative care consults in a year; or
- Provide more than 50 palliative care visits in a year; or
- Have been identified as a provider of palliative care by a regional director for Cancer Care Ontario (CCO); or
- Have been identified as a provider of palliative care by the executive of the section of palliative medicine at the OMA; or
- Have been identified as a provider of palliative care by an End of Life Network or Community Care Access Centre; or
- Are a member of a Palliative Alternate Funding Plan (AFP); or
- Work in collaboration with a Palliative Care Physician.
4. Will there be changes to the PCFA eligibility in the future?

The criteria for registration as a PCFA prescriber will only change following the transition of the core palliative care medications off the PCFA drug list. Implementation of the new PCFA prescriber criteria will include advance notice and a suitable transition period.

5. How will these changes affect the ability of family physicians and non-palliative specialists to deliver palliative care?

The objective has been and continues to be a better process to ensure physicians are equipped to provide palliative care while at the same time managing access to high strength long-acting opioids in a way that ensures they are available for the small number of patients who require them for palliative care purposes. In the future, most physicians will not require a PCFA designation to enable the reimbursement of a majority of medications used to provide palliative care in Ontario.

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.

6. What should I do if my patient requires a high strength opioid prescription, but I do not meet the PCFA criteria?

Prescribers who do not meet the 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).

   a) 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).

   b) 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).

   c) 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.
d) 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.

e) 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

7. 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 PCFA 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).

8. Will physicians currently on the PCFA list continue to be registered?

Yes. All physicians currently on the PCFA list continue to be registered and are required to do nothing at this time to maintain their registration.

9. I am a palliative care physician with PCFA designation. Will I be required to provide consultations to non-PCFA physicians?

No. Physicians who wish to provide consultations may contact the PCFA program at the OMA (416.340.2924 or 1.800.268.7215 ext.: 2924) to be put on a list of physicians willing to provide consultations to non-PCFA physicians who wish to prescribe high strength opioids.

10. 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: