Title

Pharmacists' knowledge of medication abortion and attitudes towards mifepristone dispensing at the pharmacy

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Safety and effectiveness of medication abortion provided via telemedicine at Planned Parenthood in four U.S. states

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Introduction: To evaluate the safety and effectiveness of medication abortion provided via telemedicine compared to standard medication abortion at Planned Parenthood health centers in four U.S. states.

Methods: Telemedicine patients visited a health center and met with a clinician remotely via secure telemedicine platform. We analyzed electronic health record data for patients at 26 health centers in Alaska, Idaho, Nevada, and Washington from April 2017 through March 2018. We compared occurrence of ongoing pregnancy and receipt of or referral for an aspiration procedure between groups. We performed logistic regression adjusting for gestational age and health center clustering. We also reviewed all medication abortion-related adverse event reports submitted during this time period for the same health centers. We calculated frequencies and rates of clinically significant adverse events for both groups.

Results: Across the 26 health centers, 5,952 patients received a medication abortion during the study period (738 telemedicine and 5,214 standard). The mean gestational age was 49.0 days (50.4 days telemedicine vs. 48.9 days standard, $p<0.001$). Overall, we had outcome data for 4,456 (74.7%) of patients who followed up with the health center within 45 days of the abortion: 445 (60.2%) telemedicine patients and 4,011 (76.8%) standard patients ($p<0.001$). Among patients with follow-up data, 1.6% had an ongoing pregnancy: 0.5% of telemedicine and 1.8% of standard medication abortion patients (adjusted OR=0.23 [95% CI 0.14–0.39]). Overall, 4.2% of patients received or were referred for an aspiration procedure: 1.4% of telemedicine and 4.5% of standard medication abortion patients (adjusted OR=0.28 [95% CI 0.17–0.46]). Fewer than one percent of patients in each group reported clinically significant adverse events associated with medication abortion during the study period. No deaths were reported.

Conclusion: Findings from this study conducted across geographically-diverse settings support existing evidence that medication abortion provided via telemedicine is safe and effective.

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Pharmacists' knowledge of medication abortion and attitudes towards mifepristone dispensing at the pharmacy

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Introduction**:** Pharmacy dispensing of mifepristone could expand access to medication abortion (MA) by enabling clinicians who cannot or will not stock the medications in their facility to provide MA. Little is known about US pharmacists' knowledge and attitudes about mifepristone dispensing.

Method**:** Pharmacists employed at six hospital outpatient and retail pharmacies in California and Washington participating in a study of mifepristone pharmacy dispensing completed a baseline self-administered online survey to assess support for pharmacy dispensing of MA, benefits and challenges of implementing this model, personal plans to dispense, and knowledge of MA.

Results**:** Forty-eight pharmacists completed baseline surveys; respondents were more commonly female (60%) and had a range of years of practice (median=12, range 0-41). Only one respondent elected not to dispense mifepristone in the study due to religious objections. Most pharmacists were "very supportive" (n=25, 52%) or "somewhat supportive" (n=15, 31%) of the model and said it would be "somewhat easy" (n=25, 52%) or "very easy" (n=5, 10%) to implement. Commonly reported potential benefits included improved access to MA (n=41, 84%), streamlined medication delivery (n=35, 71%), and expanded pharmacist role in providing reproductive health services (n=36, 73%); one pharmacist, who planned to dispense mifepristone, indicated no benefits. Commonly anticipated challenges to implementing this model included potential pharmacist refusal to dispense due to personal objections (n=39, 80%) and lack of familiarity with mifepristone (n=27, 55%); four (8%) pharmacists did not anticipate any challenges. Although most pharmacists (n=39, 81%) were aware of misoprostol's mechanism of action in MA, 24 (50%) understood how mifepristone works to effect abortion, 20 (42%) knew the dosage and route of administration, 13 (27%) knew the approved gestational age limit, and 15 (31%) knew the MA regimen effectiveness.

Conclusions**:** Despite having little involvement in MA to date, pharmacists at study sites have some knowledge about MA, are supportive of pharmacy dispensing of mifepristone, and plan to dispense when given the opportunity. Educational outreach to pharmacists about MA is recommended in anticipation of removal of dispensing restrictions. Additional research on attitudes in a broader pharmacist population is needed.

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Comprehension of a Mifepristone–Misoprostol OTC Label for Medical Abortion: A Pilot Study

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Introduction: As an important step in developing an over-the-counter (OTC) product, this study assesses how well women understand a prototype label for a mifepristone-misoprostol regimen for abortion.

Method: We conducted a prospective, non-randomized pilot study utilizing convenience sampling to enroll women in rural and urban communities at four sites in two South African provinces. Potential participants were prescreened and consented by trained, female recruiters. Included women were aged 16-45 with some literacy (assessed by REALM-R). Exclusion criteria were having ever used or assisted someone with a medical abortion. Demographic data were collected after enrolment. Women were given as much time as needed to read the prototype label, then asked a series of 35 questions to assess key concepts for correct use of the drug. For all