

Third Edition

ACCESS, *DELIVERED*

A TOOLKIT FOR PROVIDERS
OFFERING MEDICATION ABORTION



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ACCESS, DELIVERED:

A Toolkit for Providers Offering Medication Abortion

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INTRODUCTION

Across the country, healthcare providers are demonstrating new models of access to medication abortion. The medical community, drawing on cutting-edge research and long proven international models, has widely endorsed a new standard of care – “no test” protocols for medication abortion which allow most patients to terminate an early pregnancy safely and effectively without requiring clinical exams or an in-person visit with a clinician. In addition, some of the regulatory barriers to providing medication abortion have been loosened by the U.S. Food & Drug Administration. These innovative, patient-centered approaches allow a single provider to offer abortion services throughout the entire state(s) where they are licensed.^{1,2}

The UW Medicine Access, Delivered Research Team, in partnership with [Plan C](#), has worked with primary care clinicians and abortion providers across the country to document new models of medication abortion services. *Access, Delivered: A Toolkit for Providers Offering Medication Abortion* consolidates lessons from medication abortion providers, pharmacists and medication distributors, researchers and advocates. This toolkit is neither comprehensive nor complete. Nonetheless, it has valuable information for any provider and/or administrator interested in offering telehealth medication abortion.

This Provider Toolkit includes:

- Step-by-step guidance about how to add the service to your practice, including:
 - links to medication abortion clinician training,
 - “no test” protocols for care delivery,
 - information on working with medication distributors and mail-order pharmacies to dispense medications to patients, and
 - guidance on how to ensure appropriate professional liability coverage;
- Sources of state-specific information about abortion and telemedicine regulations that may impact how and where online models of abortion care can be provided;
- Sample protocols for clinicians and patients-facing materials

The Provider Toolkit is part of a broader Access, Delivered initiative. Our research team continues to document and evaluate novel medication abortion service models using implementation science techniques. We regularly update the Provider Toolkit through an iterative, process improvement approach. Thus, we want to hear from you! If you are using the Provider Toolkit or innovating in your own practice, please reach out. We hope you will join us in modernizing access to this essential health care service.

WHAT PROVIDERS ARE SAYING

“As a physician who had never done abortion care previously, it has been so meaningful and rewarding to make medication abortions a part of my practice. No-touch, self-managed abortions are easy to integrate into my day-to-day work and provide a much-needed service to people in my state who want to use this option. They all have different reasons, whether it’s privacy, cost, convenience, safety, etc., and they have been so appreciative of the way they get to take control of their bodies and this very personal event in their lives. I have been gratified to learn how safe it is – we really need to get this technology more directly into the hands of women who need it. It should be a regular part of primary care practice, and ideally something we can just prescribe at a pharmacy.”

– Primary Care Provider, WA

“Over the last 10 years I have watched with anger and concern the increasing restrictions to abortion being placed on women in many states. The nationwide shut down from Coronavirus and the call out for people to assist motivated me to action. While I have been providing abortion care for over 20 years, the leap to doing no-touch medication abortions and mailing pills was a total shift. It has been amazing and forced me to acknowledge that most women can self-manage their abortions without as much handholding as I was used to providing. It also opens up access for so many women in need who would have struggled to find a provider.”

-Primary Care Provider, NY State

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ACRONYMS

AMOP – American Mail Order Pharmacy
DEA – Drug Enforcement Administration
DPC Frontier – Direct Primary Care Frontier
FDA – Food and Drug Administration
FQHC – Federally Qualified Health Centers or Community Centers
hCG – human chorionic gonadotropin (hormone)
LMP – Last menstrual period
NAF – National Abortion Federation
NSAID – Non-steroidal anti-inflammatory drug
REMS – Risk Evaluation and Mitigation Strategy
RHAP – Reproductive Health Access Project
TEACH – Training in Early Abortion for Comprehensive Care
USPS – United States Postal Service
WHO – World Health Organization
Mife/miso combo – mifepristone, misoprostol medication combination
Miso-alone – misoprostol used alone for medication abortion

RELEVANT DEFINITIONS

Clinician-supervised medication abortion - using mife/miso combo or miso-alone to terminate a pregnancy under the supervision of a trained healthcare professional.

Self-managed abortion - the practice of ending a pregnancy without the involvement of a healthcare professional. This practice is increasingly safe and common with the advent of medications that can safely induce an abortion.³

Unsafe abortion - defined by the World Health Organization (WHO) as a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.⁴

EXECUTIVE SUMMARY

Medication abortion is a simple, safe, and effective option for ending early pregnancies (up to 11 weeks gestational age)

There are two options for medication abortion:

Mifepristone + Misoprostol Combination



Pros:

- May be more effective (95-98%)
- More comfortable process for the patient

Cons:

- Mifepristone is regulated by the FDA, not available in retail pharmacies

Misoprostol Alone



Pros:

- May be less effective (92-96%) or require additional doses over several days
- More side effects (cramping, pain)

Cons:

- Available in retail pharmacies (CVS, Walgreens), providers write a Rx as usual



Telehealth allows clinicians to determine patient eligibility

and send medications to patients via the mail or mail-order pharmacy



To offer medication abortion services using mifepristone, clinicians can:

1. Register with a mifepristone distributor

Due to FDA regulations, providers must first register with one of two distributors to prescribe mifepristone

2. Register with a mail-order pharmacy

Two mail-order pharmacies specialize in medication abortion. Consult with your patient, send the Rx to the pharmacy

3. Ensure compliance with State & Federal laws and professional liability coverage

4. Develop clinic protocols

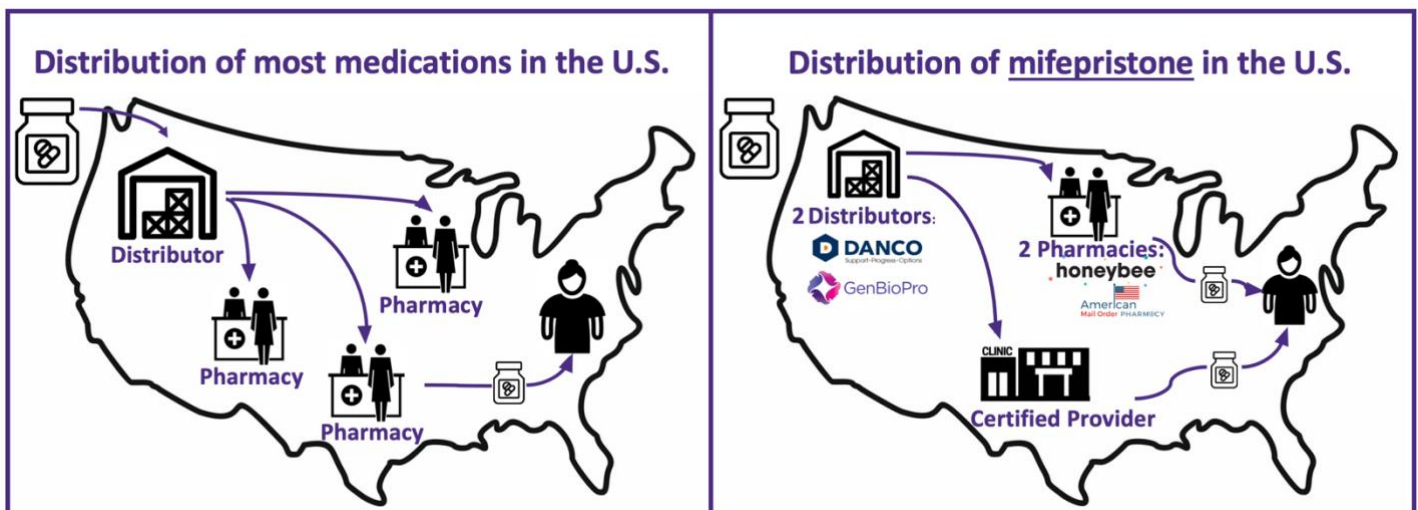


BACKGROUND

Abortion is common. One in four women in the U.S. have had at least one abortion by the time they reach age 45 years.⁵ The American College of Obstetricians and Gynecologists, an organization that sets the standards of women’s reproductive health care in the U.S., specifically states that induced abortion is an essential component of health services for women.⁶ According to the World Health Organization, “reproductive health and rights are grounded in human rights” and are inextricably linked to the health of the public.⁷ U.S.-based research suggests denying abortion access leads to greater economic disparities, worse health outcomes, domestic violence, single motherhood, and higher percent of children living in poverty.⁸⁻¹⁰

Abortion pills, which include mifepristone and misoprostol, are a modern health technology. They are recognized by the World Health Organization as essential medicines and are used by millions worldwide every year for safe access to early abortion care.¹¹⁻¹³

In the U.S., the mifepristone/misoprostol regimen was approved for use in 2000 to safely manage early pregnancy abortion.¹⁴ Although proven to be a safe medication, mifepristone was given a Risk Evaluation and Mitigation Strategy (REMS) designation by the U.S. Food and Drug Administration (FDA), which is assigned to certain medications with safety concerns to help ensure the benefits of the medication outweigh risks.^{15,16} The U.S. FDA Mifepristone REMS program requires healthcare providers to register with the product distributor in the U.S. by signing a Provider Agreement. The registered provider must then oversee the dispensing of mifepristone either by partnering with a mail-order pharmacy or by storing and dispensing their own supply of mifepristone to patients. The FDA is currently reviewing the dispensing requirements of the REMS but, based on preliminary guidance released on December 16th, 2021, mifepristone need not be dispensed in-person, maintaining the current status quo allowing for mail and other delivery of mifepristone from registered providers to patients during the U.S. Public Health Emergency due to COVID-19.¹⁷⁻¹⁹ Final guidance on the FDA REMS revision is expected by the end of 2022.



Regardless of how they receive mifepristone and misoprostol, patients will take the medications and end their pregnancies outside the clinical setting. The REMS’ special dispensing requirements for medication abortion have led to misperceptions about the complexity and safety of medication abortion provision and barriers to care.²⁰ More information about the Mifepristone REMS

requirements and ways to meet them while providing care can be found in the following sections: [Restrictions on mifepristone](#), [Establishing a provider agreement with a distributor](#), [Two models for dispensing the medications](#), and [Record keeping and reporting](#).

Around the world, medication abortion is increasingly being offered using updated evidence-based protocols that do not require an in-person visit or clinical testing. In the U.S., medication abortion now accounts for over half of all abortions that occur and laws in many states allow patients to receive services via telemedicine with abortion medications mailed by clinicians or contracted mail-order pharmacies directly to patients. This service delivery allows greater convenience and privacy to patients and is often preferred over in-clinic services.^{21,22} More information about medication abortion and associated patient care can be found in the following sections: [What is medication abortion?](#), [No-test protocols](#), and [Providing patient care](#).

MEDICATION ABORTION: The basics

Key Points

- Medication abortion with mifepristone plus misoprostol (mife/miso combo) or misoprostol only (miso-alone) has been proven to be safe and effective over decades of use.²³⁻²⁸
- Medication abortion is within the scope of family medicine and other primary care provider settings.^{29,30}
- New evidence-based protocols that do not require an in-person visit or clinical testing. They represent the current standard of care for medication abortion, allowing for entirely remote early abortion care for most patients.³¹⁻³⁵ The WHO recommends against the use of ultrasound as a prerequisite for providing abortion services.³⁶
- Medication abortion remains underutilized in the U.S., largely due to FDA restrictions on how mifepristone can be provided (it is not yet available through retail pharmacies).^{15,20,37}

What is medication abortion?

Medication abortion (also called the mife/miso, misoprostol only, abortion pill, abortion with pills, or Plan C) has been provided by clinicians in the U.S. for more than two decades.¹⁵ Abortion medications can be used for both induced abortion as well as treatment for early miscarriage.^{29,38} Medication abortion currently accounts for only 54% of induced abortions done in the U.S., while rates in some European countries are as high as 80-95%.³⁹⁻⁴¹ This difference indicates a potential unmet patient interest in medication as a method for terminating an early pregnancy. Moreover, only about 5% of abortions are performed outside of specialty clinics, even though early abortion care is well within the scope of primary care, internal medicine, and pediatrics.^{42,43}

There are currently two common safe and effective regimens for medication abortion.

1) Mifepristone plus misoprostol combination (mife/miso combo) – The most common type of medication abortion in the U.S. is the combination of mifepristone followed by misoprostol. This is the most effective method of abortion with pills (95-98% of abortions are successful) and has the fewest side effects.⁴⁴ The FDA-approved regimen includes oral mifepristone followed 24 to 48 hours by misoprostol to end a pregnancy through 70 days from last menstrual period (LMP).¹⁵ Though not summarized in this document, many evidence-based regimens are commonly used in practice.^{26,31,35,45,46} The National Abortion Federation supports use of mifepristone/misoprostol up to 77 day and the World Health Organization recommends the option of self-management up to 84 days after LMP.^{35,36,47-49} A growing body of research supports the use mifepristone/misoprostol without a clinic visit to an upper GA limit of 77 days from LMP.^{31,32,35} See the [Evidence-based no-test protocols](#) for more information.

2) Misoprostol alone (miso-alone) – Misoprostol used alone is safe and effective. Miso-alone is considered slightly less effective and may have more side effects than mife/miso combo but may be an acceptable alternative. About 92-96 percent of early abortions are successful when miso-alone is used outside of a clinical setting.^{25-28,50} The World Health Organization endorses miso-alone for early abortion when mifepristone is not available with regimens for pregnancies up to 24 weeks.²⁷ A recent systemic review concluded that miso-alone has higher success rates with regimens that

start with a high enough initial dose and repeat doses as needed over time.^{27,51} Unlike mifepristone, misoprostol does not have a U.S. FDA REMS requirement. It can be dispensed from a retail pharmacy with a prescription from a licensed clinician.

The screening protocol for miso-alone abortion is the same as the mife/miso combo regimen and can be done remotely for most patients.⁵² For patients who meet all criteria, providers can write misoprostol prescriptions for patients to pick up at their local pharmacy or send electronic prescriptions through an online pharmacy, such as [Honeybee Health](#). The cost to the patient varies but can range from \$5 to \$55 depending on insurance coverage, coupons, and variations in drug pricing and availability. ([Table 2. Outline and summary of miso-alone medication abortion protocols](#))

New to medication abortion provision? Learn More

The following additional training resources on medication abortion care provision are available free of charge:

- [Medical Abortion Course for Providers](#) - A course designed for medical students consisting of 7 video lectures averaging ten minutes long.⁵³
- [TEACH - Training in Early Abortion for Comprehensive Healthcare](#) An all-inclusive interactive curriculum with extensive tools to train new reproductive health providers to competence.⁵⁴
- Bixby Center for Global Reproductive Health, UCSF - [Innovating Education in Reproductive Health](#)⁵⁵
- [Overview of Medication Abortion](#) An hour-long course tailored to primary care providers which includes example videos of patient interactions, activities to practice what is learned, and links to additional resources.
- [Kaiser Family Foundation – The Availability and Use of Medication Abortion](#) A one-page overview of medication abortion use and access in the U.S.⁵⁶

Evidence-based no-test protocols

Medication abortion can be provided via telehealth using evidence-based, “no test” protocols that do not require an in-person visit or clinical testing. “No-test” protocols have been widely adopted in the U.S.⁵⁷⁻⁶⁰ Specifically, research shows that:

- Medication abortion is prescribed safely without a physical exam or ultrasound using last menstrual period (LMP) to estimate gestational age (One study found that 90.5-99.1% of woman knew their LMP, 70.8-90.5% with certainty).^{34,61-64}
- Medication abortion for first trimester pregnancy has minimal risk for Rh sensitization. Rh typing and administration of anti-D antibodies in Rh-negative women is unnecessary before 12 weeks gestational age.^{65,66}
- Routine follow-up after uncomplicated medication abortion can be offered as option, based on patient preference.^{36,67}

The new evidence-based protocols were developed by leading experts at the American College of Obstetricians and Gynecologists, National Abortion Federation, Planned Parenthood Federation of America, Reproductive Health Access Project, and Society for Family Planning.^{31,32,34,35,68} Internationally, the Royal College of Obstetricians and Gynecologists endorsed similar protocols, consistent with the World Health Organization’s guidelines for use of medication abortion pills.^{27,33} Recommended practices of different protocols is presented in [Table 1. Mife/miso combination medication abortion protocols.](#)



Table 1. Mife/miso combination medication abortion protocols

	The American College of Obstetricians and Gynecologists ^{34,68}	Reproductive Health Access Project ³¹	National Abortion Federation (NAF) ³⁵ (Though the protocol is not publicly available this video is based on NAF guidelines)	Raymond et al 2020 Proposed No-Test Medication Abortion Protocol ³²	The Royal College of Obstetricians and Gynecologists ⁶⁹
Consultation	Telephone or video conferencing.	Telephone or video conferencing. Provide written information electronically or by fax.	Counsel and educate patient according to standard of care.		Telephone or video conferencing. Provide related written info. via email or link.
Assessing GA	Assess remotely for patients with regular periods, establish via LMP.	Confirm patient has done a home pregnancy test and assess via LMP.	Confirm patient has done a home pregnancy test and assess via LMP.	Confirm patient has done a home pregnancy test and assess via LMP. Alternatively perform serum pregnancy test for confirmation.	Assess remotely for patients with regular periods, establish via LMP.
Ultrasound Requirements		Required if LMP indicates GA >77 days, patient has irregular periods, or if patient has known risk factors for ectopic pregnancy. US performed at clinician discretion if GA is between 70-77 days.	Required if LMP >77days, patient is uncertain of LMP within 1 week, or if pregnancy has not been confirmed with in-home test.	Required if LMP >77 days, patient is uncertain of LMP within 1 week, or patient has known risk factors for ectopic pregnancy.	Required if patient is unable to provide LMP of reasonable certainty within thresholds of eligibility, or if at high risk of ectopic pregnancy.
Rh typing	Not required	Forgo if GA <77 days.	Perform if GA >70 days.	Perform if GA >70 days.	Not required
Providing Mifepristone/Misoprostol		Mifepristone and Misoprostol are mailed to or picked up by the patient.			Mifepristone and Misoprostol are mailed to or picked up by the patient.
Additional Meds			Analgesics, antiemetics.	Analgesics, antiemetics.	Analgesics, antiemetics
Additional Items		Instructions for pain treatment, pregnancy test, medication guides, copy of consent, information to reach on-call clinician.	Instructions for each medication provided.	Instruction sheet, health facility emergency contact information, two high-sensitivity pregnancy tests.	Low-sensitivity pregnancy test, written instructions
Follow up Timing and Method	Telephone or video conferencing to review signs of successful pregnancy expulsion.	The clinician should call the patient to ensure bleeding happened within 24 hours of misoprostol administration. Review plans for contraception.	Telephone follow up to confirm success of MA is appropriate.	Follow up within one week after dispensing treatment.	Telephone or video conferencing including discussion of contraception options. Patient can also self-assess for completion.
Confirmation of Completion	The patient can take a urine pregnancy test at home 4 weeks after the abortion.	The patient takes a urine pregnancy test in 3-4 weeks.	Confirmation can be established by US, hCG testing (preferred) or physical exam by office visit, telephone, or electronic communication.	The patient takes a high-sensitivity pregnancy test four weeks after the MA. If positive, repeat in one week.	The patient uses low-sensitivity pregnancy test.
Indications for follow up ultrasound		Bleeding does not occur within 24 hours of misoprostol administration, or if follow up pregnancy test is positive.	Completion of MA is unable to be confirmed.	Symptoms of continuing pregnancy persist after MA, or if repeat pregnancy test is positive.	

Table 2. Outline and summary of miso-alone medication abortion protocols

	World Health Organization ²⁷	International Women's Health Coalition ⁷⁰	Gynuity Guidance for Providers ⁵²
Consultation	Counseling should be provided on decision-making if the patient desires. Appropriate information about the procedure should be provided: expected protocol, duration, symptoms to expect, associated risks and complications, return to normal activities, and plan for follow up care, if any.	This protocol was written for women self-managing their abortion, in a situation where access to a provider is limited or not possible. If an IUD is present, it should be removed either by the patient or a provider prior to the abortion.	Can be performed remotely. Appropriate information about access and taking the pills, what to expect (onset, duration, side effects & management), when and where to seek support, and follow-up plans. Can discuss logistical arrangements (childcare), contraception.
Assessing GA	Establish via LMP, confirmation by bimanual pelvic exam when appropriate.		Gestational age <12 weeks LMP, people are more likely to overestimate GA based on LMP
Ultrasound Requirements	US is not routinely required for provision but can be used to exclude ectopic pregnancy in at-risk patients.		US is not necessary to establish GA, eligibility, or determine regimen & counseling.
Rh-typing	Not required		Not required
Providing Misoprostol	Medical abortion with misoprostol alone is acceptable in locations where mifepristone is not available. Misoprostol is more widely available and at a lower cost than mifepristone. Home use of Misoprostol is acceptable and safe.	Misoprostol is not restricted by REMS in the U.S., unlike mifepristone, and is more commonly available.	The WHO-recommended misoprostol-alone regimen is three doses of misoprostol sublingually or buccally every three hours. Each dose is 800 mcg (four 200 mcg pills).
Additional Meds	Analgesics	Analgesics, particularly NSAIDs	
Additional Items	Clear, written instructions on self-care following abortion, including how to recognize complications and contraceptive counseling.	Sanitary pads, water, and a support person if desired	
Follow up Timing and Method	Contraceptive counseling is essential with goal to start chosen method immediately after abortion.		Plan a follow-up (i.e. via phone, text) 1-2 weeks after. If follow-up contact not possible, abortion can still be provided.
Confirmation of Completion	Medical follow up within 7-14 days is advised for misoprostol-only protocols to confirm completion. Completion can be confirmed by pelvic examination, pelvic US, or repeat hCG measurement.	The patient can monitor diminishing signs and symptoms of pregnancy in the event of successful completion, as well as pregnancy expulsion. A urine pregnancy test can be taken two weeks after care for further confirmation.	Provider should ask about bleeding, side effects, expulsion, and current symptoms. At four weeks, suggest urine pregnancy test to confirm.
Indications for Follow-up Ultrasound	Symptoms of ongoing pregnancy or incomplete abortion.	The patient should seek medical attention in the event of heavy or prolonged bleeding, severe abdominal pain, or signs of infection.	If concern of continuing pregnancy, ectopic pregnancy, excessive bleeding or retained tissue, management options should be discussed.

PREPARE & LAUNCH: Setting up early abortion care

Key Points

- Independent and larger health system primary care clinics, reproductive health clinics and online abortion providers have implemented telehealth medication abortion.⁷¹
- Mifepristone cannot be filled at retail pharmacies (such as CVS or Walgreens).¹⁵ Providers must partner with a mail-order pharmacies (Honeybee Health or AMOP are two examples) or order mifepristone directly from a distributor (Danco or GenBioPro) and dispense mifepristone directly from the provider’s medical facility.
- Misoprostol can be filled at a retail pharmacy. Thus, if mifepristone is unavailable, miso-only regimens may be a preferred option in some jurisdictions.
- Review abortion, telemedicine, dispensing, telepharmacy, and reimbursement laws in your state. Abortion services may be restricted entirely. In states where abortion services are permissible, the ability to implement “no test” early abortion services may be limited. See our section on [Regulatory compliance](#) for sources of information.

Restrictions on mifepristone

In 2000, the U.S. FDA approved mifepristone for use in medication abortion with a special requirement now known as the Risk Evaluation and Mitigation Strategy (REMS) program, limiting access to medication abortion in the U.S.^{15,16,20,37} [FDA Mifepristone REMS](#) program is currently under review; final guidance is expected by the end of 2022.¹⁹ Preliminary guidance of the REMS program released on December 16th, 2021 has 4 requirements:

- 1.) Mifepristone must be dispensed under the supervision of a clinician who has registered with one of the two mifepristone distributors in the U.S. ([GenBioPro](#), [Danco](#)) One clinician (a Medical Director, for example) may register on behalf of their organization and all clinicians who will prescribe from that organization (see [Establishing a provider agreement with a distributor for additional details](#)).
- 2.) Providers can partner with mail-order pharmacies to dispense mifepristone to their patients or dispense mifepristone from their clinic into an envelope that can be mailed to or picked up by patients. (See [Two models for dispensing the medications](#))

FDA Mifepristone REMS	
Outdated	& Current State
<i>as of August 1, 2022</i>	
1 Provider registers with mifepristone distributor (provider information kept strictly confidential)	Remains unchanged
2 Mifepristone dispensed to patients in a clinic or health-care setting	Mifepristone can be mailed directly to patients or provider can contract with a mail-order pharmacy
3 Patient signs FDA Patient Agreement Form	Patient may provide verbal or electronic consent
4 Document serial number of expiration date of distributed mifepristone in patient record	Remains unchanged

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- 3.) Providers must have all patients sign or verbally consent to the Patient Agreement, document consent in the patient record, and provide the mifepristone Medication Guide (see [Record keeping and reporting](#)).
- 4.) Providers must document the dispensed box of mifepristone serial number and expiration date in the patient record (see [Record keeping and reporting](#)).

REMS does not require that mifepristone be taken in the presence of the provider. Additionally REMS does not require clinical or laboratory exams.¹⁵

Establish a provider agreement with a distributor

All providers must register with one of the two U.S. distributors: GenBioPro or Danco in order to be certified to prescribe mifepristone to patients.¹⁵

In most circumstances, a single named registered provider (such as a clinic medical director) is sufficient for all the clinicians who prescribe mifepristone in their clinic or healthcare system. This avoids multiple accounts between the distributor and the clinic/healthcare system.⁷²

A provider must do the following to become a “registered provider” with a mifepristone distributor:

- have a current U.S. Drug Enforcement Administration (DEA) controlled substance registration certificate and registration number (which requires that the provider meets state licensing requirements)
- have a commercial shipping address (one that can receive a FedEx package; it does not need to be a medical clinic); this can also be the mail-order pharmacy
- sign a Prescriber Agreement with one of two U.S.-based mifepristone Distributors: ([GenBioPro](#), or [Danco](#))
- provide billing information.

To register with a Distributor, visit the Distributor website and complete the Prescriber Agreement. Provider personal information is kept strictly confidential.⁷² It is stored by the Distributor and not shared with the FDA or any other entity. The Distributor will follow up to complete the registration process and share information about how to order the pills through their system. Distributors also provide Patient Agreement Forms (see section [Record keeping and reporting](#)) and informational materials upon request.

Distributor company agents can help providers complete the forms. Additionally, the mail-order pharmacy Honeybee Health has a team that supports provider registration with the Distributor.

Distributor	GenBioPro	Danco
Website	https://genbiopro.com/	https://www.earlyoptionpill.com/
Prescriber Agreement	GenBioPro Prescriber Agreement	Danco Prescriber Agreement
Product(s) Available	Generic mifepristone (200 mg, one tablet)	Mifeprex (mifepristone; 200 mg, one tablet)

	Generic misoprostol (200 mcg, packaged as 4 tablets)	Generic misoprostol (200 mcg, packaged as 100 or 60 tablets)
Mifepristone Pricing	\$43.50	\$43.00
Minimum order	None (though shipping charges may be waived with a minimum purchase)	None (though shipping charges may be waived with a minimum purchase)
Primary Contact for Questions	Evan Masingill President GenBioPro, Inc. 855-MIFE-INFO info@genbiopro.com	Abby Long, MPH Director of Marketing and Public Affairs Danco Laboratories, LLC (877) 432-7596 along@earlyoptionpill.com
Partners with mail-order pharmacies	Honeybee Health American Mail Order Pharmacy (AMOP) Open to discussing how to leverage existing institutional relationships with mail-order pharmacies	Manifest Pharmacy American Mail Order Pharmacy (AMOP) Open to discussing how to leverage existing institutional relationships with mail-order pharmacies

Two models to dispense mifepristone

A registered provider has two options in which to dispense mifepristone to patients:

- 1.) **Using a partner mail-order pharmacy** - contract with a mail-order pharmacy to fill mifepristone prescriptions for all clinicians in organization
- 2.) **Storing and dispensing mifepristone within the clinic or on-site pharmacy.** Providers can order mifepristone directly from the distributor so that clinics have their own supply of mifepristone.

Healthcare systems with an on-site, non-retail pharmacy can order and house mifepristone at the pharmacy for the health systems. Most clinics within the health system then order mifepristone for their clinic directly from the healthcare system's onsite, non-retail pharmacy.

May require:

- a. Organizational interest in stocking and storing mifepristone, including complying with state pharmacy dispensing laws that may limit shipment of any medication within the state,
- b. On-site, non-retail hospital or health system pharmacy, or
- c. Medication storage capabilities.

Regardless of whether mifepristone is dispensed in clinic or through mail-order pharmacy, the registered provider remains the contact person for the mifepristone distribution and can supervise distribution for all other clinicians in their institution.

Mail-order pharmacy dispensing

Registered providers work with mail-order pharmacies to store mifepristone, fill prescriptions, and dispense abortion medications directly to their patients on their behalf.^{18,73} After clinicians complete the consultation with the patient, they send a prescription to the contracted mail-order pharmacy for fulfillment. The contracted mail-order pharmacy labels the medications based on federal and state regulations and delivers the medications directly to the patient on behalf of the supervising provider. To comply with FDA distribution requirements, prescribers still must document the **serial number of the dispensed mifepristone** in the patient medical record.¹⁴

Two mail-order pharmacies with whom medication abortion providers can partner are:

Honeybee Health is an online, mail-order pharmacy serving 48 states and territories. They help providers:



- Register as a certified prescriber with GenBioPro, indicating Honeybee as a secondary shipping address.
- Set up a Honeybee online provider account. Providers can use this ‘provider dashboard’ to see prescriptions status, orders, invoices, and billing. Providers also have access to the shipped mifepristone serial numbers that can be used to document them in the patient record.
- Manage mifepristone inventory and fill provider prescriptions.

The bundled cost of Honeybee’s pharmacy services, mifepristone, misoprostol, and FedEx 3-day shipping is \$77. Honeybee can either bill the provider, who can then accept insurance from patients, or bill patients directly. To set up a dispensing account with Honeybee Health, contact Honeybee Health team at prescribers@honeybeehealth.com, (310) 559-5903.

American Mail Order Pharmacy, also known as AMOP, is a mail-order pharmacy that works with both Danco and GenBioPro. AMOP accepts 99% of all insurance plans, specializing in Medicare Part D, and also has competitive cash prices for those without insurance. AMOP charges the provider/clinic for additional medications and dispensing fees. Providers can contact AMOP at info@amopr.com, (888) 772-3811

What Providers Say About Working with Mail-Order Pharmacies

- Working with a mail-order pharmacy saves the provider time, allowing them to focus on the consultation and follow-up care while the pharmacy takes care of the logistics of storing, labeling and shipping the medications according to federal and state guidelines.
- Honeybee has a separate charge that patients are responsible for, while AMOP allows the patient to pay the provider for all the services and then the provider reimburses AMOP directly for the medications and shipping costs.
- From the patient perspective, having two points of contact – the provider and the pharmacy – can present some confusion. If there are issues with delivery, the patient contacts the provider who then must contact to the pharmacy for resolution.

Clinic or pharmacy stock dispensing

Providers who have a clinic or pharmacy stock of mifepristone can dispense and deliver mifepristone directly to patients from the clinic or make available for patient pick-up. If permissible by state pharmacy dispensing regulations, providers can mail the mifepristone to patients. Mailing mifepristone to patients includes:



- Order and store their own stock of mifepristone at their organization.
- Label mifepristone following federal and state pharmacy guidelines.
- Deliver mifepristone to patients via mail or courier.
- Document the dispensing of medications based on federal and state pharmacy regulations.

1. Ordering mifepristone on-site

Providers can leverage their health system's existing organizational infrastructure for stocking, storing, and dispensing mifepristone. It is helpful to consult on-site pharmacists and pharmacies, who are well versed in federal and state dispensing regulations, policies, and providers. Certified providers order mifepristone from either one of the two U.S. distributors, Danco or GenBioPro. More information on registering with the distributors and ordering mifepristone can be found in the section [Establishing a provider agreement with a distributor](#).

2. Prescribing or ordering/dispensing misoprostol and other medications

Misoprostol and other routine prescriptions, such as non-steroidal anti-inflammatory drugs (NSAID), anti-nausea or additional analgesic medications can be prescribed by licensed clinicians and picked up by patients at retail pharmacies of their choosing. Some clinicians choose to order their own supply of these medications and dispense them along with mifepristone from their clinic.

[HPSRx](#) is a medication supplier focused on women's health and one of the leading distributors of manual vacuum aspirator (MVA) supplies. HPSRx offers bottles of 8 misoprostol for \$6.40. Providers can also order anti-nausea medications and ibuprofen from HPSRx. The HPSRx Dispensing Marketing Representative is Zac Baumbach, zac@hpsrx.com or customerservice@hpsrx.com, 800-850-1657

3. Storing mifepristone and other medications on-site

All medications should be stored at room temperature (they do not require cold storage), protected from light and following standard medication storage requirements.⁷⁴

4. Labelling medications when dispensed on-site

All medications should include clear instructions on how and when to take them. (see [Additional Resources](#) section for example instructions for patients for mife/miso combo and/or miso-only regimens)

Additionally, providers should follow all federal and state dispensing requirements. Some states require healthcare providers follow all pharmacy dispensing laws. Other states do not. The following is an overview of typical labeling requirements, adaptable templates for medication labeling, and resources to better understand state specific requirements.

Appropriate labels should be physically attached to the respective medications, taking care to not obscure product information such as serial number and expiration date.

Typical federal/state medication labelling requirements include:

- Prescriber name and phone number
- Patient name and Date of Birth
- Date filled: MM/DD/YY
- Product description and directions for use
- Drug quantity
- Use by date: MM/DD/YY (Note: this is either one year from dispense date or the product expiration date, whichever comes first)

Printing on a Normal Printer - Sample medication labels that can be customized and printed on Avery 5160 label stock are available in the [Additional Resources](#) section. NOTE: these labels are sized to fit mifepristone and misoprostol packaging available from GenBioPro.

Example mifepristone label: (Template 1)	Example misoprostol labels: (Template 2; Template 3)
Provider, MD - (000) 000-0000 Init: ____ Medication #1 – Take this first Pt. Name _____ DOB: _____ Dispensed Date: _____ Exp: _____ Mifepristone: Swallow 1 tablet	Provider, MD - (000) 000-0000 Init: _____ Medication #2 (misoprostol). Take this medication 24 hours after Medication #1, mifepristone. Patient name: _____ DOB _____ Date dispensed: _____ Exp: _____ Place all 4 tablets into vagina about 1 finger’s length deep. Lie down for 30 minutes. Provider, MD - (000) 000-0000 Init: _____ Medication #3 (Misoprostol): Take only if no bleeding 24 hours after taking Medication #2 Pt. Name _____ DOB: _____ Dispensed Date: _____ Exp: _____ Place all 4 tablets into vagina about 1 finger’s length deep. Lie down for 30 minutes.

Using a Label Printer - Providers are also using common label printing machines such as [Brother QL 80 Label Printer](#) and [Dymo label printer 450 model](#) with the 2-5/16x 4" labels.

Using Mifepristone (and other medication) labelling software - Some providers dispense medication directly from their clinic using labelling software. The dispensing software enables providers to quickly maintain inventory, produce pharmacy labels with all the required information, store patient information and re-order medications.

[HPSRx](#) offers a label printer and the associated software to clients. There is no startup cost, but HPSRx charges \$0.50 per patient for use of the dispensing software. The HPSRx Dispensing Marketing Representative is Zac Baumbach, zac@hpsrx.com or customerservice@hpsrx.com, 800-850-1657

5. *Delivering medications to patients*

Providers mail mifepristone directly to patients using a courier services or the [USPS⁷⁵](#) If using the USPS, providers selecting Priority Mail, which is a flat rate service that includes a tracking function and delivers packages in about two days.

Helpful materials for this approach include:

- [USPS Priority Mail Flat Rate Envelope](#) (these are free and available at most U.S. Post Offices or can be ordered online with free delivery), the small flat rate boxes which cost \$7.90 to mail anywhere in the U.S., or other padded envelope.
- Stamps or other postage available at the post office or online (\$7.75 is the current postage for the flat rate Priority Mail envelope)
- Package tracking labels are automatically added to qualifying packages when mailed at U.S. Post Offices or can be obtained through www.usps.com, along with postage.

Some providers offer patients the option to pick up mifepristone (and other medications) at their clinic site. Examples include having patients drive to the clinic and pick up mifepristone in the parking lot from a clinic staff member or small outdoor lockers using a special code.

Each patient must receive a copy of the mifepristone Distributor's Medication Guide ([GenBioPro](#), [Danco](#)). A copy of the Medication Guide is included in the mifepristone box for both Distributors

6. Documentation

The provider must comply with FDA dispensing requirements by documenting serial number of the mifepristone dispensed in the patient medical record.¹⁴

What Providers Say About Storing and Dispensing Their Own Medications

- Leveraging my on-site pharmacy and the expertise of our pharmacists helped me feel confident that our organization was following all pharmacy regulations in our state
- Using a dispensing software really simplified the process and ensures that I am complying with all dispensing requirements.
- USPS or PayPal allow you to pay for and print mailing labels and drop packages off at the post office without waiting for an attendant.

Regulatory Compliance

Providers should consider all state-based regulations regarding abortion care provision and dispensing and shipping medications. State laws may restrict the types of providers who can provide abortion care, the ability to use telehealth for abortion care, or impose other special requirements (mandatory waiting periods, specialized informational materials, clinical testing requirements, special consents for minors, etc.).^{1,71}

The following resources help providers determine what is allowed in their state:

State Abortion Laws

- With the loss of federal protections for abortion access in June 2022, state abortion laws are more important than ever and are currently in constant flux. This website tracks state abortion laws.⁷⁶

- Guttmacher Institute [An Overview of Abortion Laws](#) provides information on state-based abortion laws.⁷⁷
- The [State Abortion Laws](#) database provides free information on various state abortion regulations, relevant court cases, and attorney general opinions that directly impact the provision of abortion services in the U.S. These publicly available datasets are created through a collaboration between the Policy Surveillance Program at Temple University’s Center for Public Health Law Research, Resources for Abortion Delivery, Guttmacher Institute, American Civil Liberties Union, Center for Reproductive Rights, National Abortion Federation, and Planned Parenthood Federation of America.⁷⁸

State Telemedicine Laws

- The Federation of State Medical Boards [Telemedicine Policies: Board by Board Overview](#) has information about state telemedicine laws with links to regulatory information for each state.⁷⁹
- Center for Connected Health Policy Telehealth Policy [Current State Laws & Reimbursement Policies](#) has information on state telemedicine and reimbursement laws and regulations.⁸⁰
- Direct Primary Care resource website ‘DPC Frontier’, curated by Philip Eskew, DO, JD, MBA, offers extensive information about the [relevant laws and regulations related to setting up a direct primary care practice](#), including medication dispensing and malpractice.⁸¹ Power to Decide has a guide to [State Level Telehealth Policies](#), include Medicaid and private payer reimbursement policies.⁸²

Currently, primary care providers, specialty reproductive health clinics, academic centers and web-based online providers are offering telehealth medication abortion services across the country.^{1,71} An up-to-date list of operational services by state can be found at [Plan C’s Guide to Pills](#).

Professional Liability Insurance

In the past, high premiums for adding abortion care to professional liability coverage was a key barrier for primary care and other clinicians to offer this service.⁸³ Providers who have implemented medication abortion services found that medication abortion care is included in general liability coverage for no additional cost.

Providers with existing liability coverage should verify coverage for first-trimester medication abortion. Providers can check their current policy and, if not specified, refer to the original application for coverage to see if abortion services are included. Often policies do not specify what is covered unless reported in the original application. If coverage for medication abortion is not clear, providers should contact their insurers to verify their current policy. It can be helpful to highlight that medication abortion includes writing pill prescriptions and that these pills have excellent safety records. Additionally, providers can explain that medication abortion does not entail doing procedures, nor does it qualify as full obstetric care. Providers may want to verify that liability coverage includes telehealth services.

What Providers Say About Ensuring Liability Coverage

Primary care physicians who have recently negotiated coverage for medication abortion care with no or low additional premiums offer these tips:

- When contacting your insurance provider, start with the assumption that provision of medication abortion is covered under your current policy and you are contacting them to verify.
- If presented with a higher premium, challenge it. Most insurers are poorly informed about medication abortion, including that it is just a set of pills with an excellent safety profile.
- Share that colleagues with other insurance providers have this coverage at no additional cost.
- Mention you are willing to consider other insurance providers if your provider insists on charging more.

Considerations for incorporating abortion care into clinical practices:

The Reproductive Health Access Project (RHAP) has developed guidance for providers interested in initiating abortion services in their practices: [Toolkit for Integrating Abortion into Primary Care](#)⁸⁴ This resource includes key considerations for all interested providers regardless of the size of their practice institution. Additionally, Federally Qualified Health Centers or Community Health Centers that receive federal funding can offer abortion services. RHAP also has resources for FQHCs interested in offering abortion care: [Frequently Asked Questions about Integrating Medication Abortion Care into Community Health Centers](#).⁸⁵

IMPLEMENTATION: Providing abortion care

Key Points

- Remote Delivery in Reproductive Health Care: Operation of Direct-to-Patient Telehealth Medication Abortion Services in Diverse Settings offers a description of service options¹
- Telemedicine modalities — including video, telephone, and/or written electronic communications — are sufficient for patient intake, assessment, and counseling for the vast majority of early abortion patients.⁸⁶
- Several free platforms allow clinicians to video chat or phone with patients without showing their contact information.
- Dispensing includes proper product labeling and logging product serial numbers, with distribution to patients by pick up or mail.¹⁴
- Patients can successfully assess abortion outcome and identify need for any follow up.^{30,87}



Patient engagement

Patients request care from abortion service, are screened for appropriateness of telehealth care, and schedule an appointment if needed



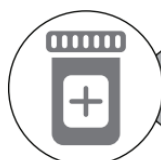
Patient consultation

Patients communicate asynchronously or synchronously with health care practice via telehealth platform



Payment

Patients pay for services using public or private insurance or cash options via online payment platform



Medication dispensing

Medications are dispensed and delivered to the patients at their chosen address



Patient follow-up communication

Patients ask additional questions throughout process and confirm pregnancy termination

Telemedicine & consultation approaches

New medication abortion protocols can be used for in-person consultations, and for telehealth care. Examples of telehealth include:

- Asynchronous telemedicine consultations (online patient intake with provider review at a later point in time and electronic patient-provider communication)
- Conventional telemedicine consultations (synchronous face-to-face video visits)
- Telephone consultations (synchronous non-video visits)

Patients prefer these telehealth options because of convenience and privacy.⁸⁸

The types of telehealth consultations allowable depend on state regulations. Many state regulations allow for a patient-provider relationship to be established remotely (i.e. one can accept a new telemedicine patient without having first seen them in person). Other state telemedicine guidelines/regulations allow services to be provided fully asynchronously (i.e. without face-to-face video interaction with the patient). The type of telehealth interaction may affect how services are reimbursed by private and public payers. Resources for understanding state-specific regulatory landscapes are included in the [Regulatory compliance](#) section.

Synchronous telemedicine consultations, face-to-face

Synchronous telemedicine care includes phone calls and face-to-face video visits.

Asynchronous telemedicine consultations, E-visit

Asynchronous models of telemedicine, also known as e-visits,^{89,90} entails patients filling out an online questionnaire about last menstrual period (LMP), regularity of periods, and pertinent medical history; signing FDA required consent forms (see [Record keeping and reporting](#)); accessing supplementary information; and specifying if they have any additional questions or would like to request a synchronous visit with the provider. At some later time, the provider then reviews this information. If the provider decides that additional information is needed, they can ask for this information asynchronously. After receiving additional information, the provider either approves/rejects the treatment or makes arrangements for a synchronous visit (video or telephone) with the patient. The provider can also request that the patient get clinic tests if indicated.

Asynchronous models can offer benefits for both patients and providers in terms of efficiency, convenience, and privacy. Highly successful asynchronous abortion services include [CHOIX](#), [Hey Jane](#), and [Aid Access](#).

Learn more about offering telehealth clinical services:

Additional information for those new to telehealth can be found in these toolkits⁹¹:

- The Center for Technology Innovation, [The Roadmap to Telehealth Efficacy](#)⁹¹
- Angad Singh, MD, University of Washington, [The Telehealth Toolkit](#)⁹²
- U.S. Dept. Health & Human Services, [Getting started with telehealth](#)⁹³
- RHIhub, Rural Health Information Hub supported by the Health Resources and Services Administration of HHS, [Rural Telehealth Toolkit](#)⁹⁴

Patient medication abortion intake and consultation

A number of resources support providers who are new to medication abortion care (see the [What is medication abortion?](#) Learn more section) A standard approach includes building rapport, asking patients about their goals, and shared decision making.⁹⁵ At the consultation visit, patients should be given information in advance about what to expect, when to seek follow up care, and how to self-assess that the abortion is complete.^{32,52,54}

Patients should be encouraged to call their provider if they experience any problems or have questions. High quality counseling from a clinician facilitates patients knowing when they need emergency or other follow-up care.⁹⁶⁻¹⁰⁰

Various examples of sample instructions and patient resources that can be adapted to your practice setting are included in the [Additional Resources](#) section.

Information included in the mifepristone drug label⁷⁴:

Common side effects to mifepristone/misoprostol:	Cause for Concern and Follow-up:
<p>Cramping and vaginal bleeding are expected and signify the treatment is working.</p> <p>Most common side effects of mifepristone/misoprostol treatment are nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness.</p>	<p><i>Patients should contact their healthcare provider if they experience:</i></p> <ol style="list-style-type: none"> 1. No Bleeding Scant bleeding and persistent pregnancy symptoms. May require additional course of misoprostol medication, surgical aspiration or evaluation for possible ectopic pregnancy. 2. Heavy Bleeding Prolonged heavy bleeding (soaking through two thick full-size sanitary pads per hour for two consecutive hours) may be a sign of incomplete abortion or other complications. Patients should be instructed to contact a health care provider if they experience heavy bleeding. May require surgical aspiration. 3. Prolonged Abdominal Pain Abdominal pain or discomfort, including weakness, nausea, vomiting, or diarrhea, with or without fever, more than 24 hours after taking misoprostol. Could be infection or ectopic pregnancy. 4. Fever Starting one day after treatment, a fever of 100.4°F or higher that lasts for more than 4 hours. May be symptoms of a serious infection.

On ectopic pregnancies:

“For patients with an undesired pregnancy of unknown location, immediate initiation of medication abortion is associated with more rapid exclusion of ectopic pregnancy.”¹⁰¹ “Mifepristone is contraindicated in patients with a confirmed or suspected ectopic pregnancy because **mifepristone is not effective for terminating ectopic pregnancies**. Healthcare providers should remain alert to the possibility that a patient who is undergoing a medical abortion could have an undiagnosed ectopic pregnancy because some of the expected symptoms experienced with a medical abortion (pelvic pain, uterine bleeding) may be similar to those of an ectopic pregnancy. The presence of an ectopic pregnancy may have been missed even if the patient underwent ultrasonography prior to being prescribed [mifepristone].”⁷⁴ Thus, it is important that providers take a careful history of all patients, regardless of whether they have had a prior ultrasound during this pregnancy.

If patient has bleeding, spotting and/or pelvic pain during the current pregnancy, and an ectopic pregnancy is clinically suspected, patients should be referred for diagnostic testing that may include pelvic exam, serial serum human chorionic gonadotropin (hCG) levels, transvaginal ultrasound, or diagnostic aspiration.

Patient medication abortion follow-up

With proper information, most patients can tell when the abortion has completed. More than 95% of the time, patients themselves are able to determine when they are no longer pregnant or have continued signs of pregnancy.^{30,87}

Routine follow up is not necessary after uncomplicated medication abortion, as long as patients have adequate information about when to seek care for complications and has information about where to seek post-abortion contraceptive care.¹⁰² Some providers send asynchronous follow-up evaluation surveys 2-4 weeks after the intake and consultation, which allows patients to indicate whether they desire for follow up.

Should a provider wish to implement follow up into their care, they can do so via e-visit, telephone, or in-person. Examples of what can be included in follow-up communication includes⁵⁴:

- Patient's experience since taking medications, including timing and extent of bleeding and cramping, and resolution of pregnancy symptoms. Questions include:
 - Do you think you are still pregnant? Why or why not?
 - Can you identify the moment when you expelled the pregnancy?
- Assessment of complete abortion based on clinical history and negative at-home pregnancy test 4-5 weeks after taking the medication.
- Asking patient to contact provider for late-onset heavy bleeding or other concerns that may warrant evaluation and treatment.
- Support with contraception if desired
- Emotional support as needed

Medication abortion record keeping and reporting

Record keeping for telehealth medication abortion services will largely mirror what is done for in-person services, with the patient's medical record completed and stored according to the provider's standard procedures.

However, providers should be aware of a few mifepristone- and abortion-specific reporting requirements.:

- **Signed Patient Agreement Forms** – The FDA Mifepristone REMS require that providers patients agree to the unaltered mifepristone-specific [Patient Agreement Form](#) in addition to standard consent forms.¹⁰³ The clinician can document verbal consent (by telephone or video call) in the patient medical record or obtain written consent (by email or electronic signatures) and maintain a copy of the patient's signed Agreement Form in the patient medical record.¹⁷ As with in-person services, to give consent, the patient must first understand the risks and benefits of the treatment and voluntarily agree to them.
- **Medication dispensing** — The FDA Mifepristone REMS require providers to document the medication serial number and expiration date of mifepristone given to each patient in the patient record.¹⁵ If dispensing other medications, federal and state regulations should be followed. More information is provided in the [Two models for dispensing the medications](#) section.
- **Abortion reporting by state** — Many states require that clinicians who provide abortions report each abortion to the state Office of Vital Statistics. Each state has different requirements for whether and when abortion must be reported (sometimes reporting is only

required for later gestation pregnancies). Guttmacher Institute reports on state-by-state [Abortion Reporting Requirements](#).¹⁰⁴

- **Death reporting to distributors** — By signing a Prescribing Agreement with the distributor, providers agree to report any patient deaths to the distributor, identifying the patient by a non-identifiable patient reference and the serial number from each package of mifepristone.¹⁰⁵

Unnecessary documented information when providing abortion care may create legal risks for providers and patients. Providers are discouraged from asking about the following:

- Patient's reason to have an abortion
- Use of other medications or herbs to induce an abortion prior to presenting for care
- Information about the person who impregnated the patient

OPPORTUNITIES: Expanding abortion access

Key points

- Providers can improve access by offering patients prescriptions in advance of the need for them.
- Letrozole plus misoprostol is a potential medication abortion option, but more research is needed.

Advanced provision of medication abortion pills

Prescribing medications in advance of when a patient may use them is common in medicine. Providers routinely prescribe naloxone in advance to opioid users, ciprofloxacin for travelers' diarrhea in advance of travel and emergency contraception (Plan B) in advance to unprotected sexual intercourse. Advanced provision of medications for abortion, defined as provision of abortion pills to have on-hand in case of an unplanned pregnancy in the future, is being offered as an alternative model of abortion care provision. The paper, *Making a case for advanced provision of mifepristone and misoprostol for abortion in the United States*, outlines the background and proposes a protocol for providing care.¹⁰⁶

Combination regimen letrozole and misoprostol

Letrozole is an antiestrogen drug that has several indications including, treatment of early breast cancer in post menopause and ovulation induction. Letrozole is considered relatively inexpensive and can be purchased in a retail pharmacy of the patient's choice. According to Epocrates Online, 90 letrozole 2.5 mg pills costs \$27.

A systematic review evaluating letrozole plus misoprostol combination for early pregnancy termination found promising results that letrozole/miso combo may be more effective than miso alone and with fewer side effects.¹⁰⁷ No studies have compared letrozole/miso combination with mife/miso combination. Given letrozole's cost and acceptability, this combo treatment may be an option for patients who are unable to obtain mifepristone. More research is needed evaluating this option for medication abortion.

ADDITIONAL RESOURCES

Support materials that can be used or edited and shared with patients:

- [GenBioPro Patient Resources](#)
 - o [Medical Abortion: Is It Right for You?: English Spanish Chinese Vietnamese](#)
 - o [What to Expect Guide: English Spanish Chinese Vietnamese](#)
- [Sample Patient Info. Sheet](#)
- [Reproductive Health Access Project](#)
 - o [Sam's Medication Abortion Zine](#)
 - o [How to Use Abortion Pills Fact Sheet \(mife/miso combo\)](#)
 - o [How to use misoprostol-only for medication abortion](#)
 - o [Abortion Pill info to Read Prior to Phone Visit](#)
- [All-Options](#) a phone line that offers unbiased and judgment-free support for patient experiences with abortion, adoption, pregnancy loss, parenting, infertility, unplanned pregnancy, and more. Call 1-888-493-0092 from anywhere in the U.S. to reach a trained advocate or visit all-options.org for more information.
- [M+A Hotline](#) a phone/text hotline that supports patients to self-manage their miscarriage or abortion. Call or text the Miscarriage & Abortion Hotline 1-833-246-2632
- [Reprocare Healthline](#) a phone line that offers medical information and caring support during miscarriage or an abortion with pills.
- [Exhale](#) is the nation's premiere organization addressing the emotional health and well-being of individuals after abortion.

Resources for Providers:

- [Reproductive Health Access Project](#)
 - o [Toolkit for Integrating Abortion into Primary Care](#)
 - o [Phone Triage Call: Bleeding with Medication or Expectant Management of Miscarriage](#)
- [TEACH - Training in Early Abortion for Comprehensive Healthcare](#)
- [Bixby Center for Global Reproductive Health, UCSF - Innovating Education in Reproductive Health](#)
- [RHEDI: Mainstreaming Abortion in Family Medicine](#) – Education materials for family medicine providers offering medication abortion.
- [Kaiser Family Foundation – The Availability and Use of Medication Abortion](#)
- [Doxy.me](#) & [Doximity](#) are tools for providers to conduct HIPAA compliant patient interactions (messaging, telephone, video) Recommended by providers already offering services but not reviewed by authors of this toolkit.
- [MYA.com](#) – a network of primary care providers offering medication abortion

Useful Templates for Adaptation:

- [Patient, medication dispensing log](#)
- [Mifepristone labels template](#)
- [Misoprostol label templates](#) (If sending two courses of misoprostol: [first bottle](#), [second bottle](#))
- [Patient consent forms](#) (Different from the FDA required [Patient Agreement Form](#)¹⁰³)
- [Sample Patient Info. Sheet](#)

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