

## **Frequently Asked Questions (FAQ)**

### **Facilitated Access to Palliative Care Drugs Mechanism**

- 1. When does the Facilitated Access to Palliative Care Drugs mechanism become effective?**
  - This funding mechanism becomes effective on March 23, 2007.
  
- 2. How will pharmacies know when to bill via this mechanism.**
  - Physicians are requested to indicate either “palliative” or “PCFA” directly on the prescription to signify to the pharmacist that the patient meets the eligibility requirements for reimbursement under this mechanism: “The patient has a terminal illness and has chosen outpatient palliative treatment. Life expectancy is less than six months and the medications are being requested for symptom control for a maximum period of six months.”
  - Patients should also be ODB-eligible:
    - Ontario residents aged 65 and over,
    - Ontario residents receiving social assistance,
    - Ontario residents receiving professional services under the Home Care Program,
    - residents of long-term care facilities, and
    - people who have become eligible under the Trillium Drug Program
  
- 3. Can the pharmacy bill using the drug product DIN?**
  - Reimbursement of the Facilitated Access to Palliative Care drug products under this mechanism is only allowed if the assigned PIN is used for billing. Claims that are billed with the DIN may be rejected for payment.
  - A list of the PINs that are reimbursed under this mechanism was included in a BBS bulletin (#7012) sent to pharmacies on March 5, 2007.
  
- 4. Are any of the Facilitated Access to Palliative Care drug products interchangeable?**
  - The drug products are only interchangeable if they are so listed in Part III of the Comparative Drug Index (CDI) (e.g. various brands of gabapentin).
  
- 5. How can a pharmacy bill for the brand name Neurontin?**
  - The same mechanism to reimburse for brand name products where there are listed interchangeable products available is used {i.e. completion of an Adverse Drug Reaction (ADR) by the prescriber must be kept on file in the pharmacy}
  
- 6. Can any physician prescribe these medications for reimbursement?**

Only the physicians who are registered by the Ontario Medical Association (OMA) to participate in the Facilitated Access to Palliative Care Drugs mechanism will be able to prescribe these medications to allow for the pharmacy to claim for reimbursement under this FA mechanism. Physicians wishing to participate in this program are asked to note that the following criteria may be considered by OMA:

  - Physicians who do more than 20 palliative care consultations in a year;
  - Physicians who do more than 50 palliative care visits in a year;
  - Physicians who have been identified as a leader in palliative care by a regional director for Cancer Care Ontario (CCO);
  - Physicians who have been identified as a leader in palliative care by the executive of the section of palliative medicine at the OMA;
  - Physicians who have been identified as a leader in palliative care by an End of Life Network or Community Care Access Centre;
  - Physicians who have become members of a Palliative Alternate Funding Plan (AFP).

For further information regarding the list of physicians and/or criteria for physicians to be included on the list, please contact Dr. Howard Burke, c/o Ina Nesbitt, Ontario Medical Association at (416) 340-2234 or via email at [Ina\\_Nesbitt@oma.org](mailto:Ina_Nesbitt@oma.org).

**Physicians who are not registered in this Facilitated Access to Palliative Care Drugs** mechanism may still submit a written request to the ICR/EA Unit for consideration of coverage through the ICR/EA mechanism. The request should include details of the patient's diagnosis, current clinical status, and life expectancy. **These requests should also clearly specify that the requesting physician is not registered in the Facilitated Access to Palliative Care Drugs mechanism.**

**7. What is the total duration of approval allowed to be reimbursed?**

- The total duration of approval will be granted for a period of six months from the initial billing/submission of a claim for a drug product under this mechanism.
- If the patient requires these medications beyond this six month period of time, further billing under this mechanism will not be allowed.
- Continuation of coverage will require the prescriber to submit a written request via the ICR/EA mechanism. **Renewal requests should clearly specify that the patient requires continuing coverage.**
- Inappropriate billing with the DIN may be subject to recovery of funds by the Ministry.

**8. How can a physician request for coverage of drug products which are not included on this list?**

- Requests for reimbursement of drugs not listed in this notice should be submitted in writing to the ICR/EA Unit as usual. These requests should provide details of the patient's diagnosis, current clinical status, life expectancy, previous therapies tried, and the rationale for selection of the selected therapy.

**9. What if there are other questions regarding this funding mechanism?**

- Physicians inquiring about participating in this mechanism should contact Dr. Howard Burke, c/o Ina Nesbitt, Ontario Medical Association at (416) 340-2234 or via email at [Ina\\_Nesbitt@oma.org](mailto:Ina_Nesbitt@oma.org).
  - On March 12, 2007, the initial list of participating physicians had been forwarded to OPA, OMA, and pharmacies (BBS bulletin #7014).
- Pharmacists should contact the ODB Help Desk in Kingston toll free at 1(800) 668-6641.