

PALLIATIVE CARE FACILITATED ACCESS

PHYSICIAN DECLARATION FORM

The Palliative Care Facilitated Access List ('PCFA List') is maintained by the Ontario Medical Association ('OMA') and shared with Ministry of Health and Long-Term Care, the Ontario Drug Benefit (ODB) program and Ontario pharmacists for purposes described below. Physicians who wish to be added to the PCFA List must meet one or more of the criteria in the declaration below.

Specific products used to treat ODB-eligible patients undergoing palliative (end-of-life) care are reimbursed through the Facilitated Access (FA) process under the Exceptional Access Program (EAP) of the Ontario Drug Benefit (ODB) Act. Under this process, physicians on the PCFA List are exempt from the usual paperwork associated with the provision of these products (i.e. exempt from obtaining approval under the EAP on a case by case basis).

Palliative Care (PC) medication claims to be reimbursed by the Ontario Drug Benefit (ODB) program must be prescribed in accordance with the following patient eligibility criteria: *"This 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."*

To facilitate the reimbursement process at the pharmacy, the prescriber is asked to indicate either, "Palliative" or "P.C.F.A.", on the prescription to signify that the patient meets the above-noted eligibility criteria. This would be an indication to the pharmacist that these medications may be reimbursed under this mechanism. The physician's College of Physicians and Surgeons of Ontario registration number must also appear on the prescription for purposes of verification.

A list of products eligible for reimbursement through the FA is maintained by the ODB and can be found here: http://www.health.gov.on.ca/en/pro/programs/drugs/edition_42.aspx. Go to part VI-B.

To complete this application, please read and sign the declaration on the back (over)

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Personal Information (please print)	
First Name	Last Name
CPSO Licence Number	
Office Address	
Street #	Street Name
City	Postal Code
Telephone	Email

Declaration

I declare that I meet one or more of the criteria (please check):

- I provide more than 20 palliative care consults in a year;
- I provide more than 50 palliative care visits in a year;
- I have been identified as a provider of palliative care by a regional director for Cancer Care Ontario (CCO);
- I have been identified as a provider of palliative care by the executive of the section of palliative medicine at the OMA;
- I have been identified as a provider of palliative care by an End of Life Network or Community Care Access Centre;
- I am a member of a Palliative Alternate Funding Plan (AFP);
- I work in collaboration with a Palliative Care Physician.

I also confirm and agree that my eligibility to be added to and remain on the PCFA List is contingent upon my continued meeting one or more of the criteria listed above. I, therefore, undertake to notify the OMA immediately if I no longer meet any of the above criteria.

Signature: _____ **Date:** _____

Please return ***this page*** by fax or email to PCFA Staff

Fax: 416.340.2944
 Email: pcfa@oma.org
 Phone: 1.800.268.7215 ext. 3265