

**Voluntary termination of
pregnancy with Mifegymiso™**
(mifepristone tablet and misoprostol tablets)

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This is the English summary of the guidance entitled *L'interruption volontaire de grossesse pratiquée à l'aide du MifegymisoMC -(comprimé de mifépristone et comprimés de misoprostol) - Efficacité, innocuité, organisation des soins et considérations économiques* - published in February 2017.

The complete version of this guidance (in French) is available on the website of INESSS in the *Publications* section.

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SUMMARY

Voluntary termination of pregnancy (VTP) can be accomplished surgically or medically. In the latter case, only drugs are used, usually mifepristone and misoprostol. These are the two abortifacient drugs that constitute Mifegymiso™, which was granted Canadian marketing authorization on July 29, 2015.

This state of knowledge presents the results of the literature review and the economic analysis of the use of mifepristone and misoprostol for first-trimester VTPs. Our conclusions are as follows:

- These drugs have been widely used in several countries **for many years** or even for decades. Moreover, they appear in the WHO Model List of Essential Medicines;
- In Europe and the United States, the **full introduction of these two drugs has been accomplished gradually** and has not considerably increased the overall VTP rate in areas where surgical VTP was already available;
- In England and Wales, the use of these drugs has probably contributed to **increasing the overall proportion of VTPs performed at a gestational age of <10 weeks**;
- Medical VTPs performed with these two drugs and surgical VTPs have their own specific characteristics (length, adverse effects, etc.), which can constitute **advantages** or **disadvantages**, depending on the woman.
- The **efficacy and safety of these drugs have been demonstrated** by large (with >1000 women) studies and close monitoring of the treatment;
- VTPs with these two drugs are performed differently from country to country with regard, among other things, to the gestational age at the time of the VTP and to the follow-up, which may or may not be done with ultrasound;
- The **extent of the coverage and the other economic considerations** concerning VTPs performed with these drugs vary from country to country and even within a given country, as does the dispensing of the drugs by a clearly designated health professional;
- The various methods used to perform VTPs at a gestational age of ≤ 7 weeks entail **different costs, some of which are still not known in the Québec context**. Therefore, we cannot, at this time, comment on the incremental costs that would result from introducing Mifegymiso™ in Québec.

In summary, Mifegymiso™ is a new pharmaceutical in Canada, but its components, mifepristone and misoprostol, are in the pharmacopeia commonly used in other countries for VTPs. Despite the fact that the manner in which the services concerning the use of this product in Québec will be organized and the impact on access to abortion have not yet been determined, medical VTP performed with Mifegymiso™ will likely be an alternative to surgical VTP, as is the case elsewhere.