MIFEGYMISO® (MIFEpristone/MISOprostol) PHARMACIST CHECKLIST

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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]; SOCG up to 70 days LMP)				
SAFE	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 r	patient is making a clear decision to co	omplete 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				
II. Patient Counselling				_
DIRECTIONS FOR USE – review appropriate administration				
<u>Day 1</u> MIFE (green box label): take 1 tablet orally and swallow with water.				
<u>Day 2</u> (24-48 hours) MISO (orange box label): place 4 tablets between the cheek and gum (2 on <u>each</u> side of mouth). Leave in				
place for 30 minutes, then swallow leftover fragments with water. ALWAYS take MISO, even if bleeding starts after MIFE.				
EXPECTED SIDE EFFECT MANAGEMENT AND MONITORING				
Side Effect	What to expect	What can you do	When to seek help	
Vaginal	☐ Starts 1-48 hours after MISO	☐ Use sanitary pads for heavy bleeding	☐ Heavy vaginal bleeding (sa	
Bleeding &	(minimal bleeding after MIFE)	(should diminish upon pregnancy	> 2 large sanitary pads per ho	ur for 2
Discharge	☐ Heavier than menstrual period	termination)	consecutive hours)	
	☐ Heavy bleeding lasts 2-4 hours	☐ Do <u>not</u> use tampons	☐ Dizziness or racing heart ra	ite
	(light bleeding/spotting can last	☐ Use panty liners for light bleeding	☐ Heavy bleeding > 16 days	
	until next menstrual period)	(up to 30 days after treatment)	☐ Foul-smelling vaginal disch	narge
	☐ May contain blood clots			
Pain &	☐ Starts within 4 hours of MISO	☐ Comfort care (rest, hot pack,	☐ Prolonged cramping > 16 d	
Cramping	☐ Greater than menstrual period	abdominal/lower back massage)	☐ Cramping/pain not improv	ed with
	☐ Increased pain up to 24 hours;	☐ OTC options: ibuprofen, naproxen	pain medications	
	discomfort may persist	(acetaminophen is less effective alone;		
		may be combined with codeine)		
Other	☐ Possible gastrointestinal side	☐ Can manage with OTC options	☐ Chills/fever > 38°C for > 6	hours
	effects (nausea, vomiting,	(if pregnancy nausea is present, take	and malaise (weakness, nau	sea,
	diarrhea), headache, or	anti-nauseant before MIFE and MISO)	vomiting, diarrhea)	
	fever/chills	☐ Can reduce gastrointestinal side	☐ Feeling sick with/without f	ever > 24
	☐ Self-limiting (usually after MISO)	effects by taking MISO <u>after</u> a snack	hours after MISO (possible	infection)
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: i. < 1 hour after taking MIFE or during buccal absorption of MISO: contact prescriber/pharmacist for assessment				
ii. after swallowing MISO fragments 30 minutes following buccal administration: no action required				
CONSIDERATIONS FOR START DATE				
Refer to schedule in section 4.4 of the Guide for Dispensing Mifegymiso® for Medical Abortion				
III. Supportive Care Checklist – ensure your patient has these before leaving				
☐ Sanitary pads and liners ☐ MIFE start date: dd-mm-yyyy; MISO start date: dd-mm-yyyy				
☐ Pain medications and/or anti-nauseants (OTC or Rx) ☐ Pharmacist Notes:				
□ Contraceptive plan (fertility can return within 8 days)				
□ Scheduled prescriber follow-up				
☐ Organized personal support (e.g. childcare, transportation)				
	I when and where to go for emergency			
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Does patient consent to follow-up? date: dd-mm-yyyy at 10:00 AM/PM; method: phone call/text message/e-mail via number/e-mail				
☐ Check appropriate administration ☐ Review contraceptive plan				
☐ Review side effect management ☐ Reinforce prescriber follow-up				
Pharmacist Signature: Patient Initials: Date:				