

Experiences of Canadian pharmacists with dispensing mifepristone for medical abortion

Enav Z Zusman, MSc, PharmD; Sarah Munro, PhD; Wendy V Norman, MD, MHSc; Judith A Soon RPh, PhD

Introduction

Abortion is a safe medical procedure commonly performed in Canada, with over 85,000 abortions reported in 2018. Mifepristone, used in combination with misoprostol, is a medication that induces medical abortion during the first trimester and became available on the Canadian market in 2017. The introduction of mifepristone into Canada was intended to increase and simplify patient's access to abortion services and provide them with a medical alternative to a first trimester surgical abortion. Initially dispensed only by physicians in clinics, in November 2017 Health Canada indicated that once prescribed, mifepristone can be dispensed directly to patients by a pharmacist in addition to being dispensed in clinics, thereby increasing locations in which the medications can be distributed.

Research Objective

Our study aimed to assess pharmacists' experiences with mifepristone dispensing and accessibility in community pharmacies across Canada, utilization of medical abortion service, as well as assessing the familiarity of members of the community (e.g. physicians, patients) with mifepristone dispensing in the first 24 months since it was introduced to the market.

Methods

We surveyed pharmacists from across Canada. Pharmacists were recruited following the successful completion of the accredited SOGC Medical Abortion Training Program launched January 2017 and were asked to complete this survey a year after the completion of the program. We summarized categorical data using counts and proportions and used chi-square (χ^2) tests to determine the relationship between categorical variables (Table 2).

Results

Table 1: Participants demographics

Variable	Cohort (n = 125)
Age	41.76 years (SD 11.46)
Sex	Female 89 (71.20%) Male: 36 (28.8%)
Practice Setting	Urban: 54 (43.20%) Rural/Remote: 65 (52.00%) Not specified: 6 (4.80%)
Years in Practice	15.49 years (SD 11.58)

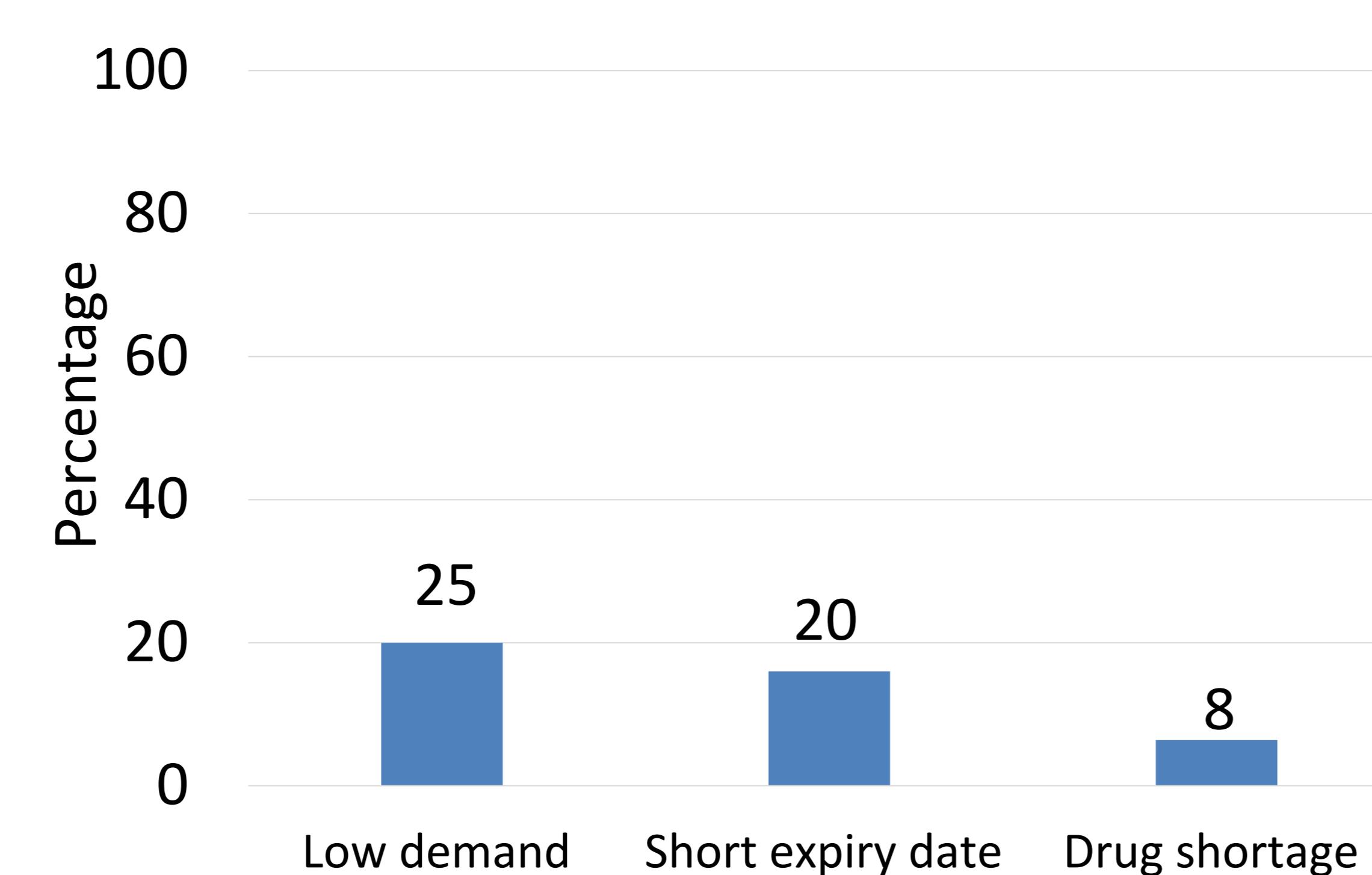


Figure 1: Barriers to stocking mifepristone

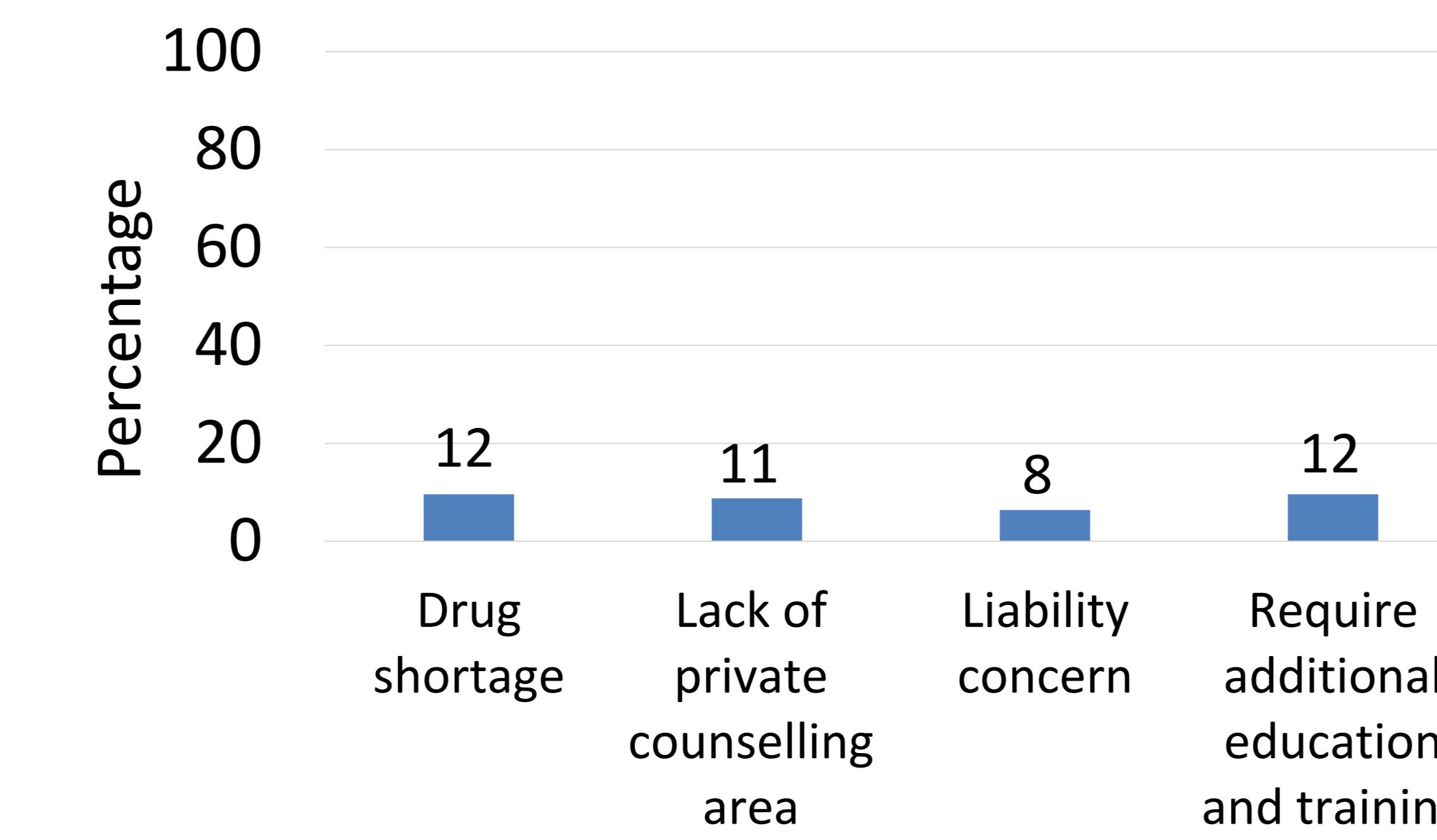


Figure 2: Barriers to dispensing mifepristone

Table 2: Participants experience with mifepristone

	All participants (n=125)	Urban (N= 54)	Rural (N=65)	P-value
Dispensing mifepristone at the pharmacy				
Yes	85 (68%)	20 (37.04%)	18 (32.14%)	0.276
No	40 (32%)	34 (62.96%)	47 (72.31%)	
Received a mifepristone prescription, N (%)				
Yes	70 (56%)	24 (44.44%)	29 (44.61%)	0.985
No	55 (44%)	30 (55.55%)	36 (55.38%)	
Stocking mifepristone, N (%)				
Yes	62 (49.5%)	26 (48.15%)	33 (50.77%)	0.776
No	63 (50.4%)	28 (51.85%)	32 (49.23%)	
Patients difficulty accessing mifepristone, N (%)				
Yes	19 (15.32%)	12 (22.22%)	6 (9.23%)	
No	42 (33.87%)	11 (20.83%)	28 (43.07%)	0.016
I don't know	63 (50.81%)	31 (57.40%)	31 (47.69%)	
Mifepristone filled in the last 12 months				
Mean, SD	25.58 (85.70)	29.23 (87.86)	16.76 (73.73)	0.349
Range	0,500	0,450	0,500	
Benefits of making mifepristone available in Canadian pharmacies				
Increased accessibility for patients and couples	118 (94.4%)	53 (98.15%)	60 (92.30%)	0.147
Increased accessibility in rural and remote areas	106 (84.80%)	44 (81.48%)	57 (87.69%)	0.346
Increased job satisfaction	22 (17.6%)	12 (22.22%)	10 (15.38%)	0.339
Increased interprofessional collaboration	49 (39.20%)	21 (38.88%)	26 (40.00%)	0.902
Reduce pressure on the healthcare system	107 (85.60%)	48 (88.88%)	54 (83.07%)	0.367
Mifepristone pharmacist dispensing checklist and/or resource guide				
Used in practice (N= 125)	43 (34.40%)	20 (37.03%)	23 (35.38%)	0.850
Found them useful (N=43)	37 (86.05%)	19 (95%)	18 (78.26%)	0.263

Conclusions

- ❖ Respondents reported very few barriers to stocking and dispensing mifepristone.
- ❖ The majority of respondents have received prescriptions for mifepristone and are currently dispensing the drug, and half are regularly maintaining stock in the dispensary. No differences were seen between urban and rural communities in regard to these factors.
- ❖ While only a third of respondents used the mifepristone pharmacists dispensing checklist and resource guide, 86% of them have found them useful. We suggest that efforts should be made to increase dissemination of these resources.
- ❖ A majority of respondents believe that dispensing mifepristone in community pharmacies increases accessibility for patients in both urban and remote areas and that involving pharmacists will reduce pressure on the healthcare system.

Disclosures: This study is supported by the Canadian Institutes of Health Research (CIHR) Partnership for Health System Improvement Grant (PHE148161), in partnership with Michael Smith Foundation for Health Research (MSFHR) (Award #16743). Dr. Norman is supported as a Scholar of the MSFHR (2012-5139(HSR)), and as an Applied Public Health Research Chair by the CIHR(CPP-329455-107837). In kind support was contributed by the Canadian Pharmacists Association, the Society of Obstetricians and Gynecologists of Canada, and the Women's Health Research Institute of British Columbia Women's Hospital and Health Centre of the Provincial Health Services Authority of British Columbia. Dr. Zusman is supported by a Vanier Canada Graduate Scholarship from the Canadian Institutes of Health Research (CIHR) and a UBC Killam Doctoral Scholarship

