

®Teva-Fentanyl Patch Return Program

Patch return program for safer communities



Date: (MM/DD/YYYY)	Attention
Fax number	Number of pages

Dear Dr. _____,

As you may be aware, fentanyl abuse and overdose are becoming an increasing concern in many parts of Canada. A used fentanyl patch still contains 60% to 80% of the original dose after 72 hours of use. For this reason, several communities have introduced a fentanyl patch return program; these programs have led to a reduction in overdose deaths.

We are interested in starting the ®Teva-Fentanyl Patch Return Program, sponsored by Teva Canada, to protect our patients and our community. With this program, patients need to return their used ®Teva-Fentanyl patches to our pharmacy for disposal.

This program will help benefit and protect all stakeholders: physicians, pharmacists, patients and, ultimately, our communities.

The ®Teva-Fentanyl Patch Return Program will require minimal work on your part. Our roles are reviewed in the following table:

We appreciate your support with this initiative. Feel free to reach out to us if you have any questions or concern.

Physician	Pharmacist
<ul style="list-style-type: none">• Write the name and location of the dispensing pharmacy on the prescription• Fax the prescription to the pharmacy• Write “Patch 4 Patch” or “P4P” on the prescription	<ul style="list-style-type: none">• Give the patient a ®Teva-Fentanyl Patch Return Sheet• Ensure the patient returns all USED patches to the pharmacy for disposal• Inspect the patches and ensure they have not been tampered with• Notify the prescriber if the patient does not return the patches• Dispose of the patches in a safe manner

Also, please see next page for answers to the most common questions about this program.

Sincerely,

Pharmacist name / Pharmacy name	
Phone number	Fax number

Common questions about the ®Teva-Fentanyl Patch Return Program

Why is there a focus on fentanyl and not on other opioids? As you may be aware, fentanyl is 100 times more potent than morphine and 40 times more potent than heroin. With transdermal fentanyl patches, approximately 60% to 80% of the original dose remains in the patch after being used for 72 hours. This residual fentanyl can be used for non-medical purposes. Many of the communities who have implemented fentanyl return programs have seen a reduction in fentanyl overdoses and deaths.

What is the ®Teva-Fentanyl Patch Return Program? The ®Teva-Fentanyl Patch Return Program is designed to reduce the risk of diversion of fentanyl in the community. The patient must return their USED patches to the pharmacy. The patient attaches their used patches to the ®Teva-Fentanyl Patch Return Sheet and returns the sheet to the pharmacy when due for their next refill. The program works on a “one in, one out” concept. Patients will only receive the same number of patches that they return to the pharmacy.

What is the role of the physician? The physician’s responsibilities include:

1. Writing the name and location of the pharmacy that will dispense the fentanyl on the prescription
2. Writing the words “Patch 4 Patch” or “P4P” on the prescription to show support for the ®Teva-Fentanyl Patch Return Program
3. Faxing the prescription to the pharmacy or calling the pharmacist directly. This reduces the risk of patients attempting to modify the prescription.

What is the role of the pharmacist? Pharmacists will educate patients about the program and provide patients with a ®Teva-Fentanyl Patch Return Sheet. The pharmacy staff will ensure that patients adhere to the ®Teva-Fentanyl Patch Return Program by inspecting patches for any potential tampering. Pharmacists will also contact physicians if patch tampering is detected or the patient is not returning their dispensed patches.

Why can’t the patient be given a disposal container instead? The goal of the ®Teva-Fentanyl Patch Return Program is to reduce the number of patches circulating in the community. Giving patients a disposal container will not reduce the number of patches available for diversion. These containers would also be a target for people wanting to obtain fentanyl and could encourage robberies or home invasions.

What will occur when a patient brings back 8 out of 10 patches? The patient would only receive 8 ®Teva-Fentanyl patches in the next prescription and must return those before they receive the next prescription. On the first occurrence, the patient will be reminded of the need to return the patches. If it happens again, the patient must see their physician to decide if it is appropriate to continue fentanyl.

What if the patient fills their prescription at another pharmacy? If the fentanyl prescription is ongoing and the patient is interested in changing to another pharmacy, they should bring the old patches to the new pharmacy. This will prevent patients from changing pharmacies to divert medications. Physicians can reduce this risk by writing the name of the dispensing pharmacy on the prescription. When the patient wishes to change pharmacies, a simple call from the physician to the pharmacist can ensure the patches are collected at the new pharmacy location.

®Teva-Fentanyl Patch Return Program

Patch return program for safer communities

The Teva logo consists of the word "TEVA" in a bold, sans-serif font, with each letter contained within a separate rectangular box.The SafetyMatters logo features the word "SafetyMatters" in a serif font, with "Safety" in a lighter weight and "Matters" in a bold weight.

Common questions about the ®Teva-Fentanyl Patch Return Program (cont'd)

What if the patient returns a counterfeit patch? Pharmacists are encouraged to report all suspicious use or abuse to the physician and communicate this to the client/family, if applicable. Pharmacists should advise the patient that if they return a counterfeit patch, it will be reported to their doctor, and will affect the way their fentanyl patch is prescribed and dispensed. It may lead to patches being reduced to weekly refills or they will have to return to the pharmacy to change each patch before receiving a new one. If the pharmacist believes a criminal offence has occurred, it will be reported to a local police agency.

Who do I notify if I feel there is an issue with diversion? Physician–pharmacist collaboration is crucial for the success of this program. Pharmacists who suspect diversion will contact the prescribing physician and not dispense any medication. At any point, if the pharmacist believes a criminal offence has occurred, they will report any concerns to the local police agency. Prescribers are encouraged to review the policies and regulations of their provincial regulatory body to ensure the best course of action.