

# Mifegymiso

## 2020 Pharmacist Counselling for Medical Abortion: Using the Pharmacist Checklist and Resource Guide



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# Housekeeping slide

- Session will be approximately 75 minutes:
  - 60 minutes from all of our speakers, 15 minutes for audience Q&A
- Accredited for 1.25 CEUs under CCCEP file #: 8002-2020-3005-L-P; a Statement of Completion will be emailed after the webinar
- All material will be publicly posted on the CPhA website after the webinar, links will be emailed to you
- Use questions box for technical support at anytime and for Q&A at end
- A post-webinar survey will pop up on your screen at the end of the webinar
- Only speakers and host will be on camera & audio

# POLL QUESTION

Have you dispensed Mifegymiso?

- a) Yes
- b) No



# POLL QUESTION

Does your pharmacy currently stock Mifegymiso?

- a) Yes
- b) No
- c) Don't Know



*This webinar has been funded in part by an unrestricted educational grant from Celopharma Inc.*



# Today's Speakers

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# Disclosure

- We have no current or past relationships with commercial entities
- Speaking Fees for current learning activity:
  - We have received a speaker's fee from CPhA for this learning activity

# Learning Objectives

Following this presentation, the participant will be able to:

1. Understand the process to safely induce a first trimester medical abortion;
2. Describe the Health Canada updates regarding prescribing and dispensing Mifegymiso;
3. Prevent and manage any adverse effects or patient complications;
4. Initiate an effective contraceptive plan post-abortion;
5. Utilize the Mifegymiso Pharmacist Checklist and Resource Guide to counsel patients; and
6. Register a pharmacy on a MIFE map accessed by physicians and pharmacists only.  
([www.caps-cpca.ubc.ca](http://www.caps-cpca.ubc.ca))



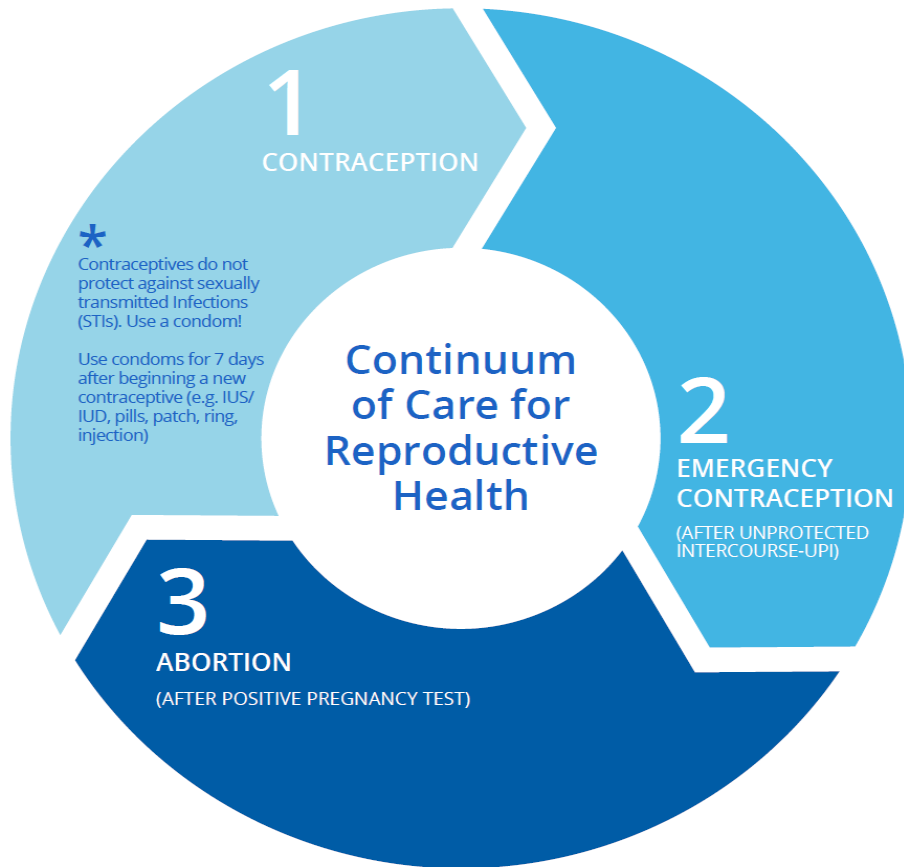
# Medical Abortion



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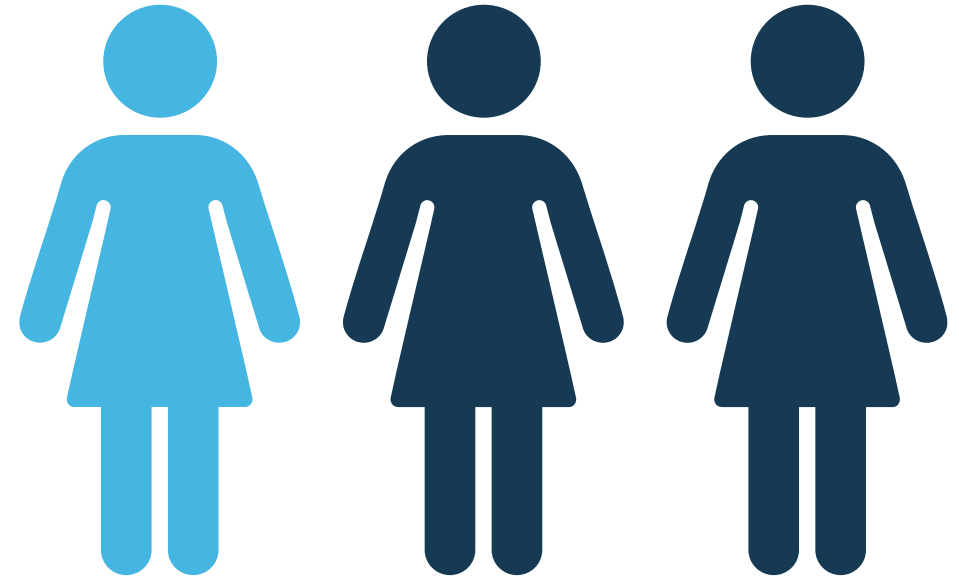
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# Continuum of Care for Reproductive Health



Design: Jimi Galvão 2017

# Lifetime Prevalence of Abortion<sup>1,2</sup>



**“Abortion is never an emergency”**

Dr. Garson Romalis, Vancouver BC



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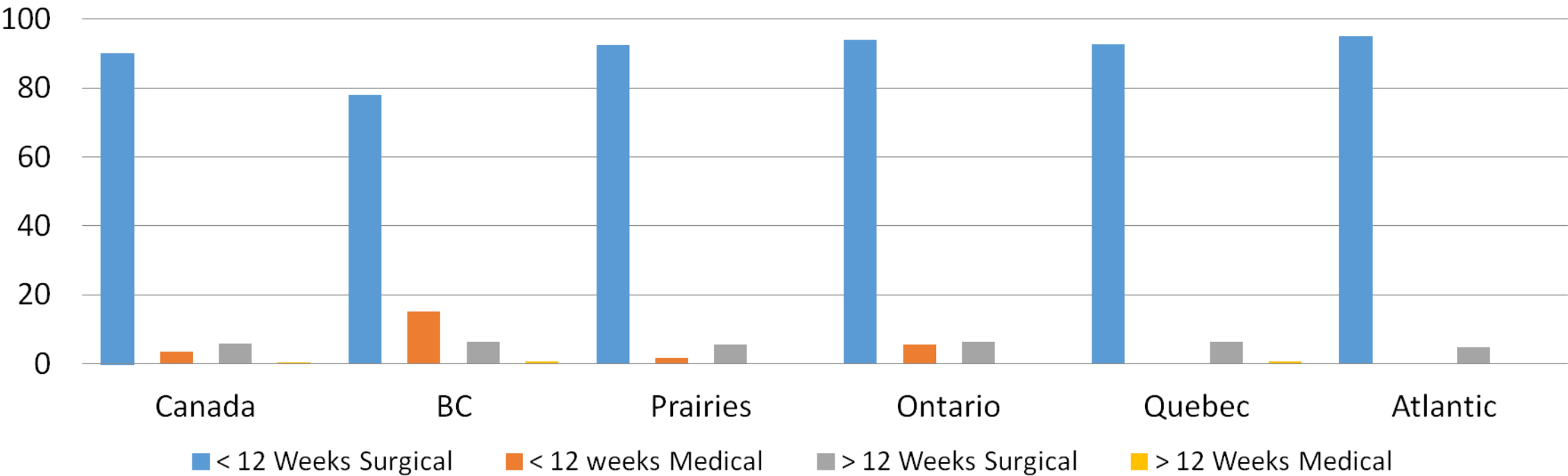
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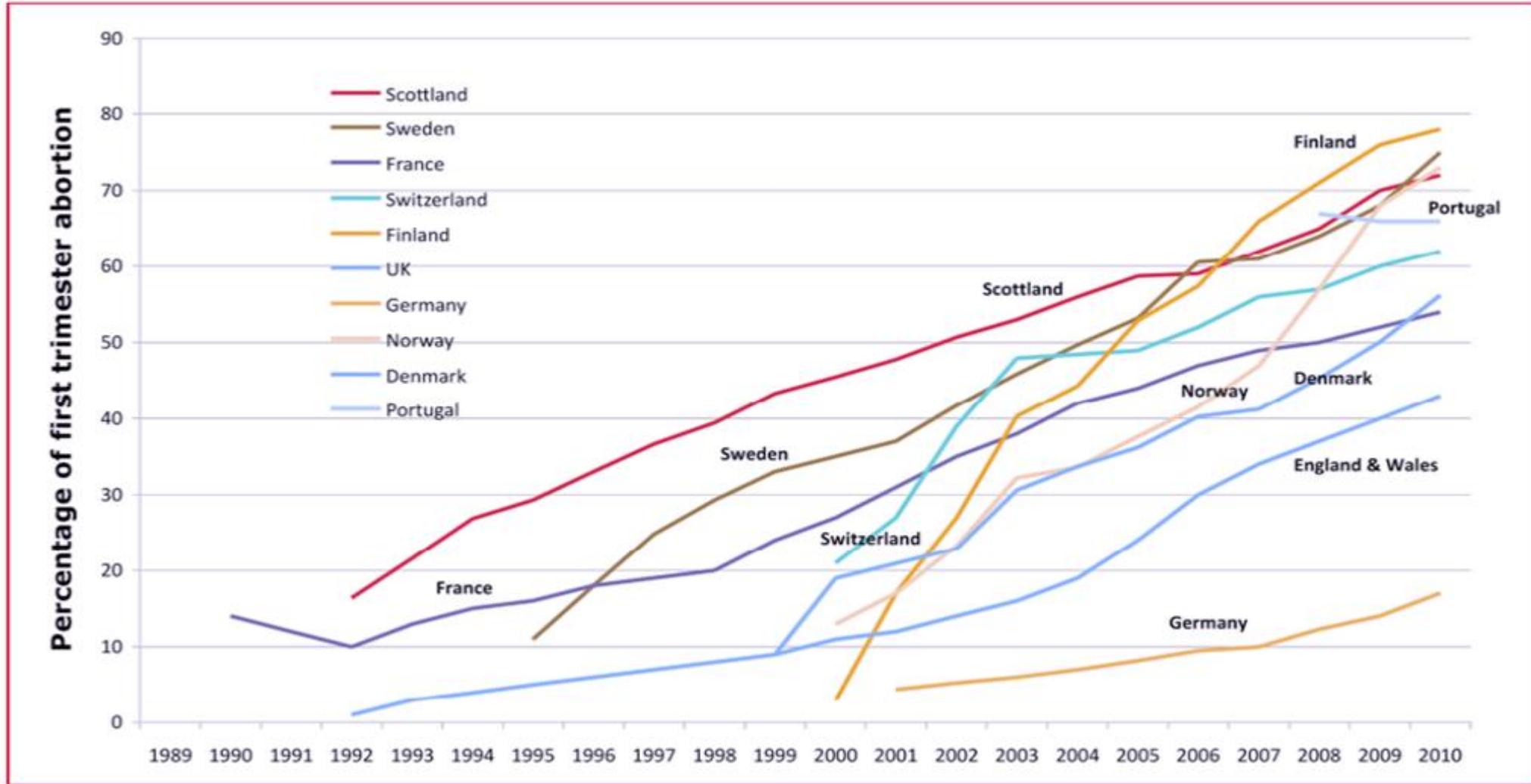
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# Abortion in Canada<sup>3</sup>

Percentage Distribution of Induced Abortions in Canada  
by Gestational Age in 2012<sup>3</sup>  
(96% Surgical and 4% Medical)



# Mifepristone Abortion Uptake in Europe<sup>4</sup>



# Pr Mifegymiso mifepristone/ misoprostol



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## Pr Mifegymiso

DIN 0244

**Mifepristone tablet/comprimé**  
**Misoprostol tablets/comprimés**

For medical termination of pregnancy  
Pour l'interruption médicale de grossesse

**Step 1:** As directed by your health professional, swallow **Mifepristone** with water.

**Step 2:** 24 to 48 hours after taking Mifepristone tablet, place all 4 **Misoprostol** (as a single 800 mcg dose) in your mouth. Keep the 4 tablets between your and gums for 30 minutes. Then, swallow any fragments that are left with water.

**Étape 1:** Tel qu'indiqué par votre professionnel de la santé, avalez le comprimé **mifépristone** avec un verre d'eau.

**Étape 2:** 24 à 48 heures après la prise du comprimé de mifépristone, placez les 4 comprimés de **misoprostol** (en une seule dose de 800 mcg) dans votre bouche. Gardez les 4 comprimés entre vos joues et vos gencives pendant 30 minutes. Ensuite, avaler les fragments restants avec de l'eau.

linepho



NOTE: The information in this checklist and the accompanying [guide](#) is in accordance with the SOGC and Health Canada guidelines for medical abortion with MIFE/MISO.

Editors: Judith Soon and Nevena Rebić on behalf of the Contraception and Abortion Research Team (CART-GRAC) | [www.caps-cpca.ubc.ca](http://www.caps-cpca.ubc.ca) | June 20, 2020 (Version 11) | © CART-GRAC, 2018

## Introduction

This guide is intended for use by community pharmacists dispensing medications for first trimester induced medical abortions (MA) to patients in community practice. The information in this guide and the accompanying [Pharmacist Checklist for Medical Abortion](#) is in accordance with the SOGC and Health Canada guidelines for medical abortion using mifepristone (MIFE) and misoprostol (MISO), (sold under brand name Mifegymiso® in Canada); other drug regimens are outlined in the SOGC guidelines.

<ol style="list-style-type: none"> <li>1. <b>Communication about Medical Abortion</b> <i>(Page 1)</i> <ol style="list-style-type: none"> <li>1.1. Key actions for creating a safe and supportive environment</li> <li>1.2. Use of language</li> </ol> </li> <li>2. <b>Criteria for a Medical Abortion using MIFE/MISO</b> <i>(Page 2)</i> <ol style="list-style-type: none"> <li>2.1. Inclusion criteria</li> <li>2.2. Exclusion criteria</li> </ol> </li> <li>3. <b>Pharmacology of MIFE/MISO</b> <i>(Page 2-3)</i> <ol style="list-style-type: none"> <li>3.1. Mechanism of action</li> <li>3.2. Drug interactions</li> <li>3.3. Pharmacokinetics</li> <li>3.4. MIFE/MISO (Mifegymiso®) non-medicinal ingredients</li> </ol> </li> <li>4. <b>Administration of MIFE/MISO</b> <i>(Page 3)</i> <ol style="list-style-type: none"> <li>4.1. Indication and clinical use</li> <li>4.2. Clinical efficacy of MIFE200/MISO800</li> <li>4.3. Drug dosing and directions</li> <li>4.4. Administration considerations and recommended schedule</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>5. <b>Management and Monitoring for MIFE/MISO</b> <i>(Page 4-5)</i> <ol style="list-style-type: none"> <li>5.1. Common side effects and recommended management</li> <li>5.2. Frequency of occurrence of adverse events</li> <li>5.3. Teratogenicity</li> <li>5.4. Signs of complications</li> <li>5.5. Missed doses</li> <li>5.6. Psychological support</li> </ol> </li> <li>6. <b>Contraception Plan</b> <i>(Page 5)</i></li> <li>7. <b>Prescriber Follow-up Appointment</b> <i>(Page 6)</i></li> <li>8. <b>Canadian Abortion Resources</b> <i>(Page 6)</i></li> <li>9. <b>References</b> <i>(Page 6)</i></li> </ol>
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Abortion is common in Canada: one in three females will have an abortion. Women and trans men, especially those who are younger, face a number of barriers to abortion access including stigmatization and lack of information. As a pharmacist, you are in a unique role to **provide a safe and supportive** environment for a patient coming in to pick up medications for a medical abortion, as well as **provide information and resources** about safe medical abortion practices.

- Provide a private space for counselling and ensure confidentiality
- Demonstrate an openness to listen and address any concerns or feelings of unease
- Be ready to discuss the patient's personal and emotional needs, values and coping strategies *[resources for referrals provided on page 5]*
- Help the patient identify resources including: a) personal support system and b) community and emergency resources
- Help clarify any myths and misconceptions about abortion
- Use non-stigmatizing language

## Page 1 of 6

# Responsibilities of Prescribing Healthcare Provider<sup>5</sup>

- **Ensure have adequate knowledge of the use of these medications**
  - Caution: know your drop-in clinic prescribers – may give incomplete information
- **Confirm Gestational Age:**
  - Positive office-based urine  $\beta$ hCG + reasonably certain LMP
  - Clinical physical exam by experienced provider within 9 week window – 98% accurate
- **Ectopic Pregnancy:**
  - Women who have risk factors for pregnancy and/or clinical symptoms, e.g. *abdominal pain and vaginal bleeding should have an ultrasound and adequately followed.*

Table 4. Risk factors of ectopic pregnancy

History	Clinical symptoms
Previous ectopic pregnancy	Abdominal pain
Tubal surgery	Vaginal bleeding
Pregnancy conceived with assisted reproduction techniques	
Tubal ligation	
IUD in place	
History of salpingitis or pelvic inflammatory disease	

IUD: intrauterine device.

Adapted from Barnhart K, van Mello NM, Bourne T, Kirk E, Van Calster B, Bottomley C, et al. Pregnancy of unknown location: a consensus statement of nomenclature, definitions, and outcome. *Fertil Steril* 2011;95:857–66.<sup>112</sup>



# Responsibilities of Prescribing Healthcare Provider<sup>5</sup> cont'd

- Medical history:
  - Vaginal bleeding; medications (e.g. birth control); STIs; bleeding disorders; steroid dependent asthma; allergies, psychosocial history
- Physical exam:
  - Vital signs; pelvic and abdominal exam; signs of STIs
- Lab testing:
  - Hgb levels; Rhesus (Rh) blood typing; serum  $\beta$ hCG; urine/swabs for STIs
- Counsel patient on abortion process, including side effects and risks
- Set-up follow-up appointment to evaluate completion (7 – 14 days)





# Exclusion Criteria<sup>5</sup> (Mifegymiso Resource Guide 2.2)

## 2.2 Exclusion criteria

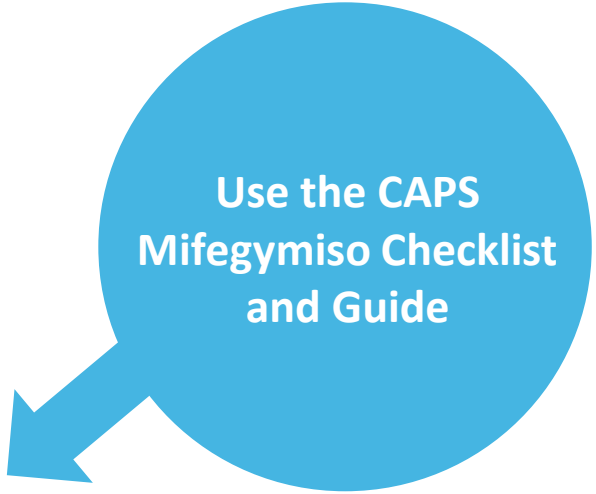
ABSOLUTE CONTRAINDICATIONS	RATIONALE
Ambivalence*	MA should only be initiated when the patient is certain of their decision.
Ectopic pregnancy	MA is not an appropriate treatment for a current ectopic pregnancy and the consequences of a missed diagnosis could be life threatening.
Chronic adrenal failure	MIFE is an anti-glucocorticoid and can impair the action of cortisol replacement therapy in those with adrenal insufficiency.
Inherited porphyria	MIFE can induce $\delta$ -aminolevulinic synthetase; the rate limiting enzyme in heme biosynthesis.
Severe uncontrolled asthma*	MIFE is an anti-glucocorticoid and can compromise control of severe asthmatic attacks.
Hypersensitivity to ingredients*	Allergic reaction is rare (<0.01%) [ <i>refer to Non-medicinal Ingredients on page 3</i> ].
RELATIVE CONTRAINDICATIONS	RATIONALE AND MANAGEMENT
Unconfirmed gestational age (GA)	If GA is uncertain, ultrasound should be performed or other methods to date the pregnancy should be undertaken by the prescriber.
Intrauterine device (IUD) in place*	Pregnancies with IUDs in situ are more likely to be ectopic, which must be excluded. If an ultrasound indicates an intrauterine pregnancy, the <b>IUD should be removed before MA</b> .
Long term corticosteroid use*	Steroid effectiveness may be reduced for 3-4 days post-MIFE and therapy should be adjusted.
Hemorrhagic disorders or current anticoagulant therapy	MA routinely results in blood loss. Precautionary measures may be appropriate.
Anemia with hemoglobin < 95 g/L*	In many studies, anemic women did not obtain MA; precaution may be appropriate.

\*Can be directly identified or addressed by a pharmacist.

# Mifegymiso Pharmacist Responsibilities<sup>5</sup>

## Pharmacist responsibilities:

- Receives Mifegymiso prescription from patient
- Confirms on-hand supply of Mifegymiso
- Dispenses Mifegymiso to patient with pharmacist prescription assessment
  - Counselling is provided in a private area focusing on:
    - safety double-check for presence of potential contraindications
    - *timing of when to initiate medications*
    - side effect management
    - potentially serious concerns requiring prescribing health professional follow-up
    - timing of follow-up appointment with prescribing health professional
    - reinforce need for *prompt* ongoing contraception e.g. IUDs at follow-up visit,
      - Depoprovera & Nexplanon implant – after misoprostol taken



Use the CAPS  
Mifegymiso Checklist  
and Guide



# SHORT ANSWER QUESTION

When is it not safe to dispense Mifegymiso?



# Pharmacology and Mechanisms of Action<sup>5,6</sup>

1. **Mifepristone (MIFE)** is a potent **progesterone receptor modulator**, with strong antiprogestin and antiglucocorticoid activity.
  - MIFE induces progestin blockade
  - Results in endometrial degeneration, uterine contractility, resumption of prostaglandin production, ↓  $\beta$ hCG, cervical softening and dilation, and potential onset of bleeding
2. **Misoprostol (MISO)** is a potent synthetic prostaglandin that causes cervix to soften and the uterus to contract, causing expulsion of the pregnancy.
3. **Effectiveness of Mifegymiso (MIFE/MISO):** is 95 – 98% for gestational age up to 70 days
  - Return to ovulation is rapid, on average  $20.6 \pm 5.1$  days
  - Following medical abortion, ovulation can take place **as early as 8 days**.





# 2020 Mife Update



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# Lobbying “Behind the Scenes”<sup>7</sup>

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## COMMENTARY

### Requiring physicians to dispense mifepristone: an unnecessary limit on safety and access to medical abortion

Wendy V. Norman MD MHSc, Judith A. Soon RPh PhD

**M**ifepristone, the gold standard drug for medical abortion,<sup>1</sup> was approved by Health Canada on July 29, 2015.<sup>2</sup> Under the federal terms of approval, physicians who wish to prescribe this treatment for their patients are required to dispense the medication themselves, which may necessitate purchase from the manufacturer, management of inventory and retail sales to patients. Health Canada’s regulation bypasses the norm of drug dispensing by pharmacists, an important step in the process of ensuring medication safety. The regulation may put patients at risk and will likely limit women’s access to medical abortion.

tions need to apply to become “dispensing physicians” and may need to learn and comply with the infrastructure, labelling and process standards expected of pharmacists; they must also await approval from both their provincial college of physicians and surgeons and the provincial college of pharmacists.<sup>4</sup> Although these systems will help to ensure that physicians dispense safely, it is not apparent that this form of dispensing will confer a safety advantage over the therapeutic double-check provided through the usual physician-prescribed, pharmacist-dispensed process.

It is likely that physician-only dispensing requirements will limit women’s access to mife-

**Competing interests:**  
None declared.

This article has been peer reviewed.

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# 2020 Mife Update for Canadian Pharmacists

Previous Restrictions	2020
Ultrasound mandatory	No ultrasound required
Patient observed taking first dose	No patient observation required
Physician only prescribing	Nurse practitioners can also prescribe
Physician only dispensing	Pharmacist stock/dispense Mifegymiso
Limited Mifegymiso stock, short expiry	Pharmacist role to stock and dispense Mifepristone like any other medication
Mifepristone initiation by 7 weeks	$\leq 9$ weeks Health Canada $\leq 10$ weeks SOGC Guidelines
Patient pays cost out of pocket	Universal cost coverage for resident





# MIFEGYMISO: ACCESS AND COVERAGE IN CANADA





## ACCESS

Since November 7, 2017 all pharmacists across Canada have been authorized to dispense Mifegymiso directly to patients.

Updated:  
June 11, 2019

## PROVINCIAL/TERRITORIAL COVERAGE

-  Universal Coverage
-  No coverage

## NATIONAL COVERAGE IS LIMITED TO:

- Non-insured Health Benefits Program
- Interim Federal Health Program
- Canadian Forces Health Services
- Programs for Correctional Services of Canada



# Mifegymiso Checklist and Resource Guide for Pharmacists



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# Pharmacist Checklist for Medical Abortion (MIFEpristone/MISOprosol, Mifegymiso®)

NOTE: The information in this checklist and the accompanying [guide](#) is in accordance with the SOGC and Health Canada guidelines for medical abortion with MIFE/MISO.

## I. Pharmacist Prescription Assessment

### NECESSARY

Confirm **indication** for medical abortion

### EFFECTIVE

Verify **appropriate written date** for prescription (NOTE: if prescription was written  $\geq 7$  days, ensure efficacy Health Canada indicate use up to 63 days from last menstrual period [LMP]; SOGC up to 70 days LMP)

### SAFE

Identify patient will have **access to help** (personal support system, transportation, phone, emergency medical care)

Exclude absolute contraindications (uncontrolled severe asthma, adrenal failure, allergies, etc)

Consider and/or manage relative contraindications (IUD, long-term corticosteroid use, hemorrhagic disorders, anemia)

### ADHERENCE

Confirm patient is making a **clear decision to complete treatment** for a medical abortion  
(consider if external pressure is being placed on the patient and if there are feelings of hesitancy; address as required)

Confirm patient able to **take MISO 24-48 hours** after MIFE

Confirm patient is able to attend **prescriber follow-up 7-14 days** after starting treatment





# Pharmacist Resource Guide for Medical Abortion (MIFEpristone/MISOprostol, Mifegymiso®)

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# Mifegymiso® Dosage and Administration

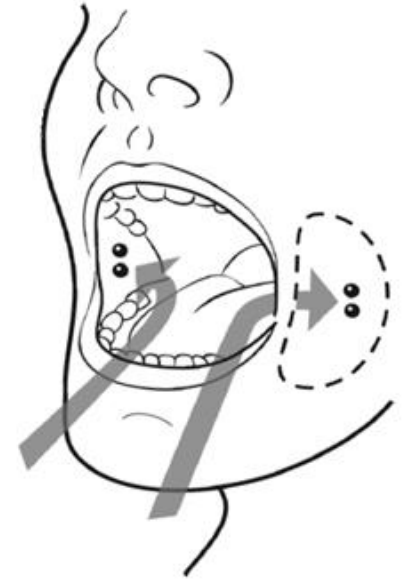
**Mifegymiso is a pre-packaged combination package of:<sup>8</sup>**

- 1 mifepristone (MIFE) oral tablet: 1 x 200mg
- 4 misoprostol (MISO) buccal tablets: 4 x 200mcg (total 800 mcg)

Day 1: Take mifepristone orally at home with a glass of water.

Day 2 – 3: 24 to 48 hours after taking MIFE, place 2 MISO tablets between cheek and gums on each side of your mouth (total 4 tablets). Leave in place for 30 minutes, and swallow remaining fragments with a glass of water. Rest for 3 hours. Cramping will begin ~2–4 hours.

Day 7 – 14: Follow-up **must** take place with physician to verify expulsion has been completed, and may involve clinical exam, ultrasound or  $\beta$ hCG.





# Mifegymiso® Dosage and Administration Checklist

## II. Patient Counselling

**DIRECTIONS FOR USE** – review **appropriate administration**

☐

**Day 1** MIFE (green box label): *take 1 tablet orally and swallow with water.*

☐

**Day 2** (24-48 hours) MISO (orange box label): *place 4 tablets between the cheek and gum (2 on each side of mouth). Leave in place for 30 minutes, then swallow leftover fragments with water. **ALWAYS** take MISO, even if bleeding starts after MIFE.*

☐

## MISSED DOSES

☐

If **MISO is forgotten** and > 48 hours has passed since MIFE: take MISO right away and inform prescriber at follow-up

If **vomiting occurs**:

- < 1 hour after taking MIFE or during buccal absorption of MISO**: contact prescriber/pharmacist for assessment
- after swallowing MISO fragments 30 minutes following buccal administration: no action required



# Mifegymiso® Dosage and Administration Resource Guide

## 4.4 Administration considerations and recommended schedule

Due to the expected effects of inducing a medical abortion including vaginal bleeding and abdominal pain, it is important to consider the timing of medication administration in order to minimize patient discomfort and strain on activities of daily living. **Consider whether the patient may need to arrange personal support** (e.g. childcare, transportation, grocery shopping) over the weekend.

### EXAMPLE ADMINISTRATION SCHEDULE *(For a typical 9-5 working schedule)*

<b>Day 1</b> Friday	Take MIFE in the morning. Minimal vaginal bleeding may occur; be prepared with panty liners.
<b>Day 2</b> Saturday	Take MISO in the morning. Expect heavy bleeding and cramping to start within 1-48 hours and last throughout the day. Be prepared with large sanitary pads.
<b>Day 3</b> Sunday	Bleeding is expected to continue through Sunday. Take the weekend to rest. <b>If needed, the patient may consider taking the day off work on Monday.</b>





# What can Patients Expect? Checklist

EXPECTED SIDE EFFECT MANAGEMENT AND MONITORING			
Side Effect	What to expect...	What can you do...	When to seek help...
Vaginal Bleeding & Discharge	<input type="checkbox"/> Starts <b>1-48 hours</b> after MISO (minimal bleeding after MIFE) <input type="checkbox"/> Heavier than menstrual period <input type="checkbox"/> Heavy bleeding lasts <b>2-4 hours</b> (light bleeding/spotting can last until next menstrual period) <input type="checkbox"/> <b>May contain blood clots</b>	<input type="checkbox"/> Use sanitary pads for heavy bleeding (should diminish upon pregnancy termination) <input type="checkbox"/> <b>Do not use tampons</b> <input type="checkbox"/> Use panty liners for light bleeding (up to 30 days after treatment)	<input type="checkbox"/> <b>Heavy vaginal bleeding</b> (saturates $\geq 2$ large sanitary pads per hour for 2 consecutive hours) <input type="checkbox"/> Dizziness or racing heart rate <input type="checkbox"/> Heavy bleeding > 16 days <input type="checkbox"/> <b>Foul-smelling vaginal discharge</b>
Pain & Cramping	<input type="checkbox"/> Starts <b>within 4 hours</b> of MISO <input type="checkbox"/> Greater than menstrual period <input type="checkbox"/> Increased pain up to 24 hours; discomfort may persist	<input type="checkbox"/> Comfort care (rest, hot pack, abdominal/lower back massage) <input type="checkbox"/> OTC options: ibuprofen, naproxen (acetaminophen is less effective alone; may be combined with codeine)	<input type="checkbox"/> Prolonged cramping > 16 days <input type="checkbox"/> Cramping/pain not improved with pain medications
Other	<input type="checkbox"/> Possible gastrointestinal side effects (nausea, vomiting, diarrhea), headache, or fever/chills <input type="checkbox"/> Self-limiting (usually after MISO)	<input type="checkbox"/> Can manage with OTC options (if pregnancy nausea is present, take anti-nauseant before MIFE and MISO) <input type="checkbox"/> Can reduce gastrointestinal side effects by taking MISO <u>after</u> a snack	<input type="checkbox"/> <b>Chills/fever &gt; 38°C for &gt; 6 hours</b> and malaise (weakness, nausea, vomiting, diarrhea) <input type="checkbox"/> Feeling sick with/without fever > 24 hours after MISO (possible infection)



# Bleeding ...



# Follow-up Patient Care

## III. Supportive Care Checklist – ensure your patient has these before leaving...

☐

- |   |   |
|---|---|
| <input type="checkbox"/> Sanitary pads and liners                                       | <input type="checkbox"/> MIFE start date: dd-mm-yyyy; MISO start date: dd-mm-yyyy |
| <input type="checkbox"/> Pain medications and/or anti-nauseants (OTC or Rx)             | <input type="checkbox"/> <b>Pharmacist Notes:</b> _____                           |
| <input type="checkbox"/> <b>Contraceptive plan</b> (fertility can return within 8 days) | _____   |
| <input type="checkbox"/> Scheduled prescriber follow-up                                 | _____   |
| <input type="checkbox"/> Organized personal support (e.g. childcare, transportation)    | _____   |
| <input type="checkbox"/> Reviewed when and where to go for emergency complications      |   |

## IV. Optional Pharmacist Follow-up (perform 2-3 days after expected start date)

☐

Does patient consent to follow-up? date: dd-mm-yyyy at 00:00 AM/PM; method: phone call/text message/e-mail via number/e-mail

☐

- |   |   |
|---|---|
| <input type="checkbox"/> Check appropriate administration | <input type="checkbox"/> Review contraceptive plan      |
| <input type="checkbox"/> Review side effect management    | <input type="checkbox"/> Reinforce prescriber follow-up |

Pharmacist Signature:

Patient Initials:

Date:



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## **POLL QUESTION**

**When does the patient need to return to the prescribing healthcare provider for a follow-up visit after taking MIFE/MISO medications?**

- a. 4 - 6 days**
- b. 7 - 14 days**
- c. 15 - 21 days**
- d. 22 - 28 days**





## **POLL QUESTION**

**When can ovulation occur following a medical abortion?**

- a) 3 days**
- b) 8 days**
- c) 14 days**
- d) 21 days**
- e) 28 days**



# Follow-up after Medical Abortion<sup>8</sup>

Women **must** have follow-up 7 to 14 days after taking mifepristone

- Meticulous follow-up required as *birth defects* reported from MISO
- Symptoms of incomplete abortion – unexpected heavy bleeding or more severe cramping or absence of bleeding, ongoing pregnancy symptoms
- Women with ongoing pregnancy (3 – 5%) offered 2<sup>nd</sup> dose MISO or aspiration
- Pelvic infection < 1% – pelvic pain, foul-smelling vaginal discharge, fever/chills
- Telemedicine: serum or urine  $\beta$ hCG with symptom checklist
  - Within 24 hours after expulsion  $\beta$ hCG  $\downarrow$  50%; 7 – 14 days  $\downarrow$  80% drop
  - $\beta$ hCG may be detected in urine  $\geq$  1 month (23%)
- Contraceptive plan: develop at first visit, as ovulation can occur as early as 8 days
  - If progesterone-containing product, *initiate after taking MISO*
  - *Insert IUDs at follow-up visit confirming completion*



# Online Community of Support and Resources<sup>9</sup>

Join Canada's  
online community  
for health professionals  
providing Mifepristone.

- Exchange tips, resources, and best practices
- Gain feedback from experts
- Locate pharmacies in your region

[www.caps-cpca.ubc.ca](http://www.caps-cpca.ubc.ca)



Resources

Tools & Tips



Clinical Guidelines



Tools & Tips



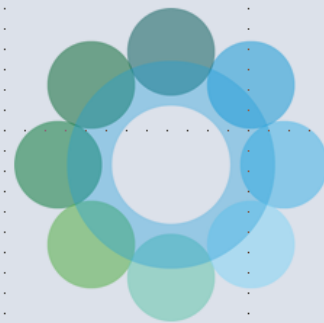
Organizations



Articles



Patient Resources



CAPS CPCA

Canadian Abortion Providers Support  
Communauté de pratique canadienne sur l'avortement



# Locate a Pharmacy



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# Could Mifegymiso address the urban-rural abortion access disparity in Canada?

Protocol for a national Implementation Research Study



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# Mifegymiso Opportunities for Improvement

- Increase access to medical abortion at *family physician* practices
  - Patients can readily access a script for Mifegymiso
- Increase access to universally covered Mifegymiso at *community pharmacies*
  - The stock is readily available through distributors and patient does not pay out of pocket
- Increase *patient awareness* of how to access universally covered medical abortion, especially in rural and remote areas
  - Medical abortion is readily available and patient does not pay out of pocket \$\$ for Mifegymiso
  - Telehealth is widely accessible in BC; other provinces are investigating opportunities
- Improve timely access to *ongoing contraception* (e.g IUDs, Depo Provera + *implants soon*)  
Callbacks for “no show” patients at *prescriber follow-up*  
(e.g. *ongoing pregnancy, initiation of ongoing contraception*)





# Educational Resources for Mifegymiso®

- SOGC/CFPC/CPhA Medical Abortion Training Program

<https://sogc.org/en/rise/Events/event-display.aspx?EventKey=MATP&WebsiteKey=4d1aa07b-5fc4-4673-9721-b91ff3c0be30>

- New Celopharma Free Medical Abortion Training Program

[http://celopharma.com/wp-content/files\\_mf/training-program-EN.pdf](http://celopharma.com/wp-content/files_mf/training-program-EN.pdf)

[http://celopharma.com/wp-content/files\\_mf/training-program-FR.pdf](http://celopharma.com/wp-content/files_mf/training-program-FR.pdf)

- *Medical Abortion* Chapter 77 in *Compendium of Therapeutic Resources* (CTC 2019)
- Once pharmacists have completed training (*strongly encouraged*): <sup>8,9</sup>
  - Register on Canadian Support Network site <https://www.caps-cpca.ubc.ca>
  - Able to register pharmacy on map (only registered physicians/pharmacists can see)
  - Able to rapidly link to specialists with their questions
  - Able to provide feedback on their experiences in follow-up surveys
- *Medical Abortion Clinical Guidelines for Pharmacists in CPI* soon

# Medical Abortion 101

Medical abortion uses medications instead of surgery to end a pregnancy

## 1 It Is Highly Effective



Ends up to 98% of pregnancies if used in the first 10 weeks

Less effective in later pregnancy

Free in most Canadian provinces

🇨🇦 Health Canada approves its use for up to 9 weeks

### How to Take It

start



Take 1 mifepristone tablet with a glass of water

- blocks progesterone in the uterus
- causes uterus to shed its lining

### 24-48h later

Put 2 misoprostol tablets in each cheek pouch for 30 mins

Swallow remnants with a glass of water

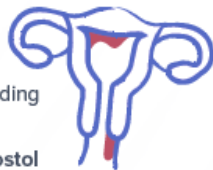


- causes cervix to open and uterus to contract to push out pregnancy

## 2 What To Expect

After mifepristone

- may have some light bleeding
- many have no bleeding



within:

After misoprostol

3 hrs

- strong, painful cramping ⚡
- bleeding heavier than a period
- may pass lemon-sized clots 🍋
- fever over 38°C

24 hrs

- nausea, headache, dizziness, diarrhea

2 weeks

- light bleeding

🕒 Won't see a fetus if less than 8 weeks gestation

## 3 Managing Side Effects



diarrhea



loperamide



vomiting/nausea



dimenhydrinate



cramping



naproxen  
ibuprofen  
opioid

Only use pads, not tampons 🍒🍒



### Seek Urgent Care If

- soaking 2 maxi-pads per hour for more than 2 hrs
- clots larger than a lemon for more than 2 hrs
- pain doesn't improve with medication
- fever, nausea, diarrhea, or weakness occurring 24 hrs after taking misoprostol

## 4 After the Abortion

8 ovulation can happen within 8 days of an abortion

🕒 can start birth control pills after taking misoprostol

👩 can have IUD inserted 7-14 days after misoprostol

👩 see abortion provider in 7-14 days to confirm the abortion is complete

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# **Role Play between Pharmacist and Patient presenting a script for Mifegymiso**



# Questions



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