

®Teva-Fentanyl Patch Return Program: Physician and Pharmacist Frequently Asked Questions (FAQs)



Q: Why is there all of this focus on fentanyl and not on other opioids?

A: 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-medicinal purposes. Many of the communities who have implemented fentanyl return programs have seen a reduction in fentanyl overdoses and deaths.

Q: What is the ®Teva-Fentanyl Patch Return Program?

A: This new program from Teva Canada is designed to reduce the risk of diversion of fentanyl. 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.

Q: What is the role of the physician?

A: The physician’s responsibilities include:

1. Writing the name and location of the pharmacy that will dispense the ®Teva-Fentanyl patch 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.

Q: What is the role of the pharmacist?

A: 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 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.

Q: Why can’t the patient be given a disposal container instead?

A: 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.

Q: How should the used patches be stored?

A: Patients must stick their used patches onto the **®Teva-Fentanyl Patch Return Sheet** so that each patch can be recognized and accounted for.

Remind patients to store the sheet with used patches out of sight and out of the reach of children and/or pets.

Once returned and inspected by the pharmacy team, the used patch sheets should be placed into the pharmacy’s drug disposal bin and destroyed per pharmacy protocol.

Q: Will the patient only return 9 out of 10 patches for the first prescription?

A: Yes, a patient will only return 9 out of 10 patches for the first prescription. At the time when a patient is picking up their first refill, they will be wearing the 10th patch. The used patch should be placed onto a new return sheet so that it is accounted for when they bring it back for their next refill. This should be documented in the pharmacy computer and/or on the prescription hard copy. With every subsequent refill, the patient should return 10 patches.

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Q: What will happen if a patient brings back 8 out of 10 patches?

A: 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 should 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 the fentanyl.

Q: What if the patient fills their prescription at another pharmacy?

A: If the ®Teva-Fentanyl patch 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.

Q: Can't the patient return the patches to their physician's office?

A: This is not recommended, as most physicians do not have adequate disposal equipment for medications. Pharmacists are accustomed to collecting and properly disposing of used or expired medications, and they see the patients more frequently.

If the patient claims that they have returned the patches to their physician, pharmacists are encouraged to verify this with the physician's office. If the physician cannot be reached, the pharmacist may wish to provide one patch only, until this information can be verified.

Q: What if the patient returns a counterfeit patch?

A: 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 ®Teva-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.

Q: Who do I notify if I feel there is an issue with diversion?

A: Physician-pharmacist collaboration is crucial for the success of this program.

Pharmacists who suspect diversion should contact the prescribing physician and not dispense any medication. They may also wish to verify the policies of their provincial regulatory body to ensure they are complying with the regulations. At any point, if the pharmacist believes a criminal offence has occurred, they should 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.

Q: How do pharmacists handle the delivery of patches to a patient?

A: Pharmacy delivery personnel are considered agents of the pharmacy and should be advised of the need to collect used patches from patients, similar to the way in which they collect money or expired medications. Inform the delivery personnel of the importance of returning these patches to the pharmacy.